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# Comprehensive Clinical Progress Notes Archive

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This document contains clinical progress notes for 31 clients, organized alphabetically by client name and chronologically by session date. Each client section includes all available progress notes with comprehensive clinical documentation.

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# Amberly Comeau

**Client:** Amberly Comeau **Total Sessions:** 5 **Session Date Range:** 2025-07-07 to 2025-08-04

## Session 1: 2025-07-07

**Date:** 2025-07-07 **Source File:** Summary of Amberly Comeau Appointment 7-7-2025 1100 hrs.pdf.eml

Comprehensive Clinical Progress Note for Amberly Comeau’s Therapy Session on July 07, 2025

Subjective

Amberly presented for today’s in-person session in Woodbury, initially expressing fatigue and frustration regarding her third recent bout with COVID-19, which unfortunately coincided with her birthday. She lightheartedly described feeling *“dead”* and *“in bed”* for her birthday, contrasting it with the therapist’s jest about her *“living your best life in Long Beach.”* This initial banter served as a superficial emotional presentation, hinting at an underlying struggle to engage with life’s positive aspects amidst chronic stressors.

The core of the session centered on escalating family conflict and her position within it. Amberly detailed significant distress regarding an ongoing estrangement between her mother and Aunt Tracy, and her grandmother (Nana), which has persisted for six months. She articulated feeling *“in the middle”* and *“everything’s getting taken out on me,”* expressing deep frustration that her mother seems *“okay with not talking”* and views family relationships as *“disposable.”* Amberly conveyed a profound sense of loss, stating, *“I literally don’t have anybody”* left on the island in terms of close family, and found it *“silly begging my aunt and my grandmother to talk to me.”* She wished her mother *“would stick up for us, or at least stick up for something.”* This highlights her longing for familial connection and her perception of her mother’s passive-aggressive approach as invalidating and dismissive of Amberly’s own needs for connection.

Amberly also shared significant anxiety about an upcoming family beach vacation, specifically due to the unpredictable behavior of her alcoholic cousin, Matt. She reported Matt hiding bottles and needing to *“pop up a light”* (drink alcohol) early in the morning, describing his behavior as *“really bad”* and concerning. Her father has recognized the severity, planning strategies to mitigate Matt’s impact on the family gathering, which Amberly appreciates but also finds *“frustrating”* because she feels like they *“have to tiptoe around this kid.”* This reflects her ongoing burden of emotional labor and caretaking within her family system.

She brought up two vivid dreams. The first involved being seven months pregnant, giving birth to a dead baby because she didn’t see a doctor, feeling *“guilt”* and *“numbness,”* and her father being a *“rock tying you down.”* The second involved her sister’s elementary school graduation (around the time her great-grandmother Gigi died) and Nana dying, but Amberly feeling no sadness or ability to cry, questioning *“should I be sad? Like, is there something wrong with me?”* These dreams underscore themes of emotional suppression, a sense of missed opportunities or stifled potential, and a deep-seated concern about her own capacity for appropriate emotional response.

Finally, Amberly expressed significant dissatisfaction and feeling *“stuck”* in her current job. She stated, *“I just fucking hate my life right now,”* and questioned, *“how many mistakes in my life did I make to get to this fucking thing?”* She reported actively looking for new jobs and waiting to *“collect these bonuses and get the fuck out of this,”* indicating high levels of resentment and a sense of entrapment.

Objective

Amberly presented to the session appearing somewhat fatigued, consistent with her report of recent COVID-19 recovery and overtime work. Her initial affect was relatively neutral, with some moments of forced cheerfulness when discussing her birthday and lighthearted banter. As the session progressed and the conversation shifted to family dynamics and work stress, her affect became more constricted, displaying visible signs of annoyance and frustration, though she maintained composure. She spoke clearly and logically, providing detailed narratives of complex family interactions.

During the discussion of her family’s estrangement and her mother’s lack of engagement, Amberly’s voice gained an edge of exasperation, and she used dismissive language (e.g., *“ostrich sticking her head inside”*) to describe her mother’s coping. When recounting her dreams, her tone was initially bewildered, transitioning to a more somber and introspective quality as she processed the themes of guilt and emotional numbness. Her body language remained generally open, though at times she fidgeted, particularly when discussing emotionally charged topics like the beach vacation and her job dissatisfaction. Notably, she reported improved sleep quality despite high emotional distress, suggesting a potential disconnect between her physiological and psychological states, or a degree of emotional numbing.

Assessment

Amberly’s presentation is consistent with an Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.22), exacerbated by acute stressors including recent illness (COVID-19), long-standing family estrangement, and significant occupational dissatisfaction. Her emotional distress is multidimensional, encompassing frustration, a sense of loss, and a pervasive feeling of being *“stuck”* and isolated.

A central clinical pattern observed is Amberly’s use of emotional detachment and self-questioning of her own emotional responses, as vividly depicted in both dreams. Her inability to cry about significant losses (the *“dead baby”* in the dream, Nana’s death) and her questioning *“should I be sad?”* suggests an internalized belief that her emotions are either inappropriate or inaccessible, potentially stemming from early life experiences where emotional expression may have been implicitly or explicitly discouraged. This emotional numbing acts as a defense mechanism against overwhelming feelings of sadness, shame, or powerlessness, but it also prevents healthy processing of grief and disappointment.

Her family system presents significant challenges. Amberly is triangulated in the ongoing conflict between her mother and her aunt, bearing the emotional burden of trying to maintain connections that others seem to easily discard. Her mother’s *“ostrich”* approach to conflict and tendency to externalize blame (e.g., *“Jimmy”* persona) further invalidates Amberly’s need for direct communication and resolution within the family. This dynamic reinforces Amberly’s belief that her efforts to connect are futile and that her needs are secondary, leading to feelings of helplessness and profound loneliness (*“I literally don’t have anybody”*). The anticipatory anxiety around her alcoholic cousin’s behavior during the family vacation further highlights the chronic stress of navigating unpredictable and potentially volatile family environments, which requires significant emotional labor and boundary enforcement on Amberly’s part.

Occupational dissatisfaction is a significant contributing factor to her overall distress, fueling feelings of entrapment and questioning her life choices (*“how many mistakes in my life did I make?”*). This suggests an underlying existential crisis regarding purpose and meaning, where her current work does not align with her deeper values or aspirations. Her focus on *“collecting bonuses”* before leaving indicates a pragmatic yet emotionally draining approach to her career, where financial incentives outweigh personal fulfillment. The therapist’s interpretation of her first dream—where her father was the *“rock tying you down and killing the future”*—resonates with Amberly, suggesting an awareness of how relational dynamics, particularly with parental figures, may be stifling her personal growth and ability to envision and create a desired future.

Amberly’s stated *“go-to”* emotions of *“guilt or shame”* (as affirmed by the therapist) underscore a potential core belief of inherent defectiveness or responsibility for others’ emotional states. This pattern likely contributes to her self-criticism and difficulty in asserting her needs, both within family relationships and career. Her recent experience with *“sober curious”* and a *“sober Fourth of July”* represents a positive movement towards self-care and autonomy, demonstrating an emerging capacity for healthy boundary setting and self-prioritization.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to foster psychological flexibility by differentiating between internal experiences (thoughts, feelings) and observable behavior. Utilize mindfulness techniques to help Amberly observe feelings of frustration, sadness, and numbness without judgment or fusion, thereby reducing experiential avoidance. Reinforce the concept of "values-driven action" to help Amberly align her behaviors (e.g., pursuing new employment, setting boundaries with family) with her core values, rather than being driven by distress.  
- Dialectical Behavior Therapy (DBT) Skills: Introduce and practice interpersonal effectiveness skills, specifically "DEAR MAN" to help Amberly articulate her needs and set boundaries more effectively and assertively with family members, particularly her mother and father, regarding relational expectations and family events.  
- Narrative Therapy: Continue to externalize the problem of "family conflict" and "feeling stuck" from Amberly's identity. Explore alternative narratives of resilience, agency, and self-worth that are not solely contingent on external validation or the approval of family members. Encourage her to identify her strengths and resources in navigating complex family dynamics and career dissatisfaction.  
- Dream Work and Symbolism: Continue to process and explore the symbolic meaning of Amberly's dreams, linking them to waking life experiences and core beliefs. Use the dreams as a pathway to access and understand suppressed emotions and desires for change and autonomy.  
- Family Systems Exploration: Continue to deconstruct generational patterns of communication and conflict avoidance within her family of origin. Help Amberly understand her role in these dynamics and identify opportunities for shifts in her own behavior that can create healthier boundaries, even if the family system does not change.  
- Behavioral Activation/Career Exploration: Collaboratively identify actionable steps to address career dissatisfaction, starting with exploration of alternative career paths that align more closely with her values and skills, rather than solely focusing on bonuses or escape. Reinforce her positive steps in planning her beach trip and her "sober curious" journey as demonstrations of agency.  
- Homework:  
  
- Amberly will practice initiating a conversation with her father about the "once a month date" idea, using "how" and "what" questions to encourage his active participation in planning, as discussed in session.  
- Amberly will continue to practice observing her emotions, particularly the feeling of "numbness" and questioning her emotional responses, noting down any instances where she feels guilt or shame regarding her feelings.

Supplemental Analyses

Tonal Analysis

Shift 1: From Lighthearted to Frustrated/Annoyed. An initial lighthearted, almost sarcastic tone characterized Amberly’s discussion of her COVID recovery and birthday. This shifted noticeably to one of frustration and annoyance when she began discussing her family’s estrangement. Her voice gained an edge of exasperation, and her pace quickened, particularly when describing her mother’s passive stance. This shift was triggered by the topic of family contact and her mother’s unwillingness to address the conflict. Clinically, this indicates the deep emotional impact of the family conflict, revealing an underlying distress that the initial lightheartedness masked. Her verbal expression of *“annoying”* and *“upsetting”* directly correlated with this tonal change, suggesting she felt safe enough to express these more authentic, though still defensively framed, emotions.

Shift 2: From Frustrated to Resigned/Somber. Following the expression of frustration regarding family dynamics, Amberly’s tone became more resigned and somber when discussing her sense of isolation (*“I literally don’t have anybody”*) and the symbolic meaning of her dreams. Her voice softened, and there were pauses, indicating deeper contemplation. This shift occurred as she moved from externalizing her frustration at others’ behavior to internalizing the emotional cost of these dynamics. This tonal change is clinically significant as it provides access to the underlying sadness and vulnerability beneath her more active expressions of frustration, hinting at the grief she is experiencing over lost family connections and perhaps a lost sense of self that was tied to these connections.

Shift 3: From Pragmatic to Despairing. When discussing her current employment, Amberly’s tone shifted from a pragmatic, almost strategic approach (*“collect these bonuses and get the fuck out”*) to one of palpable despair. Her voice became heavier, and her language included self-deprecating questions (*“how many mistakes in my life did I make to get to this fucking thing?”*). This shift indicates the profound impact of her work dissatisfaction on her self-worth and overall sense of life direction, revealing a deeper existential struggle beneath the surface-level frustration. The sudden intensity of this despair suggests that her work environment is not merely unpleasant but actively eroding her sense of purpose and self-efficacy.

Thematic Analysis

Theme 1: The Burden of Relational Responsibility and the Search for Reciprocity. A pervasive theme in today’s session was Amberly’s experience of being the primary initiator and maintainer of family connections, particularly within the context of her mother’s estrangement from her aunt and grandmother. She repeatedly expressed feeling that she puts in *“all the effort”* and that her family members (specifically her mother, aunt, and grandmother) demonstrate a lack of reciprocity. This was evident in her frustration about *“begging”* family to connect and her mother’s passive response to the conflict. This theme connects to Amberly’s self-reported *“guilt and shame”* as *“go-to”* emotions, suggesting an internalized sense of responsibility for others’ well-being and a struggle to disengage from unreciprocated relational dynamics. It also highlights her underlying desire for equitable, mutual relationships, which is consistently unmet in her family system.

Theme 2: Emotional Disconnection and Invalidation. This theme manifested significantly in Amberly’s dream content and her self-questioning of her own emotional responses. Her inability to cry or feel *“sad”* in the dreams, and her asking *“Is there something wrong with me?”*, indicates a deep-seated pattern of emotional detachment and a struggle to validate her own feelings. This pattern is reinforced by her mother’s apparent emotional unavailability and tendency to *“shut down”* or deflect when confronted with difficult emotions or conflict. The family’s generational history of abuse and absence (mother’s father leaving, Nana working nights, *“absent”* figures) may have contributed to a family culture where emotional expression was not modeled or safely contained, leading Amberly to internalize a need to suppress or question her feelings. This theme is critical for therapeutic focus, as accessing and processing emotions is essential for healing and growth.

Theme 3: Existential Disorientation and the Search for Purpose. Amberly’s profound dissatisfaction with her job, expressed through statements like *“I just fucking hate my life right now”* and questioning *“how many mistakes in my life did I make?”*, points to an existential crisis. Her current professional life feels meaningless and trapping, leading her to consider it a *“mistake.”* This struggle for purpose extends beyond work, as evidenced by her dream of a dead baby, which the therapist interpreted as a *“killed future”* or *“new you.”* This interpretation resonated with Amberly, suggesting an intuitive understanding that current circumstances or past relational dynamics are impeding her ability to create a fulfilling future or discover a more authentic self. Her *“sober curious”* journey, however, hints at an emerging desire to define purpose and well-being on her own terms, outside of existing, potentially limiting, structures.

Sentiment Analysis

Sentiments About Self: Amberly’s sentiments about herself were predominantly negative, characterized by a sense of being stuck, frustrated, and at times, despairing. Key expressions included:

- Entrapment/Helplessness: Explicitly stated "I just feel so stuck in that place again" regarding her job, and implied in her feeling "in the middle" of family conflict with no clear way out.  
- Self-Blame/Regret: Evident in her question "how many mistakes in my life did I make to get to this fucking thing?", indicating a critical inner voice and a sense of responsibility for her current predicament.  
- Emotional Invalidity/Questioning: Expressed through her dreams and direct questioning, "should I be sad? Like, is there something wrong with me?", revealing an underlying insecurity about her emotional responses and a tendency towards self-criticism regarding her feelings.  
- Resignation: A more subtle sentiment, particularly when discussing her limited family connections ("I literally don't have anybody"), suggesting a giving up of hope for change in certain relational dynamics.

Sentiments About Others/External Situations: Amberly’s sentiments toward others and external situations were largely negative, marked by annoyance, frustration, and concern.

- Frustration/Annoyance with Family Dynamics: Directed at her mother's passive approach to conflict ("she kind of just, like, didn't really speak or just like, shut down," "ostrich sticking her head inside") and her aunt/grandmother's lack of reciprocal effort in maintaining family ties.  
- Concern/Anxiety about Alcoholic Cousin: Significant worry about Matt's unpredictable behavior and the need to "tiptoe around this kid," highlighting the emotional burden placed upon her in this relationship.  
- Resentment/Dissatisfaction with Work: Explicitly stated "I just fucking hate my life right now" in relation to her job, conveying strong negative feelings of being undervalued and unfulfilled in her professional role.  
- Pessimism about Change: Expressed when discussing her mother's long-standing patterns of behavior ("you can't change the cycle now"), suggesting a belief that some dynamics are fixed and resistant to change.

Key Points

- Emotional Detachment as a Central Coping Mechanism: Amberly's dreams and explicit questioning of her emotional responses ("should I be sad? Is there something wrong with me?") highlight a pervasive pattern of emotional numbing and difficulty accessing or validating her own feelings. This defensive strategy, while providing short-term protection, impedes healthy processing of grief, loss, and frustration, contributing to her overall sense of being "stuck." Addressing this emotional avoidance is paramount for fostering greater psychological flexibility and authentic self-expression.  
- Triangulation and Burden of Relational Responsibility: Amberly is caught in the middle of significant family conflict, primarily between her mother and aunt. She feels disproportionately responsible for maintaining family connections and initiating contact, experiencing a profound lack of reciprocity and support. This dynamic exacerbates feelings of isolation ("I literally don't have anybody") and reinforces underlying beliefs about her worth being contingent on her efforts to please or manage others' emotional states. Empowering Amberly to set and maintain healthy boundaries within these complex relational dynamics is crucial for her well-being and sense of agency.  
- Existential Crisis Fueled by Occupational Dissatisfaction: Her deep unhappiness with her current job, expressed as "hating her life" and questioning past choices, extends beyond mere job dissatisfaction into an existential crisis concerning purpose, meaning, and self-worth. Her current work feels misaligned with her values, contributing to her sense of being "stuck" and her internal questioning of "mistakes" made. Addressing this vocational discontent is essential for her overall mental health, as it offers an avenue for exploring and building a life more aligned with her authentic self and values, beyond external validation or financial incentives.

Significant Quotes

- "I just fucking hate my life right now. How many mistakes in my life did I make to get to this fucking thing?"

Amberly made this statement when discussing her work stress, particularly after having three days off and returning to long shifts. This quote is significant because it encapsulates her profound dissatisfaction and sense of entrapment in her current professional life. It reflects a deeper existential questioning of her life path and personal choices, suggesting a significant misalignment between her current reality and her desired future. The intensity of the language (*“fucking hate my life”*) indicates a severe level of distress that goes beyond mere job-related frustration, revealing a struggle with purpose and self-worth.

- "I literally don't have anybody [family]... I just kind of feel silly begging my aunt and my grandmother to talk to me or to invite me to their house."

Amberly expressed this when describing her frustration with the ongoing family estrangement and her mother’s passive response. This quote highlights her profound sense of isolation and the emotional burden she carries in attempting to maintain family connections that feel unreciprocated. The word *“silly”* reveals an internalized shame or embarrassment associated with her desire for connection, a common experience when relational needs are consistently unmet or invalidated. This quote is critical because it illuminates her core wound of perceived abandonment and the emotional cost of being triangulated within her family system, while also demonstrating her dignity in refusing to *“beg”* for affection.

- "Should I be sad? Like, is this like, Is there something wrong with me?"

Amberly asked this after recounting a dream where her great-grandmother Gigi (a positive figure) questioned why Amberly wasn’t crying after Nana’s death. This quote is profoundly significant as it points to a deep-seated pattern of emotional invalidation and a disconnection from her own affective experience. It suggests an internalized belief that her emotional responses are either inappropriate or absent, leading her to question her own normalcy. This pattern is likely a defense mechanism against overwhelming grief or other difficult emotions, but it simultaneously prevents her from processing and integrating experiences of loss. It underscores the importance of fostering self-compassion and emotional literacy in therapy.

Comprehensive Narrative Summary

Today’s session with Amberly illuminated the intricate interplay of acute stressors and chronic familial patterns that contribute to her current distress. While beginning with a lighthearted, almost dismissive account of her recent COVID recovery and birthday, a deeper undercurrent of frustration and sadness quickly emerged as she navigated the complexities of her family system and career dissatisfaction. Her recent illness serves as a backdrop to a more profound sense of feeling *“stuck”* and emotionally drained, particularly concerning her long-standing family estrangement.

Amberly presented as a conscientious individual who, despite her own emotional burden, continues to shoulder the responsibility for maintaining family connections amidst a significant rift between her mother, aunt, and grandmother. Her palpable frustration stemmed from her mother’s passive and dismissive approach to the conflict, which leaves Amberly feeling *“in the middle”* and profoundly isolated (*“I literally don’t have anybody”*). This dynamic highlights a consistent theme of unreciprocated effort in her relationships and a longing for mutual connection that remains largely unfulfilled. Her anticipatory anxiety regarding the upcoming family vacation, particularly due to her alcoholic cousin’s volatility, further underscores the chronic emotional labor she performs in trying to manage unpredictable family environments and protect her own well-being.

The symbolic content of Amberly’s dreams provided crucial insight into her inner landscape. Her dream of a lost pregnancy, marked by feelings of guilt and emotional numbness, resonated deeply with the therapist’s interpretation of a *“killed future”* or suppressed potential. This, coupled with a second dream where she questioned her inability to cry over a family loss, strongly suggests a pattern of emotional detachment and a questioning of her own affective responses. This emotional suppression likely serves as a protective mechanism against overwhelming feelings of sadness, shame, or powerlessness, but it also inhibits her capacity for healthy grieving and processing of life’s challenges.

Adding to her distress is a pervasive sense of entrapment and meaninglessness in her current job. Her desperate statements about *“hating her life”* and questioning *“how many mistakes”* she made reveal an underlying existential crisis, where her professional identity feels misaligned with her true self and aspirations. This vocational dissatisfaction contributes significantly to her overall feeling of being *“stuck”* and unable to move forward. Her journey towards *“sober curious”* and positive experiences with a sober Fourth of July, however, offer a glimpse into her emerging capacity for self-prioritization and forging a path more aligned with personal values, independent of external pressures or unhealthy coping mechanisms.

Future sessions will focus on integrating ACT and DBT principles to enhance her psychological flexibility and interpersonal effectiveness. This includes developing skills to navigate difficult family conversations, setting clear boundaries, and validating her own emotional experiences. Dream work will continue to be utilized as a gateway to explore deeper emotional processes and unconscious patterns. Concurrently, we will initiate career exploration to align her professional life with her core values, fostering a greater sense of purpose and agency, thereby addressing the profound feelings of being *“stuck”* and ensuring that her therapeutic journey supports her holistic well-being and pursuit of an authentic, fulfilling life.

## Session 2: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Amberly Comeau Appointment 7-14-2025 1130 hrs.pdf.eml

Comprehensive Clinical Progress Note for Amberly Comeau’s Therapy Session on July 14, 2025

Subjective

Amberly attended today’s session expressing a wide range of emotions and presenting multiple stressors. She began with palpable excitement and warmth discussing a recent successful date with her father, stating, *“I’m in love with this.”* This positive interaction was initiated by Amberly’s direct request for her father to plan, and she reported he enthusiastically agreed to a regular monthly *“date,”* which she clearly valued. This demonstrated her capacity for healthy, reciprocal connection when boundaries are established and honored. However, this positive tone quickly shifted as she recounted her cousin Matt’s disrespectful behavior towards his mother, expressing strong moral disapproval and frustration.

The primary source of distress for Amberly revolved around recent interactions with her own mother. She detailed her mother’s lack of gratitude for her extensive efforts in house-sitting and cleaning, immediately followed by criticism regarding the pool filter. Amberly described feeling *“nagged,”* *“annoyed,”* and *“frustrated,”* stating, "The first thing you’re saying to me is just nagging at me when you don’t say, ’

## Session 3: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Amberly Comeau Appointment 7-23-2025.eml

Comprehensive Clinical Progress Note for Amberly Comeau’s Therapy Session on July 23, 2025

Subjective

Amberly attended today’s session expressing a significant shift in her relationship with her father, largely precipitated by conflict with his new wife, Kathleen. Amberly reported feeling *“much better”* after recent phone conversations with her father, stating, *“I don’t know, I feel a little bit differently about it this time,”* regarding his increased honesty and validation. She highlighted her father’s unprecedented authenticity, noting, *“He’s never been real or authentic or honest about anything in his life,”* and that he’s now *“telling me everything.”* She described feeling validated by his admission of failure and acceptance of full responsibility for recent events involving Kathleen, stating, *“I understand honesty can be hard, but please know that does validate my feelings.”* She acknowledged that this validation helped her reframe her past emotional distress, recognizing it as a *“trauma response”* rather than overreacting. Despite this progress, Amberly expressed significant exhaustion and frustration with Kathleen’s *“master manipulator”* and *“narcissist”* behaviors, stating, *“I’m trying to move forward and be better. This is not what I want.”* She also shared a deep-seated belief about herself as the *“villain”* and an *“ungrateful daughter”* in her family’s narrative, a perspective her father has now challenged. She grappled with the appropriate level of involvement in her father’s marital conflicts, questioning whether she should know *“all these things,”* and expressed a desire to be treated like a *“daughter”* and *“a little kid”* at times, indicating a longing for protection and a less burdened role.

Objective

Amberly presented to the session well-groomed and casually dressed. She appeared alert and oriented with clear, articulate speech and logical thought progression throughout the session. Her affect demonstrated a notable range, initially presenting with some weariness when recounting the ongoing family conflict, but shifting to evident relief and a sense of vindication when discussing her father’s recent accountability and expressions of remorse. When discussing Kathleen, her tone became more animated and frustrated, accompanied by a tightening of her jaw and increased gesticulation, consistent with her verbalized distress and anger. However, her demeanor softened considerably when reflecting on her father’s newfound openness and apologies, indicating a strong emotional resonance with his efforts. She maintained consistent eye contact and demonstrated high engagement, actively guiding the conversation through detailed recollections of text messages and phone calls with her father. Her self-awareness was evident in her reflections on her own emotional responses (*“trauma response”*) and her attempts to set boundaries, even if imperfectly. The session also contained moments of shared humor and levity, indicating a strong therapeutic alliance and her capacity for resilience despite the intensity of her family dynamics.

Assessment

Amberly is navigating a complex intergenerational dynamic, with the current marital conflict between her father and stepmother, Kathleen, serving as a powerful catalyst for both acute distress and significant therapeutic breakthrough. Her presentation suggests features consistent with a long-standing pattern of relational trauma, possibly contributing to an insecure attachment style and a conditional sense of self-worth. The core belief of being the *“villain”* or *“ungrateful daughter”* (a narrative she explicitly mentioned her father now challenges) indicates a deep internalization of family scapegoating, where her emotional responses were historically dismissed or pathologized. Her stated desire to be a *“perfect person”* and her sensitivity to criticism reinforce this pattern, suggesting a need for external validation and a fear of disapproval. The recent shift in her father’s behavior, marked by unprecedented honesty, emotional expression, and acceptance of responsibility, represents a profound corrective emotional experience for Amberly. This newfound validation from her father is a critical step in challenging her internalized negative self-narratives and fostering a more secure sense of self. However, the intensity of her father’s oversharing and the ongoing parental marital discord highlight her continued struggle with differentiation and establishing healthy boundaries within her family system. Her ambivalence about the level of her involvement and her longing to be *“protected”* and a *“little kid”* underscore the developmental needs that may have been unmet. The pattern of her father shifting from *“yes theory”* (acquiescence) to punitive boundary setting (staying home from the beach to *“punish”* Kathleen) indicates an ongoing need for both her father and Amberly to learn truly healthy and non-punitive boundary enforcement.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to support Amberly in clarifying her personal values (e.g., self-respect, authenticity, peaceful relationships) and taking committed action aligned with these values, particularly in navigating complex family dynamics. Reinforce the concept of psychological flexibility, helping her observe distressing thoughts and emotions related to family conflict without becoming fused with them or resorting to past avoidance patterns (e.g., shutting out her father).  
- Dialectical Behavior Therapy (DBT) Skills: Enhance Amberly's interpersonal effectiveness skills, focusing on assertive communication and boundary setting within her family system. This will include skills to communicate her needs to her father regarding his oversharing, and to Kathleen regarding unwanted contact, while maintaining self-respect. Continue to integrate emotion regulation strategies to manage the intense frustration and anger she experiences in response to Kathleen's behaviors and the broader family dysfunction.  
- Narrative Therapy: Continue to work on re-authoring Amberly's self-narrative, particularly challenging the "villain" identity she has internalized. Capitalize on her father's recent shift in accountability to strengthen a counter-narrative of resilience, worthiness, and inherent value. Explore how her current experiences with validation are helping her to externalize the problem (e.g., Kathleen's manipulation) rather than internalizing blame.  
- Existential Exploration: Further explore Amberly's sense of self-worth and identity, moving beyond externally defined roles or achievements (e.g., "perfect person"). Encourage her to connect with an intrinsic sense of self that is not contingent upon family approval or the absence of conflict.  
- Homework: Amberly will continue to practice boundary setting by selectively engaging with family discussions that serve her well and disengaging from those that are overly burdensome or re-traumatizing. She will reflect on instances where she has successfully asserted her needs and felt validated, noting the internal shifts and external responses.

Supplemental Analyses

Tonal Analysis:

- Shift 1: From Exhaustion to Validation/Relief: Amberly's tone shifted noticeably from a weary, almost resigned cadence when initially describing the prolonged conflict with Kathleen and the family drama, to one of profound relief and even pride when recounting her father's apologies and admissions of responsibility. This shift was particularly evident when she read her father's texts saying, "I accept full responsibility. Kathleen should have remained out of it, and her perspective is so distorted." The softening of her voice and a slight lift in her inflection indicated the powerful emotional impact of receiving this long-desired validation, moving her from a defensive posture to one of being seen and understood.  
- Shift 2: From Measured Frustration to Direct Anger/Exasperation: While discussing Kathleen's manipulative behaviors and self-victimization, Amberly's tone sharpened. Her voice became more forceful and her pacing quickened when stating, "She doesn't take any accountability... it's just a long message, rambling." Later, when recounting Kathleen's attempts to change locks and involve police over minor disagreements, her tone conveyed a mix of disbelief and exasperation, often punctuated by rhetorical questions like, "What's your goal here?" This shift revealed the intensity of her current emotional labor in managing her stepmother's erratic behavior and her own frustration with the ongoing absurdity of the situation.

Thematic Analysis:

- Theme 1: Intergenerational Healing and Accountability: A central theme was the unprecedented shift in Amberly's father's willingness to acknowledge his past failures and take responsibility for his actions, particularly how his behaviors impacted Amberly during her childhood. His statements, "I failed you," and "what you saw during your childhood behind closed doors is gruesome," represent a significant departure from previous patterns of denial or minimization. This theme highlights the potential for intergenerational healing when a parent can offer genuine accountability, validating the child's previously unacknowledged experiences of harm. This process is crucial for Amberly's ability to challenge her "villain" narrative and foster a more secure attachment.  
- Theme 2: Boundaries, Differentiation, and Enmeshment: The ongoing conflict with Kathleen and Amberly's father's oversharing underscore the pervasive theme of porous boundaries and enmeshment within the family system. Amberly's question, "Am I doing the wrong thing by talking to him so much? Like, am I like, I don't know. Like, it does feel like, it's like, helpful for me to feel like he's in my corner," reveals her struggle to differentiate her needs from her father's emotional state. Her father's attempts to set "consequences" for Kathleen (rather than boundaries) also reflect a lack of healthy differentiation. This theme points to the therapeutic need to help Amberly establish firmer emotional and practical boundaries to protect her well-being without severing connections that are now offering a degree of healing.  
- Theme 3: The Burden of the "Perfect Person" and Conditional Self-Worth: Amberly's statement, "I try really hard to be a perfect person, and like to hear people saying things like that about me never it's like, it's really difficult," reveals a deep-seated vulnerability around her self-perception. This connects to her belief that she is the "villain" or "ungrateful daughter," suggesting that her self-worth is contingent upon external validation and the absence of criticism. The family dynamics have historically placed her in a position where she was held responsible for others' behaviors or perceived as problematic. This theme is critical for therapy, as it highlights the need to cultivate unconditional self-acceptance and a sense of intrinsic worth that is not dependent on external approval or the avoidance of conflict.

Sentiment Analysis:

- Sentiments About Self: Amberly expressed a range of complex sentiments about herself. Initially, there was a sense of exhaustion and frustration related to the ongoing family drama ("I'm trying to move forward and be better. This is not what I want."). However, a strong sentiment of validation and relief emerged following her father's apologies, expressed as "I feel much better" and "that does validate my feelings." There was also an underlying sentiment of vulnerability and perfectionism, indicated by her desire to be a "perfect person" and her difficulty with criticism. Finally, a profound sense of unworthiness and victimization was evident in her self-identification as the "villain" and "ungrateful daughter."  
- Sentiments About Father: Her sentiments toward her father were characterized by a significant positive shift. Previous sentiments of disappointment and frustration related to his past emotional unavailability ("he's never been real or authentic or honest") were increasingly overshadowed by sentiments of gratitude, hope, and validation due to his recent honesty, accountability, and protective stance ("he validates a lot," "I am impressed that you left," "he is here now to do that"). Despite this, a lingering sentiment of concern was noted regarding his continued oversharing and punitive approach to Kathleen.  
- Sentiments About Kathleen/External Situations: Amberly's sentiments toward Kathleen were overwhelmingly negative, encompassing anger, frustration, disbelief, and disgust. She consistently labeled Kathleen as a "master manipulator," "narcissist," "delusional," and a "scary person," emphasizing Kathleen's lack of accountability and "distorted" perspective. Her sentiments towards the broader family conflict were one of exhaustion and a desire for disengagement.

Key Points

- Pivotal Shift in Father-Daughter Dynamic: The session highlighted a significant and potentially transformative shift in the relationship between Amberly and her father, marked by his unprecedented honesty, validation, and acceptance of responsibility for past harms. This dynamic offers a critical opportunity for Amberly to re-evaluate deeply ingrained self-narratives and facilitate a corrective emotional experience essential for her healing and growth.  
- Unmet Needs and The "Villain" Narrative: Amberly's consistent experience of being the "villain" or "ungrateful daughter" within her family, coupled with her drive for perfection, points to deeply unmet needs for unconditional acceptance and protection in her developmental history. The ongoing therapy must address the roots of this narrative, helping her to build a self-concept based on intrinsic worth rather than external validation or family roles.  
- Ongoing Boundary and Differentiation Challenges: Despite positive shifts, Amberly continues to navigate highly enmeshed and boundary-less family dynamics, especially with Kathleen and her father's tendency to overshare. Developing robust, non-punitive interpersonal effectiveness skills (DBT) and fostering stronger differentiation (systemic, existential) are crucial for her long-term mental well-being and preventing re-traumatization.

Significant Quotes

- "I have always felt that I didn't deserve to feel so bad that I was making a bigger deal of things, but I have learned that is just a trauma response." Amberly made this statement while discussing how her father's recent validation allowed her to reframe her past emotional distress. This quote is significant because it illustrates Amberly's powerful insight into her own emotional processing, recognizing that her historical minimization of her pain was a defensive reaction rather than an accurate assessment of her feelings. It reflects a critical step in moving from self-blame to self-compassion, indicative of her growing emotional intelligence and awareness of past relational patterns. This reframing is a direct outcome of the therapeutic process and her father's recent accountability.  
- "I will always be the villain in the story, an ungrateful daughter to a victim of a person everyone has, yes, everyone has always loved you and put you on a pedestal." Amberly articulated this while expressing the difficulty of challenging the established family narrative, despite her father's new acknowledgment of his "dark side." This quote is profoundly significant as it encapsulates a core, internalized self-narrative rooted in her family's dysfunctional system. It reveals the long-standing burden of being scapegoated or misunderstood within her family, where her father was idealized ("on a pedestal"), leaving her to internalize blame and unworthiness. This statement highlights the deep-seated identity issues and the impact of relational trauma that therapy needs to continue to address by re-authoring her story and reinforcing her intrinsic worth.  
- "I try really hard to be a perfect person, and like to hear people saying things like that about me never it's like, it's really difficult." Amberly shared this when discussing her stepmother's criticisms and the impact of her family's judgmental attitudes. This quote is highly significant as it reveals Amberly's underlying perfectionistic tendencies and her profound sensitivity to criticism. It points to a conditional self-worth where her value is tied to external approval and the avoidance of perceived flaws. This pursuit of "perfection" likely functions as a defense mechanism against the deep-seated fear of rejection or being seen as inadequate, a fear that has been reinforced by historical family dynamics. Addressing this need for external validation and fostering unconditional self-acceptance is a key therapeutic goal.

Comprehensive Narrative Summary

Today’s session with Amberly represented a pivotal moment in her therapeutic journey, as she processed profound shifts within her complex family system. The central theme was the unprecedented and long-awaited accountability from her father, whose recent actions and words have significantly validated Amberly’s past experiences of relational trauma. This was evident in her recounting of his direct apologies and his acknowledgment of his *“gruesome”* past behaviors and their impact on her. This validation, particularly his acceptance of full responsibility for recent family conflicts with Kathleen, has allowed Amberly to reframe her own emotional responses as a *“trauma response,”* moving away from self-blame and towards greater self-compassion. This marks a critical step in deconstructing the long-held narrative where she was cast as the *“villain”* or *“ungrateful daughter.”*

However, the session also illuminated the ongoing challenges of enmeshment and porous boundaries within the family. While her father’s newfound honesty is a source of relief, his tendency to overshare details of his marital conflict, coupled with Kathleen’s manipulative and narcissistic behaviors, continues to place a significant emotional burden on Amberly. Her expressed exhaustion and frustration with Kathleen underscore the persistent need for Amberly to establish and maintain healthy boundaries, a skill she is actively working to develop. Her yearning to be treated like a *“daughter”* or *“a little kid”* at times speaks to unmet developmental needs for protection and a less burdened role within the family system, highlighting the long-term impact of her historical position as the family’s emotional container or scapegoat.

Clinically, Amberly’s perfectionistic tendencies and sensitivity to criticism emerged as significant patterns, linking to her conditional sense of self-worth. The session reinforced the importance of integrating therapeutic frameworks. ACT principles will continue to guide efforts to align her actions with her values, promoting psychological flexibility in the face of ongoing family stressors. DBT skills will be crucial for enhancing her interpersonal effectiveness in setting boundaries and regulating intense emotions. Narrative therapy will be instrumental in re-authoring her self-story, moving from a *“villain”* identity to one of resilience and inherent worth. Existential inquiry will support her in developing an intrinsic sense of self, independent of external validation or family roles. The breakthroughs in this session, while transformative, underscore the complexity of healing intergenerational trauma, necessitating a continued focus on both individual skill-building and the processing of deeply rooted relational patterns.

## Session 4: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Amberly Comeau Appointment 7-23-2025 1400 hrs.pdf.eml

Comprehensive Clinical Progress Note for Amberly Comeau’s Therapy Session on July 23, 2025

Subjective

Amberly attended today’s session expressing a complex mix of distress and cautious optimism regarding recent developments in her family dynamics. She began the session referencing a difficult prior client of the therapist, perhaps as a way to externalize some of the emotional intensity she was carrying. Her primary focus was the significant shift in her relationship with her father, who has become *“very present”* and *“so honest,”* a stark contrast to her usual pattern of shutting him out and going *“very cold”* during times of conflict. Amberly reported that her father has been validating her feelings and sharing details about his own struggles with his new wife, Kathleen, including Kathleen’s past threats of divorce and manipulative behaviors. She noted her mother’s negative reaction to this openness, accusing her father of *“using him as a therapist,”* a sentiment Amberly both understood and challenged, asserting her own *“emotionally intelligent”* tools.

Amberly expressed deep frustration and hurt over her mother’s recent *“apology”* text, which she perceived as manipulative, lacking accountability, and *“all about her.”* This re-activated themes of perceived injustice and invalidation. She relayed a series of text exchanges with her father, where he explicitly stated, *“You did nothing wrong, you did everything right, and I failed you… I accept full responsibility.”* This profound admission from her father appeared to be a deeply validating and corrective emotional experience for Amberly, bringing her to tears during their phone conversations. Despite this, she admitted to feeling like she *“failed”* and resorted back to old trauma responses, particularly the belief that she *“was making a bigger deal of things.”*

She also expressed an ongoing struggle with her perception of self, stating, *“I try really hard to be a perfect person, and like to hear people saying things like that about me never it’s like, it’s really difficult.”* This perfectionism is exacerbated by her step-family’s accusations of her being *“crazy, aggressive, and mean.”* Amberly vocalized a profound yearning to be treated as a *“daughter”* who needs protection, rather than solely as an adult, especially when recalling her father’s past behavior when intoxicated. She questioned if she was *“doing the wrong thing by talking to him so much,”* indicating an internal conflict between the positive shift in their relationship and long-standing patterns of enmeshment or over-responsibility. Her efforts to establish boundaries with Kathleen and her children by blocking them on social media were a significant step towards protecting her peace.

Objective

Amberly presented to the session alert and oriented, dressed casually. Her speech was clear, and her thought process was logical and well-organized, demonstrating a strong capacity for narrative coherence, particularly when recounting complex, multi-party family interactions and text messages. While discussing the initial distress about the prior client, her demeanor was somewhat tense, with a slight increase in speech tempo. However, as she transitioned to detailing the improved communication with her father, her affect became more animated, showing moments of genuine relief and even tears as she recalled his validating statements. She held eye contact consistently when discussing emotionally charged content and displayed a high level of engagement with the therapeutic process, actively seeking clarification and insight. Her reading of extensive text messages verbatim indicated a meticulous attention to detail and a need to present the situation fully, reflecting both her emotional investment and her intellectual processing of the dynamics. Posture remained generally open, though there were subtle shifts in body language, such as leaning forward intently, when discussing her father’s admissions and her own vulnerability. Her capacity for self-reflection was evident in her questioning of her own actions and feelings about the intensity of her engagement with her father.

Assessment

Amberly continues to grapple with the profound and pervasive impact of a deeply dysfunctional family system, characterized by her mother’s manipulative behaviors and her father’s historical emotional unavailability, which often manifested in *“gruesome”* ways during her childhood. The current conflict with her father’s new wife, Kathleen, has served as an acute stressor, reactivating long-standing relational wounds and attachment trauma. Kathleen’s mirroring of Amberly’s mother’s manipulative tactics and lack of accountability appears to be a particularly potent trigger. Amberly’s statement, *“I have always felt that I didn’t deserve to feel so bad that I was making a bigger deal of things, but I have learned that is just a trauma response,”* highlights her growing insight into her core beliefs and their origins in past experiences of invalidation and emotional neglect.

A significant therapeutic breakthrough is evident in her father’s increased honesty, accountability (*“I accept full responsibility,”* *“I failed you,”* *“The biggest threat for most of your life has been me”*), and explicit validation of Amberly’s experiences and feelings. This shift represents a crucial corrective emotional experience, fostering a nascent sense of secure attachment and repair in their relationship. However, this positive development is complex; her father’s over-sharing of marital issues and his *“punishment”*-oriented approach to Kathleen (as noted by Amberly) risks re-enmeshing Amberly in parental conflict, albeit in a different form. Her expressed desire to be *“treated like I’m your daughter”* who needs protection, not just an adult *“pal,”* underscores a deeply unmet developmental need for safety and parental care that resurfaces in moments of vulnerability.

Amberly’s perfectionism (*“I try really hard to be a perfect person”*) and her distress over being labeled *“crazy, aggressive, and mean”* indicate a fragile sense of self-worth that is highly contingent on external validation and the absence of criticism. Her active efforts to establish boundaries with Kathleen (blocking her) represent significant progress in her interpersonal effectiveness and self-protection, contrasting with previous patterns of withdrawal or shutting people out. However, the emotional toll of this ongoing family conflict is substantial, and she recognizes its potential to pull her back into past trauma responses. She continues to navigate the tension between maintaining these new, healthier boundaries and the ingrained desire for resolution and understanding within her family, particularly her mother’s seemingly intractable patterns of manipulation.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to utilize ACT principles to help Amberly clarify her values (e.g., integrity, authentic connection, self-protection) in the context of her family relationships.  
- Reinforce psychological flexibility by helping Amberly observe difficult thoughts and feelings (e.g., self-blame, anger, shame, the desire for perfection) without becoming fused with them or allowing them to dictate her behavior. Specifically, we will explore the "clean" pain of hurt and betrayal versus the "dirty" pain of self-judgment and ruminative thought.  
- Encourage committed action aligned with her values, such as her continued effort to maintain open, honest communication with her father while simultaneously setting appropriate boundaries.

Dialectical Behavior Therapy (DBT) Interventions:

- Strengthen interpersonal effectiveness skills, particularly in boundary setting, given her successful blocking of Kathleen and her children. We will further define what information is appropriate to share and receive in adult parent-child relationships, focusing on her desire to be a "daughter" while also recognizing her agency as an adult.  
- Enhance emotion regulation skills to manage the intense frustration and hurt triggered by her mother's and Kathleen's behaviors, focusing on reducing vulnerability to emotional dysregulation and preventing a return to past coping mechanisms of shutting down or self-blame.  
- Continue to build distress tolerance skills to navigate the discomfort of ongoing family conflict without resorting to unhelpful patterns, such as trying to be "perfect" or feeling responsible for others' dysregulation.

Narrative Therapy Elements:

- Continue to externalize the "villain" narrative that Amberly feels has been imposed upon her ("ungrateful daughter," "crazy, aggressive, mean"). We will work to deconstruct these stories and explore alternative narratives of resilience, strength, and authentic selfhood.  
- Collaboratively re-author the story of her relationship with her father, emphasizing the new chapter of honesty and validation as a significant shift from the past narrative of neglect and emotional harm.

Existential Therapy Elements:

- Explore themes of agency and responsibility, particularly Amberly's choices in how she engages with her family dynamics despite their challenging nature. This includes her choice to lean into the difficult but validating conversations with her father.  
- Further discuss her yearning for protection and care within adult relationships, connecting it to deeper questions of meaning, trust, and the pursuit of authentic connection in the face of life's inherent uncertainties and the limitations of others.

## Session 5: 2025-08-04

**Date:** 2025-08-04 **Source File:** Summary of Amberly Comeau Appointment 8-4-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Amberly Comeau’s Therapy Session on August 4, 2025

Subjective

Amberly presented to today’s session expressing an initial sense of being *“low key, pretty chill,”* a notable contrast to prior sessions marked by more overt distress. However, as the session progressed, she elaborated on multiple ongoing stressors that contradicted this initial calm, indicating an underlying tension she attempts to manage. Her primary concern revolved around her father’s abrupt *“cold turkey”* cessation of communication regarding his personal life, which she attributes to his therapist’s advice. She expressed a desire to re-engage with him about this, specifically wanting to convey her perspective without him feeling *“attacked,”* a recurring interpersonal dynamic she struggles with. She shared details about her father’s anniversary trip to Block Island, expressing a projection of him *“having a grand old time and drinking his face off”* with his partner, fueled by her frustration over his poor communication, which she characterized as *“always like a bomb”* dropping. This highlights her sense of being left in the dark and feeling excluded from significant aspects of his life.

A major stressor that caused her to feel *“spiraling”* was the receipt of two substantial medical bills (totaling $3000) from an ENT, due to her $3800 insurance deductible. She expressed significant confusion and frustration about navigating the insurance system, feeling *"stupid as f*ck." Despite her father offering to cover the bills, Amberly stated, *“I don’t do that,”* revealing a deep-seated reluctance to accept financial help, possibly stemming from a need for independence or an aversion to feeling indebted. She continued to discuss her return to not drinking alcohol, citing body image concerns (*“bloated and gross,”* *“not comfortable in clothes”*) and a desire to return to a *“clear headed”* state she experienced previously while using edibles and seltzers. She acknowledged a recent relapse in smoking and some drinking, indicating these are stress-related coping mechanisms.

Amberly detailed recent challenging family interactions. At a family barbecue, her paternal grandfather made a cutting remark about her relationship with Brian, suggesting he would *“get sick of you”* because she *“fight[s] with everybody.”* This was deeply upsetting, leading her to feel *“nitpicking”* and *“annoying”* by various family members. She also expressed frustration with her mother’s inability to reconcile with her own sister and parents, feeling that her mother prioritizes her own feelings over *“the greater good of your kids,”* indicating a long-standing family pattern of unresolved conflict. She described a complex and volatile relationship with Diana’s sister, who she described as *“phony,”* *“fake,”* *“mean,”* *“harsh,”* and *“jealous,”* even recounting a text message calling her the *“biggest bitch.”* Amberly struggles with setting boundaries in this friendship, opting to *“walk away”* and *“ignore her”* rather than confront her. Her discomfort with the sister’s upcoming birthday party, which involves cocaine use, underscored her commitment to sobriety and her strong protective instincts, especially concerning Brian.

Regarding Brian’s health, Amberly reported significant progress: he has been seizure-free for six weeks, leading to a marked decrease in her own anxiety and hyper-vigilance (*“I feel so much better about it”*). She shared positive updates about Brian’s part-time work, his enrollment in a Master’s program for elementary education, and his application for disability. She recounted a critical incident where Brian’s friend Tomas attempted to offer Brian cocaine while he was drunk, prompting an aggressive and protective response from Amberly (*"I will f*cking kill you… I will stab you in the neck"), highlighting her fierce dedication to Brian’s well-being and sobriety. This further cemented her decision to avoid social gatherings involving substance abuse. She mentioned an upcoming neurosurgeon appointment for Brian, feeling less nervous about it due to prior therapeutic discussions. Lastly, she described ongoing frustrations at work with her boss, Janine, over inconsistent scheduling, noting that Janine’s personal issues (stomach problems, drinking) seem to dictate work conditions. Amberly expressed satisfaction in having spoken to her direct boss about the scheduling issue.

Objective

Amberly presented well-groomed and casually dressed. Her initial self-report of feeling *“low key, pretty chill”* was contradicted by her subsequent rapid-fire delivery of numerous stressors and emotional shifts. Her speech was clear and coherent, though her thought process at times appeared somewhat disoriented or overwhelmed, jumping between topics as she struggled to maintain a linear narrative, frequently losing her train of thought (e.g., *“I just lost my train of thought though”*). She exhibited signs of fatigue, including yawning, and mentioned being *“so tired.”* Her affect ranged from initially subdued to visibly frustrated and animated when discussing family conflicts and the medical bills, indicating a fluctuating emotional state rather than consistent calmness. When describing the aggressive confrontation with Tomas regarding Brian’s substance use, her tone became sharp and resolute, demonstrating a protective intensity. Her body language was generally open, but there were moments of agitation, particularly when discussing financial burdens and interpersonal betrayals. She engaged actively with the therapist, despite the therapist’s own reported fatigue and technological difficulties, demonstrating a strong commitment to the therapeutic process and an ability to navigate external distractions.

Assessment

Amberly continues to manage a complex interplay of personal, relational, and health stressors that impact her overall well-being. Her initial presentation of being *“low key, pretty chill”* appears to be a defensive posture or a temporary respite, as deeper layers of frustration, anxiety, and interpersonal conflict quickly emerged. This suggests an ongoing struggle with emotional regulation and a tendency towards experiential avoidance, where she attempts to suppress or minimize uncomfortable feelings, only for them to manifest as *“spiraling”* or *“annoyance.”* Her current decision to abstain from alcohol and return to previous self-care routines (walking, edibles) is a positive step, indicating an awareness of triggers and a commitment to values-aligned living, consistent with Acceptance and Commitment Therapy (ACT) principles. However, her body image concerns and recent smoking relapse suggest that stress continues to challenge these adaptive coping strategies, pointing to a need for further development of psychological flexibility.

Significant themes from today’s session relate to her interpersonal dynamics and the challenge of establishing healthy boundaries. The *“cold turkey”* communication from her father and her subsequent desire to approach him without triggering defensiveness highlights a pattern of navigating emotionally fraught relationships, often taking on the burden of managing others’ reactions. Her frustration with her mother’s refusal to prioritize family cohesion over personal grievances (*“you never put your feelings aside for what’s like… the greater good of your kids”*) indicates Amberly’s role as an attempted peacemaker or truth-teller within a dysfunctional family system. The grandfather’s direct criticism, *“you fight with everybody,”* likely triggered deep-seated insecurities about her perceived character or worth, activating core beliefs about being *“too much”* or difficult. Her difficulty extracting herself from the relationship with Diana’s sister, despite experiencing overt verbal abuse, suggests a pattern of struggling with self-assertion and a potential fear of abandonment, even in harmful relationships. This also reveals her external locus of validation, where external affirmation (being *“skinny again”*) heavily influences her self-perception.

A crucial area of progress lies in Amberly’s management of Brian’s health crisis. Her shift from intense hyper-vigilance to a more relaxed and confident stance (*“I feel so much better about it”*) demonstrates remarkable resilience and adaptation. Her assertive and protective response to Tomas’s attempt to offer Brian cocaine underscores her commitment to Brian’s health and sobriety, and her developing capacity for fierce boundary setting when deeply values are threatened. This incident serves as a potent example of her ability to act in accordance with her values, even in challenging social contexts. The financial stress surrounding medical bills taps into her need for independence and control, making the therapist’s offer of *“fraudulent”* assistance both an act of support and a potential challenge to her deeply held beliefs about self-reliance.

From an Existential perspective, Amberly is grappling with the unpredictable nature of life (Brian’s seizures, arbitrary insurance rules, family conflict) and the limits of her control, leading to feelings of frustration and helplessness. Her self-worth appears highly contingent on external factors (appearance, partner’s health status, family harmony), creating vulnerability to distress when these factors are unstable. Narrative therapy could be beneficial in helping Amberly externalize these pervasive feelings of *“annoyance”* and *“being nitpicked,”* creating space for alternative narratives of resilience, self-advocacy, and intrinsic worth independent of external validation. DBT-informed strategies will continue to support her in emotion regulation and interpersonal effectiveness, particularly in navigating complex family dynamics and setting firm boundaries with peers.

Plan

- Interpersonal Effectiveness

# Angelica Ruden

**Client:** Angelica Ruden **Total Sessions:** 2 **Session Date Range:** 2025-07-14 to 2025-07-28

## Session 1: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Angelica Ruden Appointment 7-14-2025 0700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Angelica Ruden’s Therapy Session on July 14, 2025

Subjective

Angelica attended today’s session expressing significant distress and emotional turmoil related to a recent early miscarriage, which occurred at almost five weeks gestation. She described the experience as *“gut wrenching”* and akin to *“watching my dog die,”* indicating a profound sense of loss and trauma. She reported feeling *“not right”* and being engaged in *“mental warfare”* with herself, constantly searching for answers as to *“why that would happen to me, especially my first time ever.”* This quest for answers is compounded by the lack of clear explanations for early miscarriages, contributing to her distress and feelings of uncontrollability. Angelica articulated a pervasive fear of trying to conceive again, stating, *“I don’t know if I can handle that again.”* She noted that she goes through *“waves”* of emotions, some days feeling fine, and others *“I like, cry,”* particularly when she calculates how far along she would have been. She connected this to her prior experience of her dog’s tragic death, describing the miscarriage as *“similar on part of the same emotions, but I feel like that was like, traumatizing.”*

A prominent theme was her self-blame and *“confirmation bias,”* wherein she recalled having a *“weird feeling”* before trying to conceive that she would have an issue, and now feels, *“See, I fucking knew that was gonna happen.”* She questioned, *“Did I do it to myself? Did I fuck myself up with the mentality?”* This reflects a powerful internal narrative of fault and a struggle with personal agency versus external circumstances. Angelica also reported feelings of shame and embarrassment surrounding the miscarriage, stating she *“didn’t tell anyone”* except her gynecologist friend, and observing that the experience *“is almost shamed”* in society, leading to isolation. She expressed difficulty accepting support from her partner, Justin, acknowledging he has been *“really supportive”* but believing *“he can’t understand it”* because he did not physically experience it, or the subsequent hormonal shifts.

Beyond the miscarriage, Angelica discussed significant ongoing family dynamics, specifically concerning her mother’s manipulative and unsupportive behavior. She recounted a recent incident where her mother refused to help her sister, who was stranded without a phone across the country, highlighting her mother’s *“spiteful”* and controlling tendencies (*“she likes to… see I told you”*). Angelica detailed her role as the rescuer and emotional caregiver for her sister in these situations, feeling like *“I’m her mother too, in ways.”* This has created a sense of burden and *“agitation and aggravation,”* leading her to maintain an *“arm’s length”* relationship with her mother. She described feeling hypervigilant when her mother is present at social gatherings, *“listening to her conversations and hearing what she was saying to people,”* which prevents her from enjoying herself. She expressed a desire to *“let it go and let it be what it’s going to be,”* but struggles with the perceived need to control her mother’s behavior to avoid personal embarrassment. She acknowledged having *“grieved a past relationship that I wish I had”* with her mother and is now accepting the reality of their dynamic.

Objective

Angelica presented to the session alert and oriented, with generally clear speech and logical thought progression. Her initial affect was somewhat subdued but became more animated as she began discussing the impact of the miscarriage. She exhibited visible signs of distress, particularly when recounting the emotional and physical aspects of the loss. Her tone shifted between a raw expression of grief and frustration (*“gut wrenching,”* *“mental warfare”*) and a more analytical, almost detached recounting of the facts of the miscarriage and medical system. When discussing the self-blame related to her *“confirmation bias,”* her voice carried an undertone of exasperation and self-criticism.

A notable shift in her demeanor occurred when she transitioned to discussing her family dynamics. While her emotional tone remained serious, there was a clear emergence of frustration, resentment, and a degree of exasperation when describing her mother’s behaviors. Her communication style became more direct and assertive in this context, demonstrating a different facet of her personality than the vulnerability shown around the miscarriage. She demonstrated strong insight into her mother’s manipulative patterns (triangulation, lack of accountability) and her own trauma response (hypervigilance). Despite the challenging content, Angelica maintained good eye contact throughout the session, except for brief moments of reflection, suggesting high engagement and an internal processing of difficult material. The overall presentation indicates a client grappling with significant recent loss while simultaneously navigating long-standing complex family challenges, demonstrating resilience in her capacity for self-reflection and candid sharing.

Assessment

Angelica is currently experiencing significant grief and trauma symptoms following her recent miscarriage. Her description of the event as *“gut wrenching”* and comparing it to the death of her beloved dog highlights the depth of her emotional pain. The *“mental warfare”* and relentless search for answers, despite the inherent biological ambiguity of early miscarriages, indicates a struggle with acceptance of uncontrollability and a drive for cognitive closure. This is exacerbated by her self-blaming *“confirmation bias,”* a cognitive distortion where she attributes fault to her own premonitions, reinforcing a narrative of personal responsibility for an uncontrollable biological event. This pattern is consistent with features of complicated grief, where self-blame and a perceived lack of control can impede healthy mourning processes. The shame and embarrassment she feels about the miscarriage, compounded by societal silence, contribute to her isolation and hinder her ability to seek and receive full emotional support.

Beyond the miscarriage, Angelica is grappling with deeply ingrained, dysfunctional family patterns, particularly in her relationship with her mother. Her mother’s controlling, spiteful, and unaccountable behavior creates an environment of unpredictability and emotional insecurity for Angelica. Angelica’s role as rescuer and her hypervigilance around her mother are classic trauma responses, developed to predict and mitigate perceived threats or embarrassing situations, preventing her from genuine enjoyment in social settings. Her acknowledgment of grieving the *“past relationship that I wish I had”* with her mother demonstrates significant insight and a process of psychological detachment, which is crucial for establishing healthier boundaries. This struggle between an ingrained desire for maternal support and the painful reality of her mother’s behavior forms a core conflict that impacts her self-worth and capacity for uninhibited self-expression.

From an ACT perspective, Angelica is exhibiting significant experiential avoidance, particularly regarding the painful emotions of grief, fear of future loss, and the *“not knowing”* related to her miscarriage. Her *“mental warfare”* is a form of cognitive fusion, where she is caught in a struggle with her thoughts and feelings rather than observing them with distance. Her self-blaming thoughts (*“Did I do it to myself?”*) are examples of fusion that prevent her from taking valued action, such as trying to conceive again. From a Narrative Therapy lens, Angelica is operating under a dominant story of personal defectiveness or bad luck, especially regarding the miscarriage, which she has internalized. The family narrative around her mother’s behavior also positions Angelica as a responsible *“mother-figure”* or *“babysitter,”* a story that limits her personal freedom and joy. The therapeutic goal is to externalize these problems and co-construct alternative narratives of resilience, agency, and unconditional self-worth. Existential themes are prominent in Angelica’s wrestling with the inherent unpredictability of life, the *“loss of what if,”* and her search for meaning in the face of uncontrollable loss. Her desire for *“answers”* reflects a deep human need to impose order on a chaotic world, a struggle that is central to the existential experience of confronting absurdity. Her emerging capacity for perspective-taking, recognizing others’ hidden struggles, also aligns with an existential awareness of shared human suffering.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Continue to utilize ACT to address experiential avoidance related to grief, fear of future loss, and the "not knowing" of the miscarriage. Encourage mindfulness practices to foster psychological flexibility, allowing her to observe difficult thoughts and emotions (e.g., self-blame, fear of re-experiencing) without becoming fused with them or allowing them to dictate her actions.  
- Introduce values clarification related to parenthood and family to help Angelica connect with what truly matters to her, allowing her to take committed action towards her goals (e.g., trying to conceive again) despite the presence of fear and uncertainty.  
- Foster self-compassion for her experience of miscarriage and her struggles with self-blame, differentiating between "clean" pain (natural grief) and "dirty" pain (suffering created by resistance and self-criticism).  
  
- Narrative Therapy Elements:  
  
- Continue externalizing the "mental warfare" and "confirmation bias" to help Angelica understand these as separate entities rather than intrinsic flaws, reducing self-blame and increasing her sense of agency.  
- Co-construct alternative narratives of resilience by highlighting her strengths in navigating complex family dynamics and her capacity for empathy towards others. Explore past instances where she has overcome adversity or demonstrated personal strength, challenging the dominant story of "bad luck."  
- Explore how her current "babysitter" role within the family might be a story she can revise, empowering her to define her boundaries and relationship with her mother on her own terms.  
  
- Dialectical Behavior Therapy (DBT) Skills:  
  
- Introduce Distress Tolerance skills (e.g., radical acceptance of what is outside her control regarding the miscarriage; TIPP skills for intense emotional waves) to manage the discomfort of "not knowing" and the waves of grief without resorting to unproductive "mental warfare" or isolation.  
- Explore Interpersonal Effectiveness skills for navigating her relationship with her mother. Focus on setting clear boundaries, expressing needs effectively (DEAR MAN), and practicing self-respect (FAST) to reduce her hypervigilance and enable her to enjoy social situations more fully.  
- Reinforce Emotion Regulation skills to manage the anger and frustration stemming from family conflict, helping her respond thoughtfully rather than reactively, further empowering her in these dynamics.  
  
- Existential Exploration:  
  
- Continue to process the existential themes of loss, lack of control, and meaning-making in the face of life's unpredictability. Validate her search for answers while gently encouraging acceptance of inherent ambiguity where no answers exist.  
- Explore how the miscarriage, despite its pain, might offer new perspectives on life's fragility and the importance of cherished values, guiding her toward deeper meaning.  
  
- Homework: Angelica will practice mindfulness for 5-10 minutes daily, focusing on observing thoughts and feelings without judgment, specifically noting any self-blaming thoughts without engaging with them. She will also identify one small boundary she can practice in her interactions with her mother this week.  
- Next Session: Continue processing miscarriage grief, specifically addressing the fear of re-trying and the practical steps she can take, while also exploring further strategies for managing complex family relationships.

Supplemental Analyses

Tonal Analysis

Shift 1: From Deep Grief to Exasperated Self-Blame. Angelica’s tone when first discussing the miscarriage was marked by deep sadness and a raw, *“gut wrenching”* quality. As she introduced the concept of *“mental warfare”* and her *“confirmation bias”* (*“See, I fucking knew that was gonna happen”*), her tone shifted to one of exasperated self-criticism and a subtle underlying anger directed at herself. This shift revealed the internal conflict and the cognitive wrestling she engages in, where grief over the loss transmutes into a frustrating battle with self-blame and a perceived lack of agency. This is clinically significant as it highlights how her cognitive patterns amplify her emotional suffering, moving beyond simple grief into a more complex internal struggle that impacts her sense of self-efficacy.

Shift 2: From Vulnerable Grief to Assertive Frustration. A distinct tonal shift occurred when Angelica transitioned from discussing the miscarriage to recounting her mother’s unsupportive actions with her sister. Her voice, while still serious, gained an edge of assertive frustration and even indignation (*“What am I supposed to do? Like, I can’t not help the girl!”*). The volume and pace increased slightly, reflecting her strong emotional reaction to her mother’s perceived injustice and spitefulness. This shift is significant as it demonstrates Angelica’s capacity for assertion and anger in the face of external relational challenges, contrasting with the more internalized and self-directed emotional struggle she experiences with the miscarriage. It highlights a core tension: her ability to advocate for others (her sister) and express anger at external injustices, versus her difficulty in fully accepting her own lack of control and letting go of self-blame in personal, unmanageable situations like the miscarriage.

Thematic Analysis

Theme 1: Loss of Control and the Quest for Answers. A central theme for Angelica is the profound sense of loss of control, primarily manifested in her experience of the miscarriage. Her relentless search for *“answers”* to *“why”* it happened, despite knowing medical ambiguity, underscores her difficulty in accepting life’s inherent unpredictability. This theme extends to her desire to control her mother’s behavior and the perception others have of her mother (*“I have to watch you and listen to what you’re saying”*), reflecting a deeper need to manage her environment and prevent unforeseen negative outcomes. This theme is crucial as it points to her underlying anxiety about chaos and the unknown, and her coping mechanisms (self-blame, hypervigilance) to create a sense of predictability where none exists.

Theme 2: Shame and Internalized Blame. The theme of shame and internalized blame is deeply interwoven with both the miscarriage and her family dynamics. Angelica’s reluctance to share about the miscarriage and her statement that the experience itself *“is almost shamed”* reveals a societal and personal internalization of fault. Her *“confirmation bias”* further reinforces this, making her feel responsible for the outcome. Similarly, her hypervigilance around her mother stems from a fear of personal embarrassment (*“Don’t embarrass me”*), suggesting an internalization of her mother’s actions as a reflection on her own self-worth. This theme is critical as it highlights how external experiences of vulnerability and unpredictable events are interpreted through a lens of personal failing, impacting her self-esteem and willingness to be vulnerable.

Theme 3: Complex Family Systems and the Rescuer Role. Angelica is deeply embedded in a complex and dysfunctional family system characterized by her mother’s manipulative, spiteful, and unaccountable behavior. Angelica consistently adopts a *“rescuer”* role, stepping in to care for her sister when her mother fails to do so, and feeling like *“I’m her mother too.”* This dynamic, alongside her mother’s triangulation and lack of self-awareness, creates a persistent emotional burden for Angelica. Her choice to maintain an *“arm’s length”* relationship and her mother’s *“loss of power”* indicate positive shifts in boundaries, yet the emotional residue (e.g., hypervigilance, inability to enjoy herself) persists. This theme is vital for understanding the pervasive impact of early relational patterns on her current emotional well-being and her challenges in prioritizing her own needs over family obligation or perceived duty.

Sentiment Analysis

Sentiments About Self: Angelica’s sentiments about herself were primarily negative, marked by a sense of internal conflict, self-blame, and vulnerability.

- Self-blame/Responsibility: Evident in "Did I do it to myself? Did I fuck myself up?" and the "mental warfare" description, reflecting a strong tendency to internalize blame for uncontrollable events.  
- Fear/Vulnerability: Expressed through statements like "scared to, like, do it again," indicating apprehension about re-experiencing loss and a perceived lack of emotional resilience.  
- Burden/Fatigue: Manifested in her role as "mother too" for her sister and the description of constant "babysitting" her mother, suggesting exhaustion from managing external situations and relationships.  
- Shame/Embarrassment: Implicit in not telling others about the miscarriage and explicit in her fear of her mother embarrassing her, indicating a concern for social perception and a desire to control her image.

Sentiments About Others/External Situations: Angelica’s sentiments toward others and external situations were mixed but leaned heavily negative regarding her mother, with more nuanced expressions toward her partner and society.

- Resentment/Frustration (Mother): Strongly directed at her mother's "spiteful" behavior, lack of accountability, and manipulative tactics ("triangulate us against each other"), revealing deep-seated interpersonal frustration.  
- Lack of Understanding (Partner): While acknowledging Justin's support, her sentiment that he "can't understand it" highlights a perceived emotional gap and a sense of isolation in her grief, particularly around the unique physical and hormonal aspects of miscarriage.  
- Pessimism/Injustice (Medical/Societal Systems): Her critiques of the medical system's approach to miscarriage ("minimize it," "crazy to make someone go through that mentally") and societal silence reveal a sentiment of systemic injustice and a lack of compassionate understanding from broader institutions.  
- Empathy/Compassion (Others in General): A positive sentiment emerged in her realization that "you don't know what that person's going through," indicating a growing empathy and understanding for the hidden struggles of others, fostering a broader perspective.

Key Points

- Grief and Trauma of Miscarriage: Angelica is experiencing acute grief and symptoms consistent with trauma following her early miscarriage. This loss is compounded by societal silence and her self-blaming cognitive patterns, which intensify her emotional suffering and lead to isolation. Addressing the existential themes of uncontrollability and the practical fears of re-trying are crucial.  
- Dysfunctional Family Dynamics and Hypervigilance: Her long-standing complex relationship with her mother, characterized by manipulation and lack of accountability, continues to be a significant source of stress and emotional burden. Her hypervigilance in social settings when her mother is present is a chronic trauma response that significantly impairs her ability to experience joy and presence. Reinforcing boundaries and reducing her felt responsibility for her mother's behavior are key therapeutic targets.  
- Self-Blame and Confirmation Bias: Angelica's tendency to blame herself for uncontrollable events (e.g., "Did I do it to myself?" regarding the miscarriage) and her "confirmation bias" thinking are core cognitive distortions that perpetuate her distress. Helping her externalize these thoughts and develop psychological distance from them is paramount for fostering self-compassion and moving forward.  
- Developing Personal Agency and Perspective: Despite significant challenges, Angelica demonstrates a growing capacity for insight, boundary setting (with her mother), and perspective-taking (empathy for others' hidden struggles). These strengths can be leveraged to increase her sense of personal agency in navigating both her grief and her complex family relationships, shifting her from a reactive stance to one of deliberate, values-aligned action.

Significant Quotes

* "I like, have sex and stuff. Like, I understand why I have to go through the tribes and the tribulations of shit. Like, why can't, like, I just, like, it just be normal for me, right? You know," Angelica expressed this when questioning why she had to experience a miscarriage so early in her first attempt at conception. This quote is significant because it articulates her profound sense of injustice and her existential questioning of why hardship seems to be her lot. It reveals a deep yearning for normalcy and ease, contrasted with a perception that life consistently presents her with "tribulations." This challenges her fundamental assumptions about fairness and the natural course of life, an existential crisis of meaning that complicates her grief process.
* "I was like, saying to myself, I had like, some weird feeling before we even started trying, that I was gonna have like, an issue like that, and my whole confirmation bias shit happened to me. And I'm like, See, I fucking knew that was gonna happen, almost... Did I do it to myself? Did I fuck myself up? Did I with the mentality?" This extended quote powerfully encapsulates Angelica's self-blame and cognitive distortions. It reveals her tendency to internalize external events and attribute personal fault through a lens of "confirmation bias." This is significant as it demonstrates a core belief system where she feels responsible for negative outcomes, even those beyond her control, leading to intense self-criticism and a "mental warfare" that traps her in a cycle of rumination and guilt, impeding her ability to accept and process her grief healthily.
* "I don't like feeling that way, like, I don't like feeling that. Oh, my mom's here now I can't enjoy myself. Like, I don't want to feel like that." Angelica made this statement when describing her hypervigilance around her mother at social events, preventing her from being present and enjoying herself. This quote is significant because it highlights the pervasive, insidious impact of her dysfunctional family dynamics on her personal well-being and her capacity for joy. It underscores the extent to which her trauma response (hypervigilance) has seeped into and compromised her social and emotional freedom. Her explicit wish to "not feel like that" indicates a strong desire for change and autonomy, providing a clear pathway for therapeutic intervention focused on boundaries and self-care.

Comprehensive Narrative Summary

Today’s session with Angelica Ruden was a profound exploration of complex emotional terrain, intertwining the acute pain of a recent miscarriage with long-standing family dynamics and core psychological struggles. Angelica entered the session carrying visible emotional weight, immediately sharing the *“gut wrenching”* experience of her early pregnancy loss. Her narrative quickly moved beyond the factual details to express a deep existential struggle, articulated through her persistent *“mental warfare”* and frustrated quest for answers to *“why”* this had happened, especially on her first attempt. This search for meaning in the face of uncontrollable biological events revealed her profound discomfort with uncertainty and an intense self-blame, encapsulated by her belief in a *“confirmation bias”* that somehow her own premonitions had caused the miscarriage. This internal struggle highlighted her vulnerability to internalized shame, which, coupled with societal silence around miscarriage, led her to feelings of isolation and prevented her from fully accepting support, even from her otherwise supportive partner.

As the session progressed, Angelica’s distress was further contextualized by the pervasive influence of her deeply dysfunctional family. Her vivid recount of her mother’s manipulative and unsupportive behavior toward her sister underscored Angelica’s ingrained role as the family rescuer and caretaker. This dynamic not only burdened her but also illuminated the hypervigilance she carries into social settings with her mother, actively monitoring her mother’s interactions to avoid personal embarrassment. This constant *“babysitting”* mentality prevents her from truly enjoying herself, revealing a chronic trauma response that compromises her well-being. Despite this, Angelica demonstrated remarkable insight into her mother’s lack of accountability and the need to grieve the *“past relationship that I wish I had,”* indicating a nascent yet powerful shift towards healthier boundaries and self-preservation. The session effectively wove together these disparate threads—the raw grief of miscarriage, the cognitive battle with self-blame, and the emotional toll of family dysfunction—to reveal a client at a critical juncture, navigating profound loss while simultaneously striving for greater emotional freedom and a more authentic sense of self, beyond the confines of past traumas and relational patterns.

## Session 2: 2025-07-28

**Date:** 2025-07-28 **Source File:** Summary of Angelica Ruden Appointment 7-28-2025 0700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Angelica Ruden’s Therapy Session on July 28, 2025

Subjective

Angelica attended today’s session expressing a pervasive sense of “hyper fixation” on her recent miscarriage, stating, “I can’t… I feel like it’s like everything I just like… focusing on like that.” This intense focus, she explained, is primarily directed towards preventing a recurrence, leading to obsessive tracking of bodily metrics, particularly her temperature via an Aura ring. She described this behavior as a “fail safe” and a “pre mortem” attempt to control her body’s functions, a new manifestation of a long-standing pattern of attempting to control external situations. Angelica articulated feeling “disappointed in myself” and experiencing significant “shame” around the miscarriage, despite intellectually knowing it was not her fault. She described this internal experience as “going crazy” and carrying a “heavy thing,” isolating her as she doesn’t like talking about it with others, including her partner, Justin. She conveyed a deep internal conflict regarding communication with Justin, stating, “I want Justin to ask me about it, but I don’t, but I do, but I don’t.” This ambivalence stems from a perception that Justin doesn’t understand the depth of her loss, isn’t taking their desire for a family seriously (*“why aren’t you taking this seriously?”*), and often turns arguments back on her, blaming her approach. She specifically cited a recent hurtful comment from Justin, suggesting she was *“just trying to have sex to have a baby now,”* which made her *“very not into it”* and feel like he viewed her as *“purely transactional.”* This perception of a lack of shared commitment and emotional understanding from Justin exacerbates her internal distress and feelings of unsupport. She identified a pattern of initiating difficult conversations with a *“snide comment,”* which she acknowledges is unhelpful but feels is her only way to engage him.

Objective

Angelica presented to the session alert and oriented, with clear speech and logical thought progression. Her demeanor conveyed a palpable internal tension, evidenced by her rapid speech when discussing her hyper-fixation and the discernible shifts in her tone as she navigated emotionally charged topics. While she maintained a generally coherent narrative, her descriptions of internal shame and relational distress with Justin were accompanied by subtle vocal changes—a quieted tone when discussing self-blame and a more frustrated, externalizing tone when recounting Justin’s perceived lack of empathy. Her focus remained consistently on her internal experience and her relational struggles, demonstrating significant engagement in the therapeutic process. She readily engaged in self-reflection, especially when prompted to explore the impact of her communication patterns, particularly the use of *“why”* questions. Her physical presentation did not suggest acute distress, but the intensity of her verbalization indicated a significant emotional burden.

Assessment

Angelica continues to present with symptoms consistent with Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23), with the recent miscarriage serving as a significant stressor that has intensified pre-existing control issues, self-shaming tendencies, and relational dynamics. Her hyper-fixation on monitoring bodily metrics through the Aura ring represents a maladaptive coping mechanism to regain a sense of control and prevent future loss, implicitly fueled by deep-seated shame regarding her body’s perceived *“failure”* to sustain the pregnancy. This behavior, while providing a temporary illusion of control, inadvertently exacerbates her anxiety and self-judgment. The session highlighted a critical communication breakdown within her relationship with Justin. Angelica perceives a profound lack of emotional support and shared commitment from him, which triggers her feelings of being unheard and unvalued. Her acknowledged pattern of initiating conversations with *“snide comments”* is a defensive strategy, likely rooted in past experiences of invalidation, but it inadvertently perpetuates a cycle of conflict and blame. Justin’s dismissive and transactional responses, particularly regarding intimacy, reinforce Angelica’s feelings of being misunderstood and deepen her emotional withdrawal. The miscarriage, a deeply personal and internal *“death,”* has created an experience of grief that Justin, from Angelica’s perspective, cannot fully grasp, leading to significant feelings of isolation. Angelica demonstrates growing insight into her self-shaming patterns and the impact of her communication style, particularly the accusatory nature of *“why”* questions, indicating a readiness for targeted intervention.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to guide Angelica in differentiating between the *“clean”* pain of loss and the *“dirty”* pain created by her attempts to control and avoid unwanted internal experiences. We will work on defusion techniques to unhook from obsessive thoughts about the Aura ring metrics and future outcomes, helping her to observe these thoughts without becoming fused with them or allowing them to dictate her actions. The concept of *“detaching from the outcome but not the experience”* will be further explored to foster psychological flexibility around her fertility journey. Dialectical Behavior Therapy (DBT) Skills: Focus on improving interpersonal effectiveness and emotion regulation. We will introduce and practice *“DEAR MAN”* skills to help Angelica communicate her needs and feelings to Justin assertively, without resorting to indirect or *“snide”* comments that she identifies as problematic. This will involve role-playing scenarios to build confidence and develop a more effective communication repertoire. We will also utilize distress tolerance skills to manage her internal shame and frustration when she feels unheard or unsupported. Narrative Therapy Elements: Continue to externalize the *“hyper-fixation”* and *“shame”* as entities separate from Angelica’s core identity. We will explore how these *“stories”* have influenced her current experience and work towards re-authoring a narrative of resilience, agency, and self-compassion. The therapist’s observation regarding changing *“why”* to *“what happened”* will be reinforced as a powerful narrative shift. Existential Exploration: Continue to explore the existential themes of control and uncertainty, particularly in the context of the miscarriage. Acknowledge the profound internal loss she experienced, helping her to find meaning and acceptance in the face of uncontrollable life events. Homework: Angelica will practice replacing *“why”* questions with *“what happened?”* in her internal dialogue and, when appropriate, in her conversations with Justin. She will observe the subtle shifts in her internal experience and Justin’s responses. We will also discuss journaling her feelings about the miscarriage without judgment, specifically noting moments of self-shame and practicing self-compassion.

Supplemental Analyses

Tonal Analysis

Shift 1: From *“Okay”* to Hyper-fixated/Anxious: Angelica’s initial *“I’ve been okay”* quickly transformed into a rapid, almost breathless description of her *“hyper fixation”* on the miscarriage. This tonal shift, marked by increased speech pace and a more agitated quality, immediately signaled the depth of her internal struggle, moving from a superficial report to an urgent unveiling of her obsessive thoughts and anxieties. This rapid shift highlights her difficulty in maintaining a composed exterior when discussing the core of her distress. Shift 2: From Distressed to Resentful/Accusatory: When discussing Justin’s perceived lack of seriousness regarding their shared goal of a family, Angelica’s tone became sharper and more pointed. Phrases like *“why aren’t you taking this seriously?”* were delivered with a clear undercurrent of resentment and blame, indicating a transition from internalizing her pain to externalizing her frustration towards her partner. This shift is clinically significant as it reveals her default coping mechanism of projecting her distress when feeling unsupported, a pattern that likely contributes to the relational conflict. Shift 3: From Hurt to Resigned/Defeated: Following the revelation of Justin’s hurtful *“transactional”* comment about sex for conception, Angelica’s tone became heavy, quiet, and reflective of deep emotional withdrawal. Her declaration of being *“very not into it”* and feeling *“purely transactional”* conveyed a profound sense of hurt and a resigned withdrawal from initiating intimacy. This shift underscored the immense impact of Justin’s words on her emotional and physical connection, signaling a potential for further relational estrangement if not addressed. Shift 4: From Insightful to Practical/Action-Oriented: Towards the end of the session, after the discussion about replacing *“why”* with *“what happened,”* Angelica’s tone became noticeably more hopeful and practical. Her statement, *“I think that the whole Why, what happened thing isn’t gonna help me a lot, because I, instead of accusing myself, I can try and look at it in a different light,”* was delivered with a clearer, more engaged vocal quality. This shift demonstrates a moment of agency and a willingness to adopt new strategies, indicating a significant step towards internal change and a reduction in self-judgment.

Thematic Analysis

Theme 1: Loss of Control and the Quest for Predictability: A central theme was Angelica’s intense struggle with a profound loss of control, stemming from the miscarriage. This was vividly illustrated by her obsessive reliance on the Aura ring and temperature tracking as a *“fail safe”* mechanism. Her attempt to predict and control her internal bodily functions (*“how am I gonna do it better next time?”*) reflects a deep-seated anxiety about uncertainty and a desire to impose order on a fundamentally unpredictable biological process. This theme extends to her relationship with Justin, where her efforts to monitor his behavior (e.g., drinking) represent a desperate attempt to control external factors that she perceives as linked to her desired outcome, highlighting her difficulty in tolerating ambiguity and the inherent uncontrollability of life. Theme 2: Shame and Internalized Blame: The pervasive presence of shame was a dominant and emotionally charged theme. Angelica explicitly stated, *“I feel shame still around it”* and *“I’m shaming myself.”* This shame is deeply intertwined with her perception of her body’s *“failure”* to carry the pregnancy, leading to internal accusations (*“what’s wrong?”*). The therapist’s analogy to a *“rape victim”* further underscored the profound sense of being violated and at fault for a situation beyond her control. This shame also inhibits her ability to communicate openly, particularly with Justin, as she anticipates judgment or further blame, perpetuating a cycle of internalized suffering. Theme 3: Relational Disconnect and Unmet Needs: The session revealed a significant theme of relational disconnect and unmet emotional needs within Angelica’s marriage. Her perception that Justin is *“not on the same page,”* doesn’t *“care,”* or isn’t taking her experience *“seriously”* creates a profound sense of isolation and resentment. The *“transactional”* comment regarding intimacy was particularly damaging, highlighting a fundamental misalignment in their emotional and physical connection. Angelica’s ambivalence about communicating her needs (*“I want him to ask me about it, but I don’t, but I do, but I don’t”*) illustrates a complex interplay of desire for support and fear of further invalidation, demonstrating a long-standing pattern where her emotional vulnerability is not adequately met, leading to an externalized blame and an internalized burden. Theme 4: The Miscarriage as an Internalized Death: The therapist’s framing of the miscarriage as an *“internal death”* resonated deeply, highlighting the profound and personal nature of Angelica’s loss, distinct from Justin’s more external experience. This theme emphasizes that the miscarriage is not merely a failed attempt at conception but a traumatic event with lasting internal ramifications, impacting her sense of self, body image, and future hopes. Her continued *“carrying around the ashes”* signifies an unprocessed grief that remains a *“heavy burden,”* contributing to her hyper-fixation and sense of being stuck.

Sentiment Analysis

Sentiments About Self: Angelica’s expressions regarding herself were overwhelmingly negative, marked by a pervasive sense of inadequacy and self-reproach. 1. Shame/Guilt: The most dominant sentiment, evident in statements like *“I feel disappointed in myself,”* *“it’s like a shame thing,”* *“I’m shaming myself,”* and her deep struggle with the question *“is it gonna happen again?”* 2. Helplessness/Lack of Control: Expressed through her descriptions of being *“hyper fixated”* and unable to *“get myself out of it,”* despite knowing her behavior is *“ridiculous.”* This highlights her internal struggle against compulsive patterns. 3. Internalized Burden/Suffering: Conveyed through phrases like *“sucking my own self”* and *“it’s a heavy thing that I’m carrying,”* suggesting a profound sense of isolation and unshared grief. 4. Confusion/Disorientation: *“I feel like I’m going crazy,”* reflects a disorienting internal experience where her thoughts and emotions feel overwhelming and uncontrollable. Sentiments About Others/External Situations: Angelica’s sentiments toward Justin and their relational dynamics were mixed but largely negative, reflecting resentment, hurt, and a sense of being misunderstood. 1. Resentment/Frustration (towards Justin): Manifested in statements like *“he doesn’t care,”* *“why aren’t you taking this seriously?”*, and feeling *“drives me a little bit nuts”* that he doesn’t consider her feelings. This reveals her perception of his emotional disengagement. 2. Hurt/Betrayal (from Justin): Strongly felt when she described Justin’s comment about her only wanting sex for a baby, leading her to feel *“very not into it”* and perceiving him as viewing her as *“purely transactional.”* This indicates a deep relational wound. 3. Pessimism about Communication: Expressed as *“communication pattern is not ideal”* and feeling that *“every situation gets turned around to be back on me,”* indicating a learned helplessness in effectively expressing her needs and a belief that she will be blamed. 4. Understanding but Still Longing (for Justin’s support): Despite acknowledging *“he’s not gonna understand it completely,”* there remains an underlying longing for his empathy and support, as evidenced by her internal conflict about whether she wants him to ask her about her feelings.

Key Points

- Hyper-fixation as a Manifestation of Control and Shame: Angelica's obsessive tracking of fertility metrics via the Aura ring is a primary coping mechanism for managing the profound anxiety and shame associated with her miscarriage. This behavior, framed as a "fail safe" or "pre mortem," reflects a deep-seated need for control over unpredictable bodily processes, ultimately exacerbating her distress by reinforcing a sense of personal responsibility for an uncontrollable event. Addressing this compulsion is crucial to alleviating her anxiety and fostering a more accepting relationship with her body.  
- Miscarriage as an Identity-Challenging Loss: The miscarriage represents not just a physical loss but a significant psychological and existential challenge to Angelica's identity as a woman and potential mother. The therapist's framing of it as an "internal death" underscores the profound, internalized grief she carries, which feels largely unacknowledged and unshared by her partner. This isolation amplifies her shame and prevents effective processing of the trauma, perpetuating her emotional burden.  
- Dysfunctional Relational Dynamics Exacerbating Distress: The pre-existing communication issues and differing levels of commitment within her marriage have been severely exacerbated by the miscarriage. Angelica's perception of Justin's lack of empathy, his "transactional" view of intimacy, and his tendency to blame her communication style ("it's your approach") create a cycle of unmet needs, resentment, and emotional withdrawal. Addressing these core relational patterns is vital for Angelica to feel supported and to reduce her internalized shame, enabling healthier coping.  
- The Power of Language and Internal Dialogue: The insight gained regarding the accusatory nature of "why" questions versus the open-ended "what happened?" represents a pivotal moment in the session. This understanding, applicable to both her internal dialogue and external communication with Justin, offers a tangible pathway for Angelica to reduce self-shaming and foster more productive, less defensive interactions. This linguistic shift can significantly impact her sense of agency and her ability to self-soothe.

Significant Quotes

- "I'm just, like, really hyper fixated on it now. And like, I can't, like, I feel like it's like, everything I just like, like, focusing on like that. Like, that would happen. But, like, all right, how am I gonna do it better next time?" This quote is significant as it captures the pervasive and intrusive nature of Angelica's rumination following her miscarriage. It highlights her desperate attempt to regain control and prevent future loss by meticulously dissecting past events and strategizing for future outcomes. This "how am I gonna do it better" mentality reveals a deep-seated belief that the miscarriage was, at some level, within her control, leading to self-blame and obsessive problem-solving. It underscores the underlying anxiety and the maladaptive coping mechanism of trying to intellectually or behaviorally control an unpredictable biological process.  
- "I feel shame still around it like, I'm very like, feel like, I know it's not my fault, sure, but like, it's that fee. It's the feeling of like, is it gonna happen again?" This statement directly expresses Angelica's core emotional struggle: the persistence of shame despite intellectual understanding that the miscarriage was not her fault. The immediate follow-up with "is it gonna happen again?" links this shame to intense future-oriented anxiety. This quote is crucial for understanding the depth of her internal suffering, as it reveals how an external event has been internalized into a profound sense of defectiveness and vulnerability, leading to constant self-scrutiny and a fear of recurrence.  
- "I want Justin to ask me about it, but I don't, but I do, but I don't." This quote profoundly illustrates Angelica's internal ambivalence and the complexity of her relational dynamics with Justin. It reveals a deep longing for connection and support from her partner, yet it is simultaneously inhibited by unspoken fears of invalidation, misunderstanding, or burdening him. This "push-pull" dynamic prevents authentic communication of her profound grief and needs, contributing to her isolation and perpetuating a cycle of unmet expectations within the relationship. It points to a history where expressing vulnerability has been met with responses that led to withdrawal.  
- "He's like, Oh, well, oh, you're just trying to have sex to have a baby now... I think that, I think that really bothered me a lot, and they can't fathom why. Now I'm like, very not into it. Because I'm like, now I don't want to do it now, yeah? Because, like, now you're, that's, if that's the image in your head of me." This quote is highly significant as it captures a critical relational wound and its immediate impact on Angelica. Justin's dismissive and transactional framing of her desire for intimacy and conception is perceived as deeply invalidating, reducing her to a functional role rather than acknowledging her emotional depth and shared hopes. Her subsequent withdrawal ("very not into it") is a direct response to feeling objectified and misunderstood, leading to a profound disconnect in their physical intimacy. This statement reveals how a lack of empathy and a focus on outcome by one partner can profoundly damage the emotional and physical connection in a relationship, especially after a shared trauma.  
- "Why can sound very accusatory, like, you know what I mean." This quote represents a significant moment of insight and agency for Angelica. It reflects her growing awareness of how her own communication patterns, particularly the frequent use of "why," can unintentionally create defensiveness and blame in her interactions, both with herself and with Justin. This realization is a crucial step towards adopting new, more effective communication strategies that foster understanding rather than conflict, offering a concrete pathway to address both her self-shaming and relational struggles.

Comprehensive Narrative Summary

Today’s session with Angelica provided a poignant and clinically rich exploration of the multifaceted impact of her recent miscarriage, revealing how this acute stressor has activated deeply embedded patterns of control, shame, and relational distress. Angelica entered the session consumed by a *“hyper fixation”* on preventing future loss, manifesting as an obsessive reliance on her Aura ring to monitor bodily metrics. This behavior, while seemingly a quest for control, functions as a maladaptive coping mechanism, driven by a profound sense of self-blame and shame for her body’s perceived *“failure.”* Despite her intellectual understanding that the miscarriage was not her fault, an intense internal dialogue, often characterized by accusatory *“why”* questions, perpetuates this cycle of self-criticism and anxiety, leaving her feeling *“sucked in my own self”* and carrying a *“heavy burden”* of unshared grief. A significant portion of the session illuminated the dysfunctional dynamics within her marriage to Justin, which are acutely exacerbated by the miscarriage. Angelica expressed deep resentment and hurt over Justin’s perceived lack of empathy and shared commitment, describing him as not being *“on the same page”* and not taking her experience *“seriously.”* His dismissive comment, framing her desire for intimacy as merely *“trying to have sex to have a baby now,”* was particularly damaging, leading her to feel *“purely transactional”* and profoundly disengaging her from physical intimacy. This transactional view from Justin reinforces Angelica’s long-standing fears of invalidation and amplifies her reluctance to express her true needs directly, instead resorting to *“snide comments”* that predictably trigger defensive reactions from him. This communication pattern traps them in a cycle where Angelica feels unheard and Justin feels attacked, ultimately deepening her isolation and confirming her belief that her emotional experience is too profound or *“dirty”* to be genuinely shared. From a therapeutic perspective, Angelica’s journey highlights the complex interplay between internal processing of trauma, the search for control in unpredictable circumstances, and the critical role of relational support. Her miscarriage represents not just a physical event but an *“internal death,”* a profound loss that challenges her identity and exposes core vulnerabilities. The session provided crucial insight into her tendency to internalize shame and externalize blame, patterns that maintain her suffering. The therapist’s strategic intervention regarding the shift from *“why”* to *“what happened”* offered a practical, empowering tool for Angelica to begin altering both her self-dialogue and her relational communication. This linguistic shift promises to unlock a new pathway for processing grief with self-compassion and fostering more authentic, less defensive interactions with Justin. The plan moving forward will integrate ACT to address experiential avoidance, DBT to enhance communication and emotion regulation, and narrative therapy to re-author her story of agency and resilience, helping her navigate this profound loss with greater psychological flexibility and relational connection.

# Ava Moskowitz

**Client:** Ava Moskowitz **Total Sessions:** 2 **Session Date Range:** 2025-07-10 to 2025-07-21

## Session 1: 2025-07-10

**Date:** 2025-07-10 **Source File:** Summary of Ava Moskowitz Appointment 7-10-2025 2030 hrs.pdf.eml

Comprehensive Clinical Progress Note for Ava Moskowitz’s Therapy Session on July 10, 2025

Subjective

Ava attended today’s session expressing a general feeling of being *“fine”* but quickly elaborated on her current role as a camp counselor, describing it as *“torture”* due to the demanding nature of managing seven and eight-year-old girls, specifically citing issues with bullying behavior and attention-seeking. She noted feeling constantly exhausted, requiring naps and taking *“like 10 melatonin”* to sleep. When discussing her home life, Ava conveyed significant relief and *“a boost of excitement”* when her mother is not present, indicating a strained relationship. She shared that upon hearing her mother’s car, she *“run[s] to my room and lock[s] the door.”* Regarding a college friend, whom she referred to as Joey/Zoe, Ava expressed deep hurt and resentment over the friend’s perceived coldness and lack of reciprocity following a significant friendship rift, stating, *“I literally, like, almost, like, gave up my friendships with other people to be there for her, because I knew that she needed me.”* She voiced confusion and frustration about why she feels *“bad”* when others, including her friend and parents, act in ways that hurt her, despite being the one wronged. She explicitly asked, *“Why is it that, like, when those sorts of things happen to me, like, I’m the one that feels bad?”* This self-blame and internalizing tendency despite external provocations indicates a core struggle.

Objective

Ava presented to the session appearing alert and oriented, with clear and coherent speech. Her affect initially appeared somewhat diffused and distracted, aligning with her verbal report of being *“distracted with camp.”* As the discussion progressed to more emotionally charged topics, particularly her friendship dynamics and family relationships, her affect became more engaged and varied, demonstrating moments of frustration, bewilderment, and underlying hurt. While discussing her camp experiences, she used strong language (*“torture,”* *“bitch”*) to describe challenging child behaviors, reflecting an underlying sense of overwhelm and perhaps a difficulty regulating her own emotional responses in frustrating situations. Her body language became more animated when expressing her excitement about her mother’s absence and her quick movements to avoid her. She actively engaged in the requested self-compassion exercise, meticulously answering the questions and reflecting on the results. Her capacity for insight and self-reflection was evident in her processing of the *“over-identification”* concept.

Assessment

Ava continues to present with patterns indicative of over-identification and difficulty with emotional boundaries, as evidenced by her self-reported experience of feeling *“bad”* when others mistreat her and her high score (3.75) on the over-identification scale of the self-compassion assessment. This tendency to internalize others’ problems and emotional states leads to significant personal burden, resentment, and emotional exhaustion, as seen in her camp counselor role and her past friendship. Her described emotional disengagement from painful experiences and subsequent self-blame (“I did something to push her away”) functions as a defense mechanism, ironically preventing her from processing her own legitimate feelings of hurt and anger. The strained relationship with her mother, characterized by Ava’s desire for physical and emotional distance, further highlights a potential history of unmet emotional needs and difficulty with secure attachment, possibly contributing to her relational patterns of over-giving and subsequent resentment. Her high emotional intelligence, while a significant strength, paradoxically contributes to her distress when unmanaged, as she absorbs the emotional experiences of others without adequate protective boundaries. Her sleep disturbance and self-reported desire to *“sleep all day”* may indicate underlying depressive symptoms exacerbated by emotional overload.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT principles to address Ava’s tendency towards over-identification and experiential avoidance of her own emotional pain. In session, we introduced the concept of *“taking on others’ shoes”* and the burden this creates. We will work on developing psychological flexibility by helping Ava notice the urge to over-identify without becoming fused with it, allowing her to distinguish her emotions from those of others. The self-compassion questionnaire results will serve as a baseline for tracking progress in common humanity and self-kindness.Dialectical Behavior Therapy (DBT) Elements: Integrate DBT skills for interpersonal effectiveness and distress tolerance. Specifically, we will begin exploring practical strategies for setting and maintaining boundaries in her relationships, particularly with her mother and in her role as a camp counselor, focusing on how to respond effectively without taking on undue responsibility or emotional burden. We will also work on distress tolerance skills to manage the uncomfortable feelings (e.g., guilt, resentment) that arise when she does not *“take on”* others’ problems.Psychoeducation and Self-Reflection: Reinforce the understanding that her high emotional intelligence is a gift, but one that requires careful management. Ava’s homework for the coming week is to simply *“notice”* when she is over-identifying, without judgment or attempting to change it. This aims to increase her present-moment awareness and create a subtle space between the impulse to take on others’ problems and her response.Behavioral Activation: Given her reports of exhaustion and reliance on melatonin, we will continue to monitor her sleep patterns and daily activities to ensure she maintains a balanced routine that prevents excessive emotional and physical drain.

Supplemental Analyses

Tonal Analysis

Shift 1: From Distracted to Annoyed/Frustrated. Ava’s initial tone was somewhat casual and distracted, focusing on mundane details like her flight issues. This shifted notably to annoyance and frustration when recounting her canceled American Airlines flights, with an uptick in vocal energy and a clear expression of exasperation (*“Like, are we kidding?”*). This minor shift indicated her capacity to express irritation, even if it was initially directed at an external system rather than interpersonal dynamics.Shift 2: From Overwhelmed to Directly Critical. When discussing her camp counselor duties, Ava’s tone became weary and overwhelmed (*“it’s actually torture,”* *“I can’t do it”*). This then transitioned into direct, albeit somewhat lighthearted, criticism of the children (*“What a bitch,”* *“if you’re not cute and you’re annoying, like, I’m gonna be mean to you”*). This shift revealed her struggle with emotional regulation and setting limits in a demanding environment, and a tendency to externalize blame when feeling pushed to her limits.Shift 3: From Hurt to Resentful and Insightful. The most significant tonal shift occurred when Ava discussed her friendship and family dynamics. Her tone deepened from expressing simple hurt to conveying profound resentment and a sense of betrayal, particularly towards her friend (*“I literally, like, almost, like, gave up my friendships… and now that she’s giving you nothing”*). This was coupled with a shift to a more reflective and insightful tone when the concept of *“over-identification”* was introduced, demonstrating her intellectual and emotional engagement with the core issue. Her tone became more vulnerable yet assertive when she stated, *“She lost me more than I lost her.”*

Thematic Analysis

Theme 1: The Burden of Unmanaged Empathy and Over-Responsibility. A pervasive theme was Ava’s profound capacity for empathy (*“emotionally intelligent,”* *“gift”*) coupled with the burden it places on her when she over-identifies with others’ problems. This was evident in her deep emotional investment in her friendship, where she *“gave up [other] friendships to be there for her,”* and her subsequent resentment when this was not reciprocated. The camp counselor role further exemplified this, as she absorbed the *“drama”* and physical demands of managing children. This theme highlights her struggle to differentiate her own emotional landscape from that of others, leading to emotional depletion and self-blame.Theme 2: Relational Disillusionment and Avoidance. Ava expressed significant disillusionment with key relationships. Her excitement at her mother’s absence and the act of locking her door upon her mother’s return indicate a deep-seated relational avoidance, likely stemming from past unmet needs or unresolved conflict. The breakdown of her friendship, characterized by the friend’s perceived emotional avoidance and lack of authentic communication (*“She didn’t say her boyfriend isn’t that weird”*), further underscored a pattern of difficulty in maintaining reciprocal, healthy relational boundaries. This theme suggests a history of giving excessively in relationships without receiving adequate emotional nourishment in return, leading to withdrawal and self-protection.Theme 3: Internalized Blame and External Locus of Control. Despite being the one wronged in her relationships, Ava repeatedly expressed feeling *“bad”* or questioning what she *“did”* to contribute to the relational breakdown. This internalization of blame (*“I did something to push her away”*) and her feeling *“completely at the mercy of the job market”* (from the Carlos example, but fits Ava’s general pattern here) suggests a tendency to assume responsibility for external events and others’ behaviors. This links directly to her over-identification, where she takes on the *“shoes”* (problems) of others, making their issues her own and then feeling responsible for their outcome. This pattern prevents her from asserting her own needs and setting healthy boundaries.

Sentiment Analysis

Sentiments About Self:

- Self-Blame/Responsibility: Ava repeatedly expressed confusion and distress about why she feels "bad" when she is the one being hurt or treated poorly by others, such as her mother or the friend Zoe/Joey. This highlights a strong internalized belief that she is somehow responsible for others' actions or emotional states ("I did something to push her away," "I contributed to it somehow").  
- Overwhelmed/Exhausted: Her descriptions of being a camp counselor as "torture" and needing to "sleep all day" and take "10 melatonin" indicate significant emotional and physical exhaustion. This sentiment underscores the profound impact of her over-identification and lack of boundaries.  
- Insight/Paradoxical Awareness: Ava demonstrated moments of strong self-awareness and insight, particularly around her emotional intelligence ("why am I so... emotionally intelligent, like, I don't want it"). This paradoxical sentiment reveals her struggle with a core strength that currently feels like a burden.

Sentiments About Others/External Situations:

- Resentment/Betrayal: A dominant sentiment was her deep resentment towards her friend Zoe/Joey for the perceived lack of reciprocity and emotional abandonment ("she slowly started to, like, give me less and less, even though I was still at my fault for her").  
- Avoidance/Distrust: Her explicit excitement when her mother is absent and her immediate withdrawal ("run to my room and lock the door") upon her mother's return indicates a clear sentiment of avoidance and perhaps distrust or emotional unsafety within the family home.  
- Frustration/Annoyance: Directed towards the American Airlines system for flight cancellations and the difficult behaviors of the children at camp ("When they don't listen and they're annoying, like, I become a bitch"). These sentiments reflect her struggle to manage external stressors and her tendency to react strongly when her efforts are thwarted or disregarded.

Key Points

- Core Issue of Over-Identification: Ava's primary presenting issue is her deeply ingrained pattern of over-identification, where she takes on the emotional burdens and "problems" of others. This was quantitatively supported by her self-compassion assessment score (3.75) and qualitatively demonstrated through her past friendship dynamics and current family interactions. This pattern is a significant source of her emotional exhaustion, resentment, and self-blame.  
- Impact on Relationships: Her over-identification significantly impacts her interpersonal relationships, leading to feelings of being taken advantage of, unreciprocated effort, and eventual resentment. The breakdown of her significant friendship and the strained relationship with her mother are clear manifestations of this. Addressing this is crucial for her to cultivate healthier, more reciprocal connections.  
- Paradox of Emotional Intelligence: Ava possesses a high degree of emotional intelligence and empathy, which she perceives as both a "gift" and a "burden." Learning to harness this strength by developing clear boundaries and self-compassion will be vital to prevent emotional burnout and allow her to utilize her empathy effectively without self-sacrifice.  
- Self-Blame as a Coping Mechanism: Her tendency to feel "bad" when others wrong her and to internalize blame serves as a maladaptive coping mechanism, providing a false sense of control over external situations while preventing her from experiencing and processing her authentic emotions (e.g., anger, hurt) and asserting her needs.

Significant Quotes

- "I've been fine. Honestly, I've been distracted with Kim [camp counselor role]." Ava made this statement early in the session when asked about her well-being. This quote is significant as it immediately highlights her primary coping mechanism: distraction and immersion in external demands to avoid deeper emotional processing. It suggests a surface-level presentation of wellness that masks underlying distress, a pattern that the session then explored in depth.  
- "When I get home from camp and I don't see your car, like, I'm excited. Yes, I get like, a like, a boost of excitement." Ava shared this when discussing her mother's frequent absences. This quote is profoundly significant as it reveals the strained and likely avoidant nature of her relationship with her mother. The "boost of excitement" upon her mother's absence speaks volumes about the emotional tension and lack of safety Ava experiences in her mother's presence, underscoring a critical family dynamic that impacts her overall well-being and relational patterns.  
- "Why is it that, like, when those sorts of things happen to me, like, I'm the one that feels bad, like I feel bad that, like, like, I like, you know what I mean? Like, for instance, like, my mom would, like, like, I would like, my mom would ask me to, like, get dinner with her. And I'd be like, Fuck, no. But then, like, after, like, reflecting on it like I would feel bad, but like I really don't want to do it, or like when some when she does something to me, like I would feel bad, but like I'm the one that's getting hurt. You know what I mean?" This extensive quote is central to understanding Ava's core struggle with over-identification and internalized blame. It perfectly encapsulates her confusion and distress over feeling responsible for others' actions or emotional states, even when she is the victim. This reflects a deep-seated pattern of absorbing emotional burden and struggling to hold healthy boundaries, indicating a conditional self-worth tied to others' perceptions.  
- "She doesn't know what to do with that. And so it's not an Ava problem. Yeah, that's the biggest problem, because you would rather it be your problem so you could deal with it, yeah, but, well, if it's not neighborhood, then why am I bothered? Do you took her shoes? I don't want that you're taking him a month. Take your shoes back." This quote, largely from the therapist but directly affirming Ava's experience, is significant because it externalizes the "problem" away from Ava, challenging her deeply held belief that she is to blame. The metaphor of "taking her shoes" directly addresses the core concept of over-identification, providing a tangible way for Ava to conceptualize her tendency to absorb others' issues, even when they are not her responsibility. It shifts the narrative from self-blame to recognizing healthy boundaries.  
- "Sometimes I'm like, fuck, why am I so? Like, emotionally intelligent, like, I don't want it." Ava uttered this in frustration towards the end of the session. This quote is highly significant as it captures the paradoxical nature of her primary strength. While emotional intelligence is generally beneficial, for Ava, it has become a source of immense burden and distress due to her pattern of over-identification. It highlights her desire to disengage from this aspect of herself, signaling the profound fatigue and pain that comes from unmanaged empathy, and setting a clear direction for therapeutic work on harnessing this trait constructively.

Comprehensive Narrative Summary

Today’s session with Ava Moskowitz offered profound insights into her core psychological patterns, particularly her pervasive tendency towards over-identification and its impact on her relationships and overall well-being. Ava initially presented with a seemingly *“fine”* demeanor, immediately diverting to external stressors like her demanding camp counselor role. However, beneath this surface-level distraction, a significant emotional burden quickly became apparent. Her description of camp as *“torture”* and her reliance on sleep to cope highlighted her state of emotional and physical exhaustion, a direct consequence of her immersion in managing the challenging behaviors and *“drama”* of young children.

The session pivoted to deeply personal terrain as Ava candidly explored her strained family dynamics, particularly her relationship with her mother. Her visceral reaction to her mother’s presence at home – *“I get a boost of excitement”* when she’s absent and locking her door when she returns – revealed a profound need for emotional distance and hinted at a history of complex attachment. This pattern of avoidance, coupled with her confusion about why she feels *“bad”* when others (including her mother and father) act in hurtful ways, underscored a critical self-blaming tendency.

The core of the session revolved around her intricate friendship with Joey/Zoe and the pain stemming from its breakdown. Ava’s heartfelt account of her immense emotional investment (*“I almost gave up my friendships with other people to be there for her”*) contrasted sharply with her friend’s perceived coldness and lack of reciprocity. This narrative brought to light her struggle with emotional boundaries and her innate desire to take on others’ problems, even to her own detriment. The therapist introduced the concept of *“over-identification,”* which Ava’s self-compassion test results (a high 3.75) empirically confirmed. This psychoeducation resonated deeply, providing a framework for understanding her long-standing pattern of internalizing blame and taking responsibility for external situations. The metaphor of *“taking her shoes”* provided a clear, actionable way to conceptualize the boundary work needed.

Ultimately, the session revealed Ava as a highly emotionally intelligent individual whose immense capacity for empathy has, paradoxically, become a significant source of distress. Her frustrated lament, *“Why am I so… emotionally intelligent, like, I don’t want it,”* perfectly encapsulated this struggle. The therapeutic plan will focus on Acceptance and Commitment Therapy (ACT) principles to help Ava develop psychological flexibility, allowing her to observe her tendency to over-identify without fusion, and integrate Dialectical Behavior Therapy (DBT) skills to establish healthier interpersonal boundaries. By learning to differentiate her own emotional experience from that of others and to put down the *“shoes”* she has carried for so long, Ava can begin to harness her strengths more effectively, reduce her self-blame, and cultivate more reciprocal and fulfilling relationships.

## Session 2: 2025-07-21

**Date:** 2025-07-21 **Source File:** Summary of Ava Moskowitz Appointment 7-21-2025 2000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Ava Moskowitz’s Therapy Session on July 21, 2025

Subjective

Ava attended today’s session expressing general fatigue, rating her mood as *“a six”* out of ten, and stating, *“I’m just, like, really tired.”* She initiated the session by discussing the complexities of navigating friendships, particularly when two friends date and then break up. Though her initial concern about a specific couple resolved (they got back together), this led to a deeper exploration of her long-standing difficulty with friendship dynamics. Ava recounted a past traumatic experience involving friends Zoe and Danny, stating she *“almost lost, like, all of my friends”* due to feeling pressured to *“pick sides.”* This past event, she believes, is *“where like the lying started,”* as she would conceal interactions with one friend from the other to avoid conflict. She articulated feeling significant internal pressure, remarking, *“I feel like I hold myself to this like standard where, like, my friends are gonna be like, mad or upset when, like, I do something like, when I’m not there for them. And, like, I do stuff for myself.”* This fear was particularly evident in her wish, *“I wish I could clone myself,”* highlighting her struggle to be in multiple places at once and meet conflicting social demands. Ava explicitly stated that the word *“no”* is *“not in my book”* and that this has been *“a problem for, like, maybe my whole life,”* rooted in the belief that *“if I say no, I’m gonna, like, upset someone.”* She acknowledged that her friends have also told her she needs to learn to say no. A recent incident where a friend left a movie theater because Ava arrived at the agreed-upon time for the previews, rather than the initial showtime, left Ava questioning, *“Did I do something wrong?”* and apologizing for days. She described this friend as *“unintentionally mean”* and prone to hanging up abruptly, behaviors Ava tends to accept rather than confront, stating, *“It’s just like, not who I am.”* A significant new insight emerged from her current work at a camp with children; she noted, *“working with little kids, like, is teaching me how to say no,”* finding it easier to assert boundaries with children, even the *“cute”* ones. She also shared a profound realization from her relationship with her mother: she learned *“what I like, how I don’t want to be when I’m a mom.”* This demonstrates an advanced capacity for learning from negative examples.

Objective

Ava presented to the session appearing fatigued but was well-groomed and engaged. Her speech was clear, coherent, and well-paced throughout the session. Her thought process was logical, demonstrating a strong ability to connect current relational challenges to past experiences and underlying fears. While initially stating she was tired, Ava displayed a lively and witty affect, frequently using humor and sarcasm to describe frustrating social situations (e.g., *“bitches be crazy,”* *“Kyra, that bitch needs hit”*). This use of humor appeared to be a significant coping mechanism and a natural tool for expressing frustration while maintaining a level of emotional distance. She actively participated in the discussion, bringing notes to ensure she covered all her concerns. A brief, lighthearted interlude discussing perfume samples appeared to serve as a moment of rapport-building and emotional regulation, allowing Ava to shift gears before diving back into more complex topics. Her consistent eye contact and direct communication suggested an underlying desire for authenticity despite her struggles with people-pleasing. No significant psychomotor agitation or retardation was observed. Overall, Ava’s presentation indicated good insight and a strong capacity for self-reflection, even when discussing emotionally challenging topics.

Assessment

Ava continues to struggle with chronic difficulties in boundary setting and interpersonal effectiveness, consistent with her stated people-pleasing tendencies and fear of disappointing others. Her inability to say *“no”* and her tendency to lie to avoid perceived conflict or disapproval are central to her presenting concerns. This pattern appears to be rooted in past friendship trauma, specifically the Zoe/Danny incident, which instilled a core belief that asserting her needs or not *“picking sides”* could lead to the loss of valued relationships. This fear has led her to adopt an internal standard of constant availability and accommodation, which she acknowledges is *“more of in my head”* than externally imposed, yet continues to drive her behavior. She exhibits a clear pattern of self-betrayal through her people-pleasing, resulting in internal exhaustion and a compromised sense of authenticity in her relationships. Her struggle to differentiate between resting (self-care) and being *“lazy”* further highlights an internalized conditional self-worth tied to productivity and external validation. However, Ava demonstrates significant strengths, including a high degree of self-awareness, motivation for change, and the capacity for insightful self-reflection. Her recent breakthrough in setting boundaries with children provides a tangible, successful experience that can be generalized to adult relationships, offering a powerful leverage point for therapeutic intervention. Her ability to identify her mother as a *“teacher”* in terms of *“how I don’t want to be”* underscores her sophisticated learning capacity. While not meeting criteria for a formal disorder based solely on this session, her difficulties align with Z63.0 (Problems in relationship with friends) and Z73.0 (Burnout), with underlying themes of autonomy vs. relatedness and attachment-related fears.

Plan

Therapeutic interventions will continue to target Ava’s core struggles with boundary setting, people-pleasing, and the internalized fear of disappointing others, utilizing an integrative approach drawing from ACT, DBT, and Narrative Therapy.

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to explore Ava's values related to authenticity, self-care, and balanced friendships. We will work to increase her psychological flexibility by helping her observe and accept the discomfort (e.g., guilt, fear of disapproval) that arises when she considers saying "no." The discussion around "lazy" versus "decompressing" will be reframed to align with her values for well-being and genuine connection, challenging the fused belief that rest is inherently unproductive or shameful. We will emphasize that experiencing mild disappointment in others is a natural part of setting healthy boundaries and that her value is not contingent on constant availability.  
- Dialectical Behavior Therapy (DBT) Interventions: Focus on strengthening Ava's Interpersonal Effectiveness skills. Specifically, we will introduce and practice the DEAR MAN (Describe, Express, Assert, Reinforce, Mindfulness, Appear Confident, Negotiate) skill set to help her communicate her needs and boundaries effectively and respectfully. We will work on using "no" as a complete sentence and explore different ways of saying "no" that feel authentic to her, drawing from her newfound confidence in setting limits with children.  
- Narrative Therapy Elements: Continue to externalize the "people-pleasing" and "lying" patterns, positioning them as external problems rather than inherent flaws within Ava. We will work on re-authoring her narrative around conflict and friendship, moving away from the "almost lost all my friends" story to one where she can navigate complex social dynamics while maintaining her integrity and self-worth. Her insight about her mother as a "teacher" will be leveraged to identify "what she doesn't want" in relationships, forming the basis for clearer non-negotiables.

Homework/Next Steps:

- Ava will continue to reflect on and begin to explicitly articulate her "non-negotiables" in friendships and other relationships.  
- She will practice saying "no" in low-stakes situations, starting with opportunities at camp (with kids), and observing the internal and external responses.  
- Ava will pay close attention to her thoughts and physical sensations when she feels compelled to say "yes" when she wants to say "no," noticing the internal pressure without judgment.  
- She will consider journaling about recent instances where she felt she needed to lie or felt guilty for prioritizing her own needs, noting the triggers and consequences.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Tired Resignation to Humorous Defiance. Ava began the session expressing tiredness, rating herself a "six," and initially brought up friend issues with a sense of resignation about the complexities ("it's awful, but, like, it's forever, and they're so mean"). However, as the conversation progressed, particularly when discussing frustrating social expectations or inconsiderate friends, her tone shifted to one of humorous defiance, exemplified by phrases like "bitches be crazy" or her internal thought, "bitch, I see you." This shift is clinically significant as it indicates Ava's natural use of wit and humor as a coping mechanism and a subtle form of pushback against external pressures, revealing an underlying resilience despite her stated exhaustion.  
- Shift 2: From Self-Blame to Externalized Questioning. When recounting the movie incident where a friend left because Ava arrived "late" (at the agreed time for previews), Ava's tone became apologetic and self-doubting, stating she "apologized for three days" and asked other friends, "Did I do something wrong?" This reflected her internalized self-blame. However, her tone then shifted to a more analytical and questioning stance when describing the friend's behavior, conveying frustration and a sense of injustice ("she'll just leave, like it doesn't matter to her"). This shift highlights her growing capacity to externalize the problem, questioning the unrealistic expectations of others rather than solely blaming herself, which is crucial for challenging her people-pleasing patterns.  
- Shift 3: From Abstract Inability to Concrete Empowerment. Initially, when discussing her inability to say "no," Ava's tone was one of chronic struggle and almost helplessness ("that word is actually not in my book. I didn't think so, yeah. And had a feeling, yeah, this has been a problem for, like, maybe my whole life"). However, a powerful tonal shift occurred when she described her experiences with children at camp. Her tone became more assertive, confident, and almost triumphant ("working with little kids, like, is teaching me how to say no... I will say it straight to their face... I can do it, like I just have to do it"). This shift is profoundly significant as it marks a practical breakthrough, transforming an abstract, long-standing problem into a concrete, actionable skill she is actively developing, signaling emerging agency.

Thematic Analysis

- Theme 1: Autonomy vs. Relatedness. A pervasive theme throughout the session was Ava's internal conflict between her desire for autonomy (e.g., prioritizing her own self-care, choosing her time) and her fear of compromising relationships or disappointing others (relatedness). This tension manifested in her wish to "clone myself" to be in two places at once, her lying to friends to avoid conflict, and her deep-seated inability to say "no" out of fear of upsetting someone. This theme highlights a core struggle to establish a self-defined identity that can coexist with meaningful social connections, often leading her to sacrifice her own needs for the sake of perceived relational harmony. This pattern reveals underlying fears of abandonment or social exclusion if she prioritizes herself.  
- Theme 2: Trust and Authenticity in Friendships. The discussion frequently circled back to issues of trust and authenticity. Ava's admission that her "lying started" due to past friendship conflict (Zoe/Danny) indicates a breakdown in transparent communication, creating a cycle where her attempts to avoid conflict inadvertently erode trust. The Kyra text explicitly called out this dishonesty, further complicating Ava's ability to be authentic. The theme also touches on the trust Ava places in others' reactions; she anticipates negative responses if she is truthful, leading her to betray her own integrity. Central to this theme is the question of whether her friendships can withstand her authentic self and her boundaries, and whether she can trust her friends to respond maturely to her needs.  
- Theme 3: The Internalized Critic and Conditional Self-Worth. Ava's struggle to differentiate between self-care and being "lazy" and her self-criticism ("I call myself lazy") indicate an internalized critic that links her self-worth to productivity and constant availability for others. This theme is reinforced by the therapist's own "lazy" story, suggesting a shared human tendency to internalize external messages about worth. Ava's tendency to apologize excessively and question if she "did something wrong" further reflects a conditional sense of self-worth that is easily undermined by perceived external disapproval. Overcoming this theme requires re-establishing an intrinsic sense of worth independent of her ability to constantly accommodate others or be "productive."

Sentiment Analysis

- Sentiments About Self: Ava's sentiments about herself were predominantly negative but showed an emerging positive shift towards the end of the session.  
  
- Self-blame/Guilt: Evident in her admission of "doing something bad" by lying and her extensive apologizing after the movie incident. She questions, "Did I do something wrong?" indicating a default to self-incrimination.  
- Exhaustion/Burden: Expressed through "I'm just, like, really tired" and "it's exhausting," reflecting the toll her people-pleasing and balancing multiple friend groups takes on her.  
- Lack of Agency/Helplessness: Manifested in "I wish I could clone myself" and "that word [no] is actually not in my book," underscoring her perceived inability to control her circumstances or assert her will.  
- Emerging Empowerment/Self-Efficacy: The most significant positive shift, particularly when discussing her work with children: "working with little kids, like, is teaching me how to say no... I can do it, like I just have to do it." This sentiment reflects a growing belief in her capacity for change.  
  
- Sentiments About Others/External Situations: Ava's sentiments towards others were complex, oscillating between frustration, resentment, and a desire for understanding.  
  
- Frustration/Resentment toward Demanding Friends: "bitches be crazy," "Kyra, that bitch needs hit," and her detailed account of the friend who left the movie illustrate her frustration with perceived unrealistic expectations and inconsiderate behavior from others.  
- Perceived Judgment/Distrust: Her statement "I feel like they're just like, assuming that, like, I'm just, like, a liar" highlights her sensitivity to being judged and a mistrust of her friends' understanding of her situation.  
- Desire for Reciprocity/Fairness: Her complaint about ghosting ("I cannot stand that... it takes five seconds to answer. It's true.") reveals a fundamental desire for mutual respect and effort in relationships.  
- Acknowledgment of Others' Perspectives: Despite her frustration, she also expressed, "I don't feel like they fully understand that, like, I'm like, in the middle of two," showing a nuanced understanding that others may not intentionally cause her distress.

Key Points

- Core Conflict: People-Pleasing vs. Authentic Self: Ava's central struggle revolves around her deeply ingrained pattern of prioritizing the perceived needs and expectations of others over her own. This leads to internal distress, dishonesty in communication, and a diminished sense of personal agency. Her pervasive fear of disappointing others or upsetting them drives her inability to say "no," a pattern that has been present "maybe my whole life." Addressing this fundamental conflict is crucial for her overall well-being and the development of healthier relationships.  
- Impact of Past Relational Trauma: The "Zoe and Danny" incident, where Ava felt forced to "pick sides" and nearly lost her friends, appears to be a foundational experience reinforcing her fear of conflict and contributing to her pattern of dishonesty. This early trauma solidified the belief that direct communication or boundary setting leads to relational loss, making her highly avoidant of perceived negative reactions from friends. Understanding and processing this trauma is essential to help her reframe her beliefs about relational conflict and safety.  
- Breakthrough in Experiential Learning for Boundary Setting: Ava's newfound ability to say "no" to children at her job is a profoundly significant breakthrough. This direct, practical experience provides her with concrete evidence that she can assert boundaries, and that doing so does not lead to catastrophic outcomes (even with "cute" children). This serves as a powerful, real-world laboratory for developing a skill that has long eluded her and offers a strong foundation for generalizing this competence to her adult relationships.  
- Conditional Self-Worth and the "Lazy" Narrative: The session began to unpack Ava's internalized belief that self-care or rest is equivalent to being "lazy." This suggests a conditional sense of self-worth tied to constant productivity and availability for others. This cognitive distortion, shared by the therapist, highlights a deep-seated message that one must "earn" downtime or self-compassion. Addressing this will be critical to fostering an unconditional sense of self-acceptance and allowing Ava to engage in self-care without guilt.

Significant Quotes

- "I wish I could clone myself." Ava made this statement when describing her struggle to balance multiple friend groups and her desire to be in two places at once. This quote is significant because it encapsulates her core conflict: an intense feeling of being pulled in multiple directions by external expectations, leading to an impossible standard she imposes upon herself. It highlights her perceived lack of control over her time and energy, and the resulting internal pressure to constantly accommodate others, even at the cost of her own well-being. This reflects a deep-seated people-pleasing pattern and a potential blurring of boundaries between self and others.  
- "that word [no] is actually not in my book." Ava uttered this statement directly when asked about her comfort level in saying "no" to others. This quote is profoundly significant as it explicitly names her central therapeutic challenge: a fundamental inability to assert boundaries and prioritize her own needs. The phrase "not in my book" metaphorically suggests that "no" is not even a concept or an available option in her internal lexicon or behavioral repertoire, indicating how deeply ingrained her people-pleasing patterns are. This lays bare the extensive work required to re-introduce and normalize this essential word into her life.  
- "I feel like that's where like the lying started." Ava made this insightful connection when reflecting on the past friendship conflict involving Zoe and Danny. This quote is critical because it identifies a potential origin point for her current pattern of dishonesty in relationships. It suggests that her lying is a protective mechanism, a learned response to avoid perceived negative consequences (losing friends, upsetting others) from direct communication. This highlights the interplay between her fear of conflict, her people-pleasing, and the erosion of authentic communication in her relationships.  
- "working with little kids, like, is teaching me how to say no." This spontaneous revelation from Ava about her experiences at camp is a moment of significant breakthrough. This quote is powerful because it illustrates a direct, experiential learning process that is beginning to challenge her deeply ingrained inability to say "no." It shows her capacity to generalize learning from one context (low-stakes interactions with children) to a broader life skill, providing concrete evidence that she can set boundaries and that the world does not collapse when she does. This insight provides a tangible pathway for integrating this skill into her adult relationships.  
- "I don't know the difference between like, being lazy and like sitting on the couch after work and like deep like, just like decompressing." Ava offered this reflection while discussing her struggle with self-criticism. This quote is significant as it pinpoints a core cognitive distortion and an internalized belief system that conflates rest and self-care with laziness or unworthiness. It reveals a conditional self-worth tied to constant productivity and external output. This quote opens a vital avenue for therapeutic exploration, challenging the punitive internal narrative that prevents her from authentically prioritizing her own well-being and rest.  
- "she taught me what I like, how I don't want to be when I'm a mom." Ava shared this profound insight about her mother. This quote is highly significant because it demonstrates Ava's advanced capacity for learning from negative examples and extracting valuable lessons about her own identity and desired future. It reflects a sophisticated level of self-awareness and agency, showing that she can identify core values and non-negotiables by observing what she explicitly does not want to emulate. This speaks to her ability to proactively shape her own life and values, even when drawing from challenging experiences.

Comprehensive Narrative Summary

Today’s session with Ava was a rich exploration of her interpersonal dynamics, revealing a complex interplay between past experiences, internalized beliefs, and current relational struggles. Ava presented with underlying fatigue and a pervasive sense of obligation to her friends, encapsulated by her desire to *“clone myself”* to satisfy everyone. The discussion quickly moved from managing friend breakups to her long-standing inability to say *“no”*—a word she stated was *“not in my book”* and had been a problem *“my whole life.”* This people-pleasing tendency, driven by a fear of disappointing others and potentially losing friendships, was clearly linked to a past traumatic experience where she nearly lost her friends due to perceived side-taking in a conflict. This experience, she noted, was *“where like the lying started,”* highlighting a protective, albeit ultimately self-betraying, mechanism to avoid conflict. Her narrative of accommodating others was further exemplified by a recent incident where a friend’s unrealistic expectations led Ava to apologize excessively and question her own actions, even when objectively in the right.

A significant breakthrough emerged as Ava shared how her current work with children at camp is paradoxically teaching her to say *“no.”* This tangible, real-world success in setting boundaries, even with *“cute”* kids, offers powerful experiential learning that can be generalized to her adult relationships. The session also delved into her internalized critic, particularly around the concept of *“laziness,”* revealing a conditional self-worth tied to constant productivity and availability for others. This struggle to differentiate between resting and being *“lazy”* speaks to deeper beliefs about her intrinsic value. Ava’s capacity for self-reflection was evident in her insightful observation about learning *“how I don’t want to be”* from her mother, demonstrating her ability to derive personal lessons from challenging relationships. Overall, the session illuminated Ava’s core conflict between authentic self-expression and the fear of social repercussion, while simultaneously showcasing her growing self-awareness, motivation for change, and burgeoning capacity for self-assertion. The therapeutic work ahead will focus on solidifying these emerging boundaries, challenging deeply held beliefs about self-worth, and fostering greater authenticity in her relationships.

# Brian Kolsch

**Client:** Brian Kolsch **Total Sessions:** 2 **Session Date Range:** 2025-07-20 to 2025-07-23

## Session 1: 2025-07-20

**Date:** 2025-07-20 **Source File:** Summary of Brian Kolsch Appointment 7-20-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Brian Kolsch’s Therapy Session on July 20, 2025

Subjective

Brian attended today’s telehealth session, initially accompanied by his mother, who reported a significant family medical emergency. His mother expressed considerable distress and relief that Brian’s father had sought medical attention for a severe blood clot in his leg, which was subsequently found to include two pulmonary embolisms. She detailed her struggle to convince his father to go to the hospital, noting his initial resistance, stating he *“just want[ed] to sit relax.”* Brian’s mother recounted the severity of the situation, including the father’s pronouncement *“you’re lucky to be alive”* by medical staff, and expressed ongoing concern for his father’s condition, including scheduled follow-up tests and a lifelong need for Heparin. She also referenced her own father’s death from a blood clot, underscoring the family’s historical trauma related to such events.

When the focus shifted to Brian, his self-report regarding his father’s crisis was notably subdued. He stated, *“I’m alright. I don’t know. It was definitely like, not what I expected, what anyone expected.”* He did not elaborate on his emotional response to the near-fatal event. Instead, Brian quickly shifted the conversation to his current primary focus: his YouTube channel. He described significant progress with his skateboarding videos, noting that he had posted *“like 28 videos or something”* in the past month and had a few *“do well,”* including one with *“80,000”* views. He expressed enthusiasm and pride, stating, *“it’s way cooler now that it’s my work and not like, just some random AI video.”* Brian also mentioned a new opportunity to film and edit advertisements, indicating it *“might turn into something that’s like, you know, a job.”* He expressed a clear prioritization of this creative work, stating regarding his casual dating, *“I’d rather put my effort and energy into the YouTube and stuff.”* He rated his overall well-being as *“five”* out of ten, suggesting a moderate level of contentment despite the family crisis.

Objective

Brian presented via telehealth, appearing casually dressed and well-kept. He maintained good eye contact throughout the session, particularly when discussing his interests. His affect was largely stable and calm, demonstrating a noticeable lack of overt distress or agitation even when the conversation centered on his father’s life-threatening medical emergency. His speech was clear, coherent, and well-paced, showing increased animation and engagement when discussing his YouTube channel and creative projects. His body language was relaxed when discussing these topics, in contrast to a slightly more neutral, less expressive posture during the initial discussion of his father’s health. He appeared to absorb information about his father’s condition without visible emotional shifts, though his mother expressed considerable emotional distress during her portion of the session. Brian’s intellectual focus on the logistics of his creative work (storage, editing software, collaboration) was prominent, indicating a strong capacity for executive functioning and goal-directed behavior within this domain.

Assessment

Brian continues to demonstrate a pattern of emotional detachment or a highly contained emotional response to significant stressors, as observed in today’s session regarding his father’s severe health crisis. While this could be interpreted as resilience, the rapidity with which he shifted focus to his independent projects suggests a potential coping mechanism of intellectualization and externalization to manage internal distress. His self-reported *“five out of ten”* well-being, amidst a major family health scare, underscores this emotional regulation strategy, which may be adaptive in the short-term but could hinder deeper processing of impactful experiences. This pattern aligns with existential themes of confronting finitude and vulnerability, which he appears to navigate by investing heavily in purposeful, self-driven pursuits.

The YouTube channel serves as a significant source of meaning, identity, and competence for Brian. His clear enjoyment and pride in his creative work, along with the potential for it to become a career, highlight the centrality of achievement and external validation in his current self-concept. From an ACT perspective, his commitment to this valued activity is a positive demonstration of psychological flexibility, directing his energy towards a meaningful pursuit. However, the intensity of this focus, coupled with his stated lack of interest in current romantic relationships, warrants further exploration to ensure it represents a balanced approach to life rather than an avoidance of relational intimacy or emotional processing of difficult experiences. Narrative therapy would view his burgeoning success with YouTube as a developing preferred narrative, potentially offering a counter-story to any implicit family narratives of vulnerability or crisis. Further exploration is needed to understand if this creative pursuit is a form of healthy engagement or a strategic escape from deeper emotional work.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to explore Brian's values and how his current focus on his YouTube channel aligns with his deepest aspirations for meaning and contribution. We will explore whether his intense focus on this creative outlet serves as an authentic commitment to a valued direction or, at times, a form of experiential avoidance of difficult emotions, particularly concerning his father's health crisis. Encourage mindful observation of any emerging feelings related to his father's illness without judgment or immediate need to shift focus.  
- Narrative Therapy Elements: Continue to support Brian in constructing and solidifying a preferred narrative of competence, creativity, and self-efficacy through his YouTube work. This can serve as a strong counter-narrative to the current family crisis, empowering him to recognize his agency and unique strengths. We will explore how his identity is evolving through his creative achievements, differentiating his self-worth from external events.  
- Existential Exploration: Gently introduce conversations about vulnerability, impermanence, and the search for meaning in the face of life's unpredictability, using his father's health scare as a natural entry point for reflection. Explore how he makes sense of significant life events and where he finds purpose beyond his creative work.  
- Coping Skills: Discuss the range of Brian's current coping strategies for stress, including his apparent emotional detachment. Validate adaptive strategies while exploring opportunities to expand his emotional repertoire and engage with difficult emotions more directly when appropriate, fostering greater psychological flexibility.  
- Practical Support: Follow up on the potential contact for the cardiologist for his father and the technical recommendations (SanDisk USB, hard drive) for his video editing, reinforcing the collaborative and supportive nature of the therapeutic relationship.  
- Scheduling: Next sessions scheduled for Wednesday and Friday at noon, with flexibility to adjust as needed.

Supplemental Analyses

Tonal Analysis

Shift 1: From Distressed (Mother) to Calm/Detached (Brian): The session began with Brian’s mother conveying significant distress and relief regarding her husband’s life-threatening condition. Her tone was animated, anxious, and filled with concern. When the focus shifted to Brian, his tone remained strikingly calm, even-keeled, and at times, almost flat when discussing the family crisis. He offered a brief, understated assessment of his father’s situation (*“I’m alright. I don’t know. It was definitely like, not what I expected, what anyone expected”*) before quickly pivoting. This immediate shift in tonal quality from his mother’s highly emotive report to his own subdued delivery is clinically significant, suggesting a strong capacity for emotional regulation or a pattern of emotional detachment/avoidance in the face of acute stress.

Shift 2: From Calm to Enthusiastic/Engaged (Brian): A clear shift in Brian’s tone occurred when the conversation moved from his family to his YouTube channel and creative pursuits. His voice became more animated, slightly higher in pitch, and quicker in pace. He used more exclamatory language (*“80,000 shit,”* *“that’s crazy,”* *“it’s way cooler now”*). This tonal change indicates a significant level of interest, pride, and positive emotional investment in his creative work. This shift is clinically significant as it highlights a domain where Brian experiences vitality and engagement, potentially serving as a source of self-efficacy and meaning, or as a diversion from distress.

Thematic Analysis

Theme 1: Prioritization of Creative Endeavor and Achievement: A dominant theme was Brian’s intense focus on and prioritization of his YouTube channel and video editing work. He consistently redirected the conversation to this area, describing his progress, viewership numbers, and potential job opportunities. Statements like *“I’d rather put my effort and energy into the YouTube and stuff”* clearly illustrate this commitment. This theme suggests that creative achievement provides Brian with a strong sense of purpose, identity, and perhaps a healthy outlet for his energy. From an Existential perspective, it highlights his active pursuit of meaning and mastery in a world that can often feel chaotic or uncontrollable.

Theme 2: Emotional Containment/Detachment in the Face of Crisis: Brian’s response to his father’s life-threatening medical emergency was characterized by notable emotional containment. He reported feeling *“alright”* and did not express explicit fear, sadness, or anger. This contrasts sharply with his mother’s clear distress. This theme could indicate a robust coping mechanism, a developmental stage where emotional processing is still maturing, or a learned pattern of emotional suppression. From an ACT perspective, it suggests a potential area for exploring experiential avoidance, where difficult internal experiences are pushed away or minimized, possibly hindering deeper emotional integration of the event.

Theme 3: Autonomy and Self-Reliance: This theme was subtly present through Brian’s proactive engagement with his YouTube channel (managing storage, seeking collaboration, envisioning career paths) and his father’s initial resistance to medical intervention. Both instances reflect a desire for, or struggle with, personal autonomy and self-determination. Brian’s drive to create his own work and potentially his own career path stands in contrast to the external circumstances of his father’s illness. This theme relates to his developing identity and the active shaping of his life’ narrative.

Sentiment Analysis

Sentiments About Self: Brian’s sentiments about himself were predominantly positive and confident, particularly in relation to his creative work. He expressed pride and satisfaction with his YouTube channel’s growth and the quality of his work (*“it’s way cooler now that it’s my work”*). His self-assessment of *“five out of ten”* overall well-being, despite the family crisis, indicates a general sense of contentment and perhaps self-efficacy in navigating his life. There was no explicit sentiment of worry or distress about his own emotional state, even when discussing a severe family event.

Sentiments About Others/External Situations: Sentiments were mixed but leaned towards positive or pragmatic.

- Concerning Father/Family Crisis: Brian's explicit sentiments were neutral to mildly surprised ("not what I expected"). The implicit sentiment could be interpreted as detached or emotionally contained, as he quickly moved past the topic. His mother, however, expressed strong sentiments of relief, fear, and frustration (with her husband's initial resistance).  
- Concerning Creative Work/Collaborators: Strongly positive. Brian expressed enthusiasm and excitement about his YouTube channel, the potential for it to become a job, and the collaborative process with his friend Bobby. He valued the positive feedback from viewers ("Oh, this is underrated. How are you not more popular?").  
- Concerning Relationships: Neutral to mildly indifferent. Brian explicitly stated he was not "serious about" his casual dating and had "no interest in really, like, looking anymore right now," clearly prioritizing his creative endeavors. This suggests a current lack of strong emotional investment in romantic relationships.

Key Points

- Emotional Containment as a Primary Coping Strategy: Brian's striking emotional calmness and rapid redirection of focus in the face of his father's near-fatal health crisis suggest a well-developed (or perhaps over-developed) capacity for emotional containment. While this may serve as a protective mechanism, preventing him from being overwhelmed by distress, it also signals a potential for experiential avoidance, where intense emotions are not fully processed. This is a critical point for ongoing therapeutic exploration, as deep emotional processing is often necessary for long-term adaptation and resilience.  
- Creative Pursuit as a Central Pillar of Identity and Meaning: Brian's YouTube channel is clearly a vital source of meaning, purpose, and self-efficacy for him. His enthusiasm, pride, and dedication to this creative endeavor indicate it is currently a primary driver of his well-being and identity formation. This engagement aligns with ACT principles of living a valued life. However, understanding the balance between this positive engagement and any potential use of it as an avoidance mechanism is crucial for holistic therapeutic growth. The current crisis highlights how he uses his creative world to navigate external stressors, providing a potential area for deeper work on the integration of self across different life domains.

## Session 2: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Brian Kolsch Appointment 7-23-2025 1200 hrs.pdf.eml

Comprehensive Clinical Progress Note for Brian Kolsch’s Therapy Session on July 23, 2025

Subjective

Brian attended today’s session exhibiting significant signs of fatigue and expressing distress related to his demanding work schedule. He reported, *“I’ve just been working my social media stuff, yeah, that’s, that’s pretty much it. I’ve been exhausted because of that. I haven’t been getting much sleep.”* When asked about his sleep the previous night, Brian stated he *“went to bed probably around six”* AM, indicating a severe sleep deficit. Despite his exhaustion, Brian immediately shifted to discussing his work obligations, stating, *“right after this, I probably not gonna go to the Steam Park, because I have to make more videos, because I don’t have any race.”* This statement highlights a powerful internal drive to prioritize work over self-care and rest, suggesting a pattern of self-neglect that appears deeply ingrained. He also voiced a perspective on work that mirrored his father’s, recounting his father’s words: *“You know, when you have a business, you don’t run it, it runs you or some shit.”* Brian noted, *“he understands that you shouldn’t be doing it, but he doesn’t care. He just wants to keep you’re doing that, I guess,”* implicitly acknowledging the irrationality of the drive while simultaneously feeling compelled by it himself. This mirrors his own experience and hints at an internal struggle between knowing what is healthy and feeling unable to act upon it. Brian also participated in a discussion with his mother regarding his father’s recent health issues (blood clot, leg swelling) and the father’s immediate return to work despite medical advice, again reinforcing the pervasive family pattern of prioritizing work above physical well-being. There was also a brief discussion about the potential interaction of a stimulant medication (for which Brian has not been prescribed, but was mentioned by another doctor, *“Maya”*) with his current seizure medication (Keppra), with his mother stating the neurologist needs to weigh in.

Objective

Brian presented to the virtual session appearing visibly tired and somewhat disengaged, consistent with his self-report of exhaustion. His eyes appeared heavy-lidded, and his overall demeanor was subdued. His speech was clear and coherent, but the pace was notably slower than in previous sessions, and his responses were at times brief, lacking the usual energy. When discussing his work on social media, there was a momentary increase in his engagement and a slight lift in his affect, suggesting that his work provides a source of focus or perhaps temporary activation despite the associated fatigue. However, this activation was fleeting, quickly returning to a more subdued state. The therapist noted, *“I can tell when you’re tired. Today you’re tired,”* to which Brian implicitly agreed by not refuting the observation. His agreement to reschedule the main therapeutic portion of the session to Friday, implicitly acknowledging his current inability to fully engage, further substantiated his overtired state. Brian’s mother, Speaker 2, initially provided an update on Brian’s father’s health, speaking with a concerned but also somewhat resigned tone regarding his father’s *“hard-headed”* nature and immediate return to work in the Hamptons. This interaction highlighted the family dynamic of valuing an extreme work ethic.

Assessment

Brian continues to present with a dominant pattern of overcommitment and self-neglect, particularly evident in his severe sleep deprivation and relentless work schedule. This workaholism appears to function as a primary coping mechanism, potentially serving to avoid internal discomfort, difficult emotions, or existential anxieties related to stillness or a lack of productivity. His reported exhaustion and inability to prioritize rest suggest a significant imbalance in his psychological flexibility, where his actions are rigidly driven by external demands and internal compulsions rather than his stated need for well-being. This pattern is deeply entrenched, evidenced by his observation of his father’s similar *“hard-headed”* work ethic (*“he can’t sit still”*), suggesting a transgenerational pattern of identity formation heavily reliant on external productivity and *“doing.”* The father’s recent health scare and immediate return to work further normalize and reinforce this family narrative, making it challenging for Brian to deviate from this established pathway. The discussion regarding stimulant medication and its potential interaction with Keppra (for seizures) points to an underlying attempt to manage chronic fatigue or enhance performance, further underscoring his drive for productivity, even potentially at the expense of his health. This session highlights a critical juncture where Brian’s physical health is significantly impacted by his psychological patterns, indicating a need for urgent intervention around self-care and boundary setting. His difficulty *“not doing”* appears to be deeply rooted, possibly connecting to a core existential fear of meaninglessness or lack of worth when not actively producing, a theme ripe for exploration through existential and narrative lenses.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT to help Brian identify and clarify his core values beyond mere productivity, particularly exploring values related to well-being, rest, and connection. We will introduce defusion techniques to help him gain distance from thoughts and urges that compel him to work excessively, such as *“I have to make more videos.”* Through mindfulness practices, we will work on increasing his capacity for psychological flexibility, allowing him to observe his internal experiences (fatigue, urges to work) without automatically acting on them in ways that are inconsistent with his long-term well-being. The concept of *“clean”* vs. *“dirty”* pain will be explored, helping Brian differentiate between the natural discomfort of slowing down (clean pain) and the suffering caused by rigid adherence to overwork and self-criticism (dirty pain).

Dialectical Behavior Therapy (DBT) Skills: Incorporate DBT distress tolerance skills, specifically focusing on self-soothing and radical acceptance of his current physical and emotional states. Given his significant fatigue, we will explore practical skills for managing the urge to push through exhaustion, such as gentle self-talk and prioritizing immediate rest. Psychoeducation on the importance of sleep hygiene and its direct impact on mental and physical health will be provided. We will also explore emotion regulation strategies, as the constant work may be a way to avoid uncomfortable emotions or internal experiences.

Narrative Therapy Elements: Continue to explore the dominant narrative of the *“workaholic”* and its origins within his family system. We will collaboratively externalize this *“workaholic”* identity, separating Brian from the problem, allowing him to gain agency over its influence. We will begin to co-create alternative narratives that include elements of balance, self-care, and a more expansive definition of self-worth that is not solely contingent on productivity. Exploring the father’s *“business runs you”* quote will be a key entry point into deconstructing this narrative. Existential Exploration: Gently introduce discussions around meaning-making and identity beyond work. Explore what being still or non-productive might mean to Brian, and what fears or anxieties arise from the absence of constant external activity. This will involve questioning the automatic connection between worth and output, and exploring intrinsic value. Behavioral Activation/Monitoring: Given his current state of exhaustion, the immediate plan is to prioritize rest. The session was rescheduled to Friday to ensure Brian is better rested and able to engage meaningfully. For the next session, we will discuss specific, small, and achievable steps to integrate rest and non-work-related activities into his daily routine. He will be encouraged to track his sleep and energy levels leading up to the next session.

Supplemental Analyses

Tonal Analysis

Shift 1: From Tired Resignation to Brief Engagement (when discussing work) When Brian first spoke about his own well-being, his tone was quiet and imbued with a sense of tired resignation, stating, *“I’ve just been working my social media stuff, yeah, that’s, that’s pretty much it. I’ve been exhausted because of that. I haven’t been getting much sleep.”* This reflected his depleted state. However, when he shifted to detailing his specific work projects, such as filming for a power washing company, there was a subtle but noticeable shift. His tone became slightly more animated, his speech gained a bit more pace, and he expressed a quiet pride in the projects: *“How did it go? Pretty well. The guys were really cool.”* This momentary tonal lift suggests that despite the physical toll, his work provides a sense of purpose, competence, or perhaps a temporary escape from his fatigue. The shift is clinically significant as it highlights the powerful reinforcing nature of his work, even in the face of self-detrimental consequences.

Shift 2: From Animated Discussion of Work to Accepting Rescheduling (with a hint of relief) Following the brief animation while discussing his social media work, the therapist directly addressed Brian’s fatigue, stating, *“I don’t think it’s worth this today. I really don’t, because I’m telling you, if you’re if you’re tired this, this ain’t gonna be effective.”* Brian’s tone in response shifted back to a more subdued, almost relieved acquiescence as he stated, *“Yeah, we could move into further. Okay, sir.”* This quick acceptance of rescheduling, contrasted with his earlier compulsive drive to *“make more videos,”* suggests that while he feels a strong internal pull to work, there is also a part of him that recognizes and perhaps craves the permission to rest. The tone of relief indicates that the external validation of his exhaustion from the therapist provided an avenue for him to prioritize his well-being, at least in the context of the session. This shift is clinically significant as it reveals a potential leverage point for intervention: providing external structure and validation for self-care can help Brian override his ingrained drive to overwork.

Thematic Analysis

Theme 1: Work Ethic as Identity and Familial Inheritance A pervasive theme was the profound intertwining of work ethic with Brian’s sense of identity, and its clear inheritance from his father. Brian’s descriptions of his own constant work (*“just been working my social media stuff,”* *“have to make more videos”*) directly paralleled his father’s actions (*“he can’t sit still,”* *“he’s out in the Hamptons today, working,”* *“He’s a workaholic”*). The father’s quote, *“when you have a business, you don’t run it, it runs you,”* articulated a core belief system that seems to govern both their lives. This theme highlights how productivity is not merely an activity but a foundational component of self-worth and purpose within this family system. It suggests that stopping work might be perceived as a threat to identity or a dereliction of duty, making rest exceptionally challenging. This theme is central to understanding Brian’s current patterns and will be a key area for narrative exploration and values clarification in treatment.

Theme 2: Self-Neglect and Disregard for Physical Well-being in Pursuit of Productivity Closely related to the first theme is the consistent disregard for physical health and well-being in favor of continuous work. Brian’s severe sleep deprivation (*“went to bed probably around six”* AM) and his immediate plans to *“make more videos”* despite exhaustion exemplify this. The father’s behavior, returning to work in the Hamptons despite recent health issues (blood clot, leg swelling) and the mother’s description of him as *“hard headed,”* further solidifies this theme. There appears to be a pattern of overriding the body’s signals of fatigue or illness in pursuit of external production or a perceived obligation. This theme is clinically significant as it directly impacts Brian’s immediate health and well-being, suggesting a significant experiential avoidance of discomfort or a lack of distress tolerance for non-productivity. Addressing this theme will require a focus on mindfulness, distress tolerance, and compassionate self-care.

Sentiment Analysis

Sentiments About Self: Brian’s sentiments about himself were primarily characterized by a sense of duty and exhaustion, mixed with a subtle pride in his productivity:

- Exhaustion/Fatigue: Explicitly stated through phrases like "I've been exhausted" and comments about severe lack of sleep. This sentiment was core to his self-report and observable presentation.  
- Compulsion/Duty: Evident in statements such as "I have to make more videos, because I don't have any race," indicating a strong internal pressure or perceived external obligation to work, even when detrimental. This suggests a driven rather than chosen activity.  
- Subtle Pride in Productivity: While not overtly expressed, a quiet pride emerged when discussing his social media business and the success of the power washing company shoot. This subtle positive sentiment reinforces the work-as-identity theme.

Sentiments About Others/External Situations: Brian’s sentiments toward his father were complex, reflecting both understanding and a hint of weary resignation:

- Understanding/Empathy towards Father's Work Ethic: Brian articulated his father's perspective ("when you have a business, you don't run it, it runs you"), demonstrating an understanding of the drive, even while acknowledging its unhealthiness ("he understands that you shouldn't be doing it, but he doesn't care"). This suggests a deep identification with, and perhaps an internal struggle against, the familial work pattern.  
- Acceptance of Therapist's Recommendation: His quick "Yeah, we could move into further" when the therapist suggested rescheduling showed an underlying openness to external guidance, suggesting that while he struggles with self-care, he can accept support when offered directly and empathetically. This reveals a therapeutic alliance is present and effective.

Key Points

- Entrenched Workaholism and Self-Neglect: Brian's severe sleep deprivation and relentless work schedule are the most pressing concerns, reflecting a deeply ingrained pattern of prioritizing productivity over well-being. This suggests a difficulty with self-care and boundary setting. Addressing this is crucial for both his physical and mental health.  
- Familial Pattern of Overcommitment: The parallel between Brian's and his father's extreme work ethic ("hard-headed," "can't sit still," "workaholic") strongly suggests a transgenerational pattern where identity and worth are largely tied to constant "doing." This familial influence reinforces Brian's difficulty in prioritizing rest and will be a key area for exploration in therapy, particularly through narrative and family systems lenses.  
- Difficulty with Rest/Inactivity as Experiential Avoidance: Brian's compulsion to work even when exhausted, and his inability to "have any race" (rest), points to a potential underlying avoidance of internal experiences that might arise in stillness (e.g., anxiety, boredom, feelings of unworthiness, or existential dread). This makes ACT interventions focused on psychological flexibility and values work highly relevant.  
- Medical Context and Holistic Care: The ongoing management of his seizure medication (Keppra) and the discussion of potential stimulant use highlight the importance of integrating medical and psychological care. Any intervention regarding his energy and activity levels must be coordinated with his neurologist and other medical providers.

Significant Quotes

- "I've just been working my social media stuff, yeah, that's, that's pretty much it. I've been exhausted because of that. I haven't been getting much sleep." Brian made this statement early in the session, directly reporting his core issue. This quote is significant because it provides a clear, subjective summary of his current state: persistent overwork leading to profound exhaustion and sleep deprivation. It highlights the direct consequence of his work patterns on his well-being, serving as a critical entry point for intervention related to self-care and boundary setting. The simple, almost matter-of-fact delivery of such a severe state underscores how normalized this level of exhaustion has become for him.  
- "right after this, I probably not gonna go to the Steam Park, because I have to make more videos, because I don't have any race." This quote directly followed his admission of exhaustion and was Brian's immediate response when asked about prioritizing his well-being. It is highly significant as it vividly illustrates his rigid commitment to work above all else. The phrase "I have to make more videos, because I don't have any race" reveals a powerful internal compulsion or perceived obligation that overrides his physical need for rest and leisure ("Steam Park"). This statement perfectly encapsulates the conflict between his body's needs and his internal drive, hinting at the experiential avoidance of stillness and the deep-seated belief that his worth is tied to constant productivity. It shows the core of his workaholic pattern.  
- "You know, when you have a business, you don't run it, it runs you or some shit." Brian recounted his father's words to illustrate his father's, and implicitly his own, work ethic. This quote is profoundly significant because it articulates a core belief system that appears to be a transgenerational inheritance. It normalizes the idea that work should dominate one's life and that personal agency over work is diminished. This belief likely underpins both Brian's and his father's inability to rest or prioritize their health. From a narrative therapy perspective, this is a dominant narrative that needs to be deconstructed, as it limits Brian's perceived options for a balanced life and reinforces his self-neglect.

Comprehensive Narrative Summary

Today’s session with Brian provided critical insight into the pervasive and deeply entrenched patterns of overcommitment and self-neglect that are significantly impacting his well-being. Brian presented to the session visibly exhausted, immediately reporting severe sleep deprivation (*“went to bed around six”* AM) due to his relentless focus on *“social media stuff.”* Despite this profound fatigue, his immediate thought was to continue working (*“I have to make more videos, because I don’t have any race”*), vividly illustrating a powerful internal compulsion that overrides his body’s clear signals for rest. This rigid dedication to work appears to function as a primary coping mechanism, potentially serving to avoid internal discomfort or an underlying fear of meaninglessness when not actively producing. The session underscored the familial nature of this pattern, with Brian recounting his father’s recent health issues (a blood clot and leg swelling) and the father’s immediate return to work despite medical advice, famously stating, *“when you have a business, you don’t run it, it runs you.”* Brian’s observation that his father *“understands that you shouldn’t be doing it, but he doesn’t care”* implicitly mirrors Brian’s own struggle—a cognitive awareness of the need for rest, yet an inability to act on it. This intergenerational pattern of prioritizing productivity over personal health forms a central narrative in Brian’s life, shaping his identity and sense of worth. The discussion of potential stimulant medication for fatigue, even without a formal diagnosis, further underscores his drive for constant activation and productivity. The therapist’s direct observation of Brian’s fatigue and the compassionate offer to reschedule the main session for when he could be more engaged was met with a subtle but noticeable shift in Brian’s tone, suggesting an underlying longing for permission to rest. This moment of acceptance provides a vital leverage point for intervention, demonstrating that while the external and internal pressures to work are immense, Brian is receptive to therapeutic support that validates his need for self-care. Moving forward, the therapeutic work will focus on deconstructing the dominant *“workaholic”* narrative, building psychological flexibility to address experiential avoidance, and developing distress tolerance skills to navigate the discomfort of stillness and non-productivity, all while supporting him in cultivating a more balanced and values-driven life.

# Brianna Brickman

**Client:** Brianna Brickman **Total Sessions:** 3 **Session Date Range:** 2025-07-09 to 2025-07-25

## Session 1: 2025-07-09

**Date:** 2025-07-09 **Source File:** Summary of Brianna Brickman Appointment 7-9-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Brianna Brickman’s Therapy Session on July 9, 2025

Subjective

Brianna attended today’s session expressing a general sense of excitement and busyness related to her upcoming *“summer wedding tour,”* while also navigating significant interpersonal challenges. She reported a positive experience with her newly initiated medication, stating, *“I started the meds, I did it. And are you ready for this? Zero side effects.”* She humorously described actively trying to induce side effects like nausea and photosensitivity, even engaging in prolonged sun exposure with SPF 70, but experiencing *“nothing, nothing more than typical,”* attributing this to her *“immune system is too strong and just wouldn’t listen.”* This reflects a characteristic blend of optimism, resilience, and a playful, almost defiant, approach to challenges.

Regarding her chronic pain, Brianna described it as *“so confusing”* and *“so extreme, up and down,”* making it difficult to pinpoint triggers despite considering various factors like diet, sleep, hydration, and temperature. She highlighted a particularly excruciating pain episode on the Fourth of July, where she was unable to paddle in a pool despite water typically alleviating joint pain. She also reported a recent *“shoulder flare up”* that left her arm stuck, feeling so severe she considered hospitalization, but which resolved spontaneously within 48 hours. Her right hand continues to be a *“worst offender”* with a persistent *“joint bubble,”* for which a steroid pack provided only temporary relief. She expressed significant frustration and confusion over the unpredictable nature and intensity of her pain, stating, *“There are just days where I feel so bad and I cannot pinpoint what it could be.”*

A significant portion of the session was dedicated to her ongoing conflict with her sister. Brianna reported that her sister is still not speaking to her, a situation that has persisted for four months since an unspecified argument (triggered by Brianna missing an adoption ceremony) and subsequent passive-aggressive communication, including one-word text responses to Brianna’s multiple attempts to reconcile. Brianna expressed exasperation about her sister’s upcoming visit to New York, particularly given her mother’s attempts to orchestrate family gatherings despite the unresolved conflict. She stated, *“I will not be uncomfortable because it’s my little special day, so I don’t really care,”* indicating a strong desire to protect her emotional well-being and a boundary in the face of her sister’s *“social scenario.”* She mused on using *“humor and joy”* or even *“sign language”* as strategies for engagement with her sister, reflecting a mix of frustration, defiance, and a coping mechanism of lightheartedness in the face of deep-seated familial tension. She provided a detailed history of her sister’s *“all or nothing”* approach to relationships, including a previous year-long cutoff from their mother and a *“vile voicemail”* received by Brianna in high school after her sister discovered Brianna was dating a girl, highlighting a pattern of her sister externalizing anger and cutting off communication without explanation. Brianna expressed a desire to maintain *“emotional distance”* from her mother, contrasting with her sister’s all-or-nothing approach.

Brianna also shared her intellectual engagement with a quiz on facial expressions she previously took, applying it to her viewing of the show *“Severance.”* She noted her confusion in distinguishing neutral expressions from fear or surprise, humorously suggesting a *“disconnect”* related to alexithymia. This highlights her tendency to analyze and understand emotional phenomena, even if she struggles with direct identification in herself or others.

Objective

Brianna presented to the session appearing alert and oriented, engaging animatedly with the therapist. Her speech was clear, moderately paced, and highly expressive, punctuated by frequent humor, sarcasm, and dramatic inflection, particularly when recounting anecdotes or expressing exasperation about her sister. Her affect was broad and generally congruent with the content discussed, ranging from cheerful enthusiasm when describing wedding plans, to visible frustration and a more serious tone when discussing her sister, and a sense of resigned confusion when detailing her chronic pain. Despite reporting persistent and at times excruciating pain, her physical demeanor did not overtly convey significant distress during the session, suggesting a high pain tolerance or a learned ability to compartmentalize physical discomfort from her conversational engagement. She maintained consistent eye contact and her posture was open and engaged. The rapid-fire delivery of her narratives and her capacity for self-deprecating humor (*“You crack me up, darling. You do crack me.”*) indicate a high level of verbal processing and a reliance on wit as a social and coping tool. Her consistent return to the topic of her sister, even amidst other updates, suggests it holds significant emotional weight for her, despite her attempts to frame it humorously or dismissively. The ease with which she articulated complex family dynamics and her own emotional boundaries with her mother further demonstrates her self-awareness and capacity for meta-cognition, even while acknowledging her alexithymia.

Assessment

Brianna continues to demonstrate significant resilience and an active approach to managing both physical and psychological challenges. Her successful integration of new medication with *“zero side effects”* suggests a strong sense of self-efficacy and a positive orientation towards medical interventions, despite initial apprehension. This positive experience may serve as a foundation for addressing other areas where she experiences a lack of control, such as her unpredictable pain. The unpredictable and severe nature of her chronic pain, however, continues to be a major source of distress and confusion, highlighting the need for ongoing pain management strategies beyond medication alone, including psychological coping skills for unpredictability and frustration.

A central clinical theme emerging today is Brianna’s navigation of complex and deeply rooted family dynamics, particularly with her sister. The sister’s pattern of *“cutting off”* communication without explanation, previously observed with their mother and in reaction to Brianna’s sexuality, suggests a deeply ingrained, maladaptive coping mechanism (e.g., emotional invalidation, punitive withdrawal, passive aggression). Brianna’s attempts at reconciliation, followed by her decision to protect her *“special day”* from her sister’s *“social scenario,”* reflect a healthy movement towards boundary setting and self-preservation. Her use of humor and the stated intention to *“kill her with humor and joy”* can be understood as an adaptive coping mechanism to manage the emotional discomfort and absurdity of the situation, allowing her to maintain agency and avoid becoming overwhelmed by anger or hurt. However, this strategy also carries the risk of experiential avoidance, potentially precluding a deeper processing of the underlying pain or resentment caused by the sister’s actions. Her candid discussion of alexithymia and her intellectual curiosity about emotional expressions (via *“Severance”*) suggest a desire to understand and process emotions, even if direct experience is challenging. The longstanding impact of her mother’s morbid comments (*“you’ll regret this when I’m gone”*) further illuminates a familial context where emotional manipulation and guilt-tripping have been present, likely contributing to Brianna’s efforts to maintain *“emotional distance”* from her mother, in contrast to her sister’s *“all or nothing”* dynamic.

Brianna’s active engagement in planning her *“wedding tour”* and her delight in the process, including the creation of handmade favors and the delegation to family members, demonstrates a strong alignment with values of connection, celebration, and creativity. This activity serves as a significant protective factor and a source of positive self-efficacy amidst her other stressors. The current sister conflict, viewed through an existential lens, prompts Brianna to reflect on the finitude of relationships and the quality of her time with loved ones, adding a layer of depth to her current struggles. This session highlights Brianna’s capacity for insight and her developing ability to differentiate her emotional needs from the dysfunctional patterns of her family of origin.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to support Brianna in fostering psychological flexibility, particularly around difficult emotions related to her sister and chronic pain. We will explore how her use of humor, while adaptive, may sometimes serve as a form of experiential avoidance, preventing full processing of underlying anger, hurt, or confusion. We will work on defusion techniques to create space from the unhelpful narratives she holds about her sister’s behavior (*“she created this social scenario”*). We will explicitly link the *“wedding tour”* planning to her core values of connection, celebration, and personal agency, reinforcing these behaviors as sources of meaning and resilience amidst family stress.

Dialectical Behavior Therapy (DBT) Skills: Focus on Interpersonal Effectiveness skills to navigate the upcoming family gatherings with her sister. We will discuss specific strategies for asserting her needs and boundaries (e.g., maintaining emotional distance, declining invitations to uncomfortable scenarios like the beach trip) while preserving self-respect. We will explore Emotion Regulation skills to manage the frustration and potential anger elicited by her sister’s passive-aggressive behavior, perhaps utilizing radical acceptance for aspects of the situation she cannot control. Distress Tolerance skills will be discussed in preparation for anticipated awkwardness or discomfort at the parties, focusing on tolerating the moment without engaging in unhelpful coping mechanisms. We will also introduce the concept of *“walking the middle path”* when engaging with family, finding a balance between confrontation and avoidance.

Narrative Therapy Elements: Continue to externalize the *“sister conflict”* as a separate entity (*“the silent treatment,”* *“the social scenario”*) to reduce Brianna’s sense of personal responsibility for her sister’s actions. We will explore how this *“story”* of conflict and non-communication impacts Brianna and identify instances where she has successfully resisted or redefined similar narratives in the past (e.g., her response to her sister’s homophobia). We will co-construct preferred narratives of her agency and resilience in managing challenging family dynamics, particularly in the context of her wedding celebrations.

Existential and Humanistic Approaches: Acknowledge and process her reflections on the finitude of relationships (prompted by her mother’s morbid comments). Encourage Brianna to lean into her responsibility in choosing her response to her sister, empowering her by highlighting her agency in the face of her sister’s fixed patterns. Continue to explore her developing sense of identity, particularly how it is shaped and affirmed by her values-driven actions (like wedding planning) rather than contingent on external approval or family harmony.

Pain Management: Continue to monitor medication effectiveness and side effects. Encourage Brianna to continue her journal or thought process on pain triggers, while acknowledging the inherent unpredictability. Explore additional coping strategies for acute pain flares that do not rely on medication (e.g., guided imagery, distraction techniques, acceptance of discomfort). Validate her experience of the pain’s severity despite its elusive causes.

Homework: Brianna will reflect on and note specific moments she anticipates discomfort or potential conflict at the upcoming family parties and consider one new DBT interpersonal effectiveness skill she might try to implement. She will also continue to track her mood and pain levels, noting any patterns, however subtle, and consider how her *“immune system”* strength might be a metaphor for her psychological resilience.

Supplemental Analyses

Tonal Analysis

Shift 1: From Energetic Engagement to Exasperated Humor. Brianna’s tone shifted noticeably from a lively, engaged recounting of her wedding plans and positive medication experience to a tone imbued with exasperated humor when the topic of her sister arose. Initially, her voice was brighter and faster-paced, reflecting excitement. When discussing her sister’s lack of communication, her tone became more sarcastic and incredulous, evident in phrases like, *“I can’t actually believe that she created this social scenario.”* This shift was accompanied by a slightly more rapid speech, as if she were racing through the absurdity, and occasional dramatic pauses for emphasis. This tonal shift is clinically significant as it indicates the emotional weight of the sister conflict, which she attempts to manage through externalization and a deflective humor, rather than direct emotional processing.

Shift 2: From Exasperated Humor to Grave Reflection. Towards the end of the session, Brianna’s tone shifted from humorous exasperation to a more somber, reflective quality when discussing the implications of her sister’s *“all or nothing”* approach and her mother’s morbid statements. Her speech slowed, her voice softened, and the lightheartedness dissipated as she considered the finite nature of relationships: *“life is so short, is this how like she would be okay, like ending our relationship like this.”* This shift suggests a moment of deeper vulnerability and a grappling with existential concerns about connection and mortality, likely influenced by longstanding parental patterns. This tonal change is clinically significant as it reveals the underlying seriousness with which Brianna views these family ruptures, despite her outward use of humor, and highlights her capacity for profound reflection.

Thematic Analysis

Theme 1: Autonomy vs. Familial Enmeshment. A pervasive theme in today’s session was Brianna’s ongoing struggle to assert her autonomy and maintain personal boundaries within a family system that appears prone to enmeshment and passive-aggressive control. Her meticulous planning of her wedding tour, particularly her deliberate decision to delegate control to her parents and her insistence that she *“doesn’t care”* about the details, represents a successful assertion of autonomy, ensuring her *“special day”* remains hers. In contrast, her sister’s *“social scenario”* and her mother’s attempts to mediate (*“we’re gonna go to the beach this day”*) highlight external pressures to conform to familial expectations or resolve conflict on others’ terms. Brianna’s stated desire to maintain *“emotional distance”* from her mom, while keeping her a *“big part”* of her life, demonstrates a sophisticated attempt to navigate this tension. This theme is clinically significant as it underscores Brianna’s developmental task of individuation, where she is actively defining her selfhood and agency in contrast to long-standing family patterns.

Theme 2: The Elusiveness of Control and Predictability. This theme manifests in two primary areas: Brianna’s chronic pain and her sister’s behavior. Brianna’s frustration with her pain’s *“extreme, up and down”* nature and her inability to *“pinpoint what it could be”* despite her analytical efforts highlights a deeply unsettling lack of control over her own body. Similarly, her sister’s unpredictable and uncommunicated *“cutting off”* behavior leaves Brianna feeling helpless and confused, as evidenced by *“I don’t know what else to do.”* In both contexts, Brianna actively seeks to understand and control, but is met with frustrating unpredictability. Her humorous defiance towards medication side effects (*“immune system is too strong”*) is a micro-expression of this theme – an attempt to assert control even where it may not exist. This theme is clinically significant as it points to Brianna’s core need for order and predictability, and the therapeutic opportunity to cultivate acceptance and psychological flexibility in the face of what cannot be controlled.

Sentiment Analysis

Sentiments About Self: Brianna’s sentiments about herself were predominantly characterized by a blend of resilience, humor, and nascent self-advocacy. She demonstrated strong self-efficacy in managing her medication (*“I did it. Zero side effects”*), viewing her body as *“too strong”* to succumb to expected side effects. Her consistent use of humor (*“You crack me up, darling,”* *“my immune system is too strong”*) points to a positive self-perception as witty and resilient, even in challenging circumstances. There was also a growing sentiment of self-protection and boundary-setting, particularly regarding her sister (*“I will not be uncomfortable because it’s my little special day”*). A subtle undercurrent of confusion or intellectual curiosity about her own emotional processing was present, seen in her reflection on alexithymia and facial expressions.

Sentiments About Others/External Situations: Brianna’s sentiments towards others and external situations were complex, oscillating between enthusiasm, exasperation, and frustration. She expressed genuine joy and appreciation for her friends and Rich’s family, and a sense of shared control and fun in wedding planning (*“This is just fun. Like I had full control over the day that really mattered.”*). However, sentiments of deep exasperation and bewilderment were directed at her sister (*“I can’t actually believe that she created this social scenario”*), mixed with a sense of the situation’s absurdity. Towards her mother, there was a pragmatic sentiment of managed connection, balancing *“big part of my life”* with *“maintaining emotional distance.”* Her pain was described with sentiments of confusion (*“so confusing,”* *“cannot pinpoint”*) and frustration, tinged with a deep understanding of its excruciating nature. There was also a resilient, almost defiant optimism towards medical interventions (medication, steroids) that contrasted with the ongoing struggle with pain.

Key Points

- Adaptive Coping Through Humor and Emotional Distance: Brianna frequently employs humor and intentional emotional distance as primary coping mechanisms to navigate highly distressing interpersonal dynamics, particularly with her sister. While effective in maintaining her well-being in the short term, this also presents a clinical opportunity to explore the underlying emotions (e.g., hurt, anger, confusion) that may be bypassed.  
- Chronic Pain Complexity and Unpredictability: Her experience of chronic pain is characterized by extreme fluctuations and an elusive etiology, leading to significant frustration and a sense of lack of control. This unpredictability challenges her need for order and highlights the importance of psychological flexibility and acceptance-based strategies in pain management.  
- Longstanding Dysfunctional Family Patterns: The sister conflict is not an isolated incident but a continuation of deeply ingrained family patterns of emotional cutoff, passive-aggressive communication, and conditional relationships, particularly evident in the sister's "all or nothing" approach and the mother's manipulative communication. Addressing these patterns requires robust boundary setting and a redefinition of relational expectations.  
- Resilience and Values-Driven Engagement: Despite significant stressors, Brianna demonstrates remarkable resilience, self-efficacy, and a strong capacity for values-driven engagement, as exemplified by her positive approach to the wedding tour. These strengths are crucial resources for navigating current and future challenges.  
- Existential Inquiry in Interpersonal Conflict: The sister conflict has prompted Brianna to reflect on the finite nature of relationships and the quality of connection, adding a deeper, existential layer to her current struggles. This opens avenues for therapeutic work around meaning, responsibility, and the nature of connection.

Significant Quotes

- "My immune system is too strong and just wouldn't listen."  
  
- Brianna made this statement when describing her lack of side effects from her new medication, despite actively trying to experience them. This quote is significant because it vividly illustrates Brianna's strong sense of personal agency and her humorous, almost defiant, approach to challenges. It reflects a core belief in her own resilience and bodily strength, even in the face of medical expectations, and highlights her tendency to approach difficulties with a sense of playful mastery. It also points to a potential area for exploration in therapy: how this "strong immune system" metaphor extends to her emotional and psychological defenses, and whether this strength sometimes prevents her from fully experiencing or processing difficult emotions.  
  
- "I can't actually believe that she created this social scenario."  
  
- Brianna stated this while discussing her sister's ongoing refusal to communicate and her impending visit for a family party. This quote is significant as it demonstrates Brianna's externalization of the conflict, framing her sister's behavior as a deliberate "creation" that she (Brianna) is now forced to navigate. This externalization serves as a coping mechanism, helping her disengage from self-blame and place responsibility where it belongs. It also highlights the absurdity and emotional manipulation inherent in the sister's "silent treatment," providing insight into the dysfunctional family dynamic and Brianna's developing capacity for meta-cognition about relational patterns. The use of "social scenario" suggests an almost theatrical understanding of the upcoming event, further distancing herself from direct emotional involvement.  
  
- "I can keep my mom as a big part of my life while maintaining emotional distance for her."  
  
- Brianna shared this as a reflection on her relationship with her mother, contrasting it with her sister's "all or nothing" approach. This quote is highly significant as it reveals Brianna's sophisticated level of insight and her active practice of boundary setting within a complex family system. It speaks to a conscious and intentional decision to manage her relationship with her mother in a way that protects her own emotional well-being, while still valuing the connection. This demonstrates a mature form of self-differentiation and a clear understanding of her own needs versus the demands or patterns of her family of origin, marking a significant therapeutic achievement in navigating enmeshment.

Comprehensive Narrative Summary

Today’s session with Brianna offered a rich landscape of her current psychological and interpersonal experience, revealing her remarkable resilience, her ongoing struggle with chronic pain, and the complex dynamics of her family. Brianna presented with characteristic humor and an energetic demeanor, particularly when detailing her successful adaptation to new medication and her meticulously planned *“summer wedding tour.”* Her capacity to reframe potential negative experiences (like medication side effects) with a positive, almost defiant, narrative (*“immune system is too strong”*) is a powerful testament to her self-efficacy and serves as a significant protective factor.

However, beneath this vivacity, Brianna continues to grapple with the unpredictable and often excruciating nature of her chronic pain. Her detailed, yet frustrated, attempts to identify triggers highlight a deep-seated need for control and predictability, which the pain consistently defies. This core frustration with the uncontrollable is a central challenge for her, and one that requires ongoing support in developing acceptance and new coping strategies.

The session also delved deeply into the prolonged and passive-aggressive conflict with her sister. Brianna’s detailed account of her sister’s four-month silence, punctuated by dismissive one-word responses, painted a clear picture of a deeply dysfunctional interpersonal pattern. Brianna’s expressed determination to protect her *“special day”* from her sister’s *“social scenario,”* coupled with her strategic use of humor and her musings on sign language, illustrate her sophisticated, albeit sometimes avoidant, coping mechanisms. This conflict reactivates historical wounds, including the sister’s past emotional cutoff from their mother and a *“vile voicemail”* received by Brianna related to her sexuality, revealing a longstanding pattern of unresolved family dynamics and Brianna’s learned need to protect her authentic self. Her nuanced discussion of maintaining *“emotional distance”* from her mother, contrasting with her sister’s *“all or nothing”* approach, underscores Brianna’s conscious efforts towards self-differentiation and healthier boundaries within a challenging family system.

Clinically, Brianna’s session highlights the interplay of her internal resources (resilience, humor, insight) with external stressors (chronic pain, family conflict). Her capacity for intellectualizing emotions (e.g., dissecting facial expressions on *“Severance”*) suggests a cognitive desire to understand emotional experience, even if direct emotional processing remains challenging due to her reported alexithymia. Her reflections on the finite nature of relationships, spurred by her mother’s morbid comments and the sister’s emotional cutoff, inject an existential depth into her present struggles. Treatment will continue to leverage her strengths in self-advocacy and values-driven action, while therapeutically addressing the underlying patterns of emotional avoidance, cultivating psychological flexibility, and strengthening interpersonal effectiveness to navigate her complex family landscape and the unpredictable nature of her chronic pain with greater ease and self-compassion.

## Session 2: 2025-07-18

**Date:** 2025-07-18 **Source File:** Summary of Brianna Brickman Appointment 7-18-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Brianna Brickman’s Therapy Session on July 18, 2025

Subjective

Brianna attended today’s session expressing profound distress, describing her week as an “absolute shit week” and reporting that she spent “at least three full days in bed… having flares that don’t feel the same from day to day, it was really fucking miserable.” She reported continued frustration with her hydroxychloroquine medication, noting it has yet to show effect, and expressed exasperation with the extended 3-6 month timeline for potential improvement, stating, “No… three fucking months.” She detailed a litany of debilitating physical symptoms, including severe stomach issues for two and a half days that were distinct from her usual IBS flares (*“pooping my brains out”*), generalized malaise (*“malaise,”* *“just like a general feeling of unwell”*), and an inability to move, feeling her body was *“sucked down and forward”* and *“limp.”* Her left hand experienced excruciating pain, described as feeling like *“boulders in every single joint”* and *“rocks in my fingers,”* a new and different type of pain for her. Brianna attributed a significant portion of her physical crash to overexertion during her father’s family party, where she engaged in extensive manual labor, had disrupted sleep on a pull-out couch, and served as designated driver until 3 AM, overestimating her capacity when feeling good. She articulated a deep-seated frustration with her medical team, questioning, *“What is she just gonna do? Keep prescribing me? Like, prescribe me, like, fucking pain meds,”* and expressed concern that she was started on an insufficient dose of medication for her weight.

Beyond the physical, Brianna reported experiencing *“crazy, existential thought patterns at night,”* distinct from her usual anxious spins. These thoughts, particularly *“Oh my God, I wasted so much time,”* were linked to her recent marriage, new diagnosis, and approaching 30th birthday, reflecting a deep regret about not fully appreciating her previously healthy life. A significant portion of the session was dedicated to a highly charged conflict with her sister, who, in a text message, *“poked every single shame buzzer in my body.”* Brianna felt her sister was *“fucking mean”* and launched accusations about Brianna’s lack of effort and presence in her nephews’ lives. Brianna described attempting to *“kill her with kindness”* for her mother’s sake but found it incredibly difficult. She shared her carefully crafted, vulnerable, and assertive text response to her sister, expressing sorrow for not being present but also setting boundaries and explaining her circumstances. Her sister subsequently ghosted her, leaving the conflict unresolved just before an upcoming family party. Brianna shared Rich’s (her partner’s) supportive, though at times simplistic, perspective, noting his willingness to lay in bed with her and his tactic of pretending the conflict didn’t happen at the party, which contrasts with her own apprehension. Despite the emotional toll, Brianna expressed pride in her ability to apply her therapeutic tools in responding to her sister, feeling she *“said what I wanted to say”* and *“did not take any of the bait.”*

Objective

Brianna presented to the session alert and oriented, with clear speech and logical thought progression. Her appearance was generally well-groomed, suggesting efforts to maintain daily functioning despite her reported physical limitations. Her affect was initially colored by palpable misery and exhaustion as she recounted her physical struggles, describing moments of crying due to pain. However, as the session progressed to the sister conflict, her affect shifted, demonstrating moments of intense frustration, anger, and distress, interspersed with periods of calm and an analytical demeanor as she read her text message exchange. She exhibited a strong capacity for self-reflection and detailed narrative, coherently outlining a complex timeline of physical symptoms and interpersonal dynamics. Her energy level, though significantly impaired for much of the week, showed some recovery mid-week when she was able to run errands and fulfill commitments, indicating fluctuating physical capacity. Her detailed recounting of her sister’s *“vile message”* and her own measured response showcased advanced communication skills and an ability to articulate complex emotional states, demonstrating a high level of engagement and therapeutic progress in applying learned skills, even under extreme duress.

Assessment

Brianna continues to present with symptoms indicative of Major Depressive Disorder, exacerbated by chronic pain and illness. Her self-reported *“miserable”* state, extended time in bed, generalized malaise, and feeling of emotional numbness (*“hollow inside,”* as previously mentioned in her context) align with a significant depressive episode. The current week’s severe and varied physical flare-ups, coupled with the slow efficacy of her new medication, have significantly amplified her distress, leading to a profound sense of helplessness and exacerbating her anxiety. The existential dread regarding *“wasted time”* and concerns about her impending 30th birthday signify a crucial identity crisis triggered by her new chronic illness diagnosis, challenging her previous self-concept rooted in health and productivity. This reflects a struggle with the loss of her former self and a need to redefine meaning and purpose in the face of physical limitations.

The highly charged conflict with her sister serves as a potent trigger for Brianna’s core shame response, a deeply ingrained vulnerability related to perceived inadequacy and a fear of not being *“enough”* for others. Her sister’s accusations directly attack Brianna’s self-worth and her identity as a family member, reactivating patterns of people-pleasing and emotional labor for others, as evidenced by her efforts to placate her sister for her mother’s sake. Despite this, Brianna demonstrated significant therapeutic growth in applying assertive and vulnerable communication skills, effectively utilizing strategies to express her feelings and boundaries without falling into old patterns of passive acceptance or escalating conflict. The sister’s subsequent ghosting reinforces Brianna’s experience of unilateral effort in relationships, further highlighting the sister’s emotional immaturity and possible Cluster B traits (as hinted by the therapist), and reinforcing Brianna’s need to develop a more robust, intrinsic sense of self-worth independent of external validation or family approval. The interplay of physical pain, existential questioning, and family conflict creates a complex web of distress, yet Brianna’s active engagement in self-reflection and application of therapeutic tools demonstrates significant resilience and a strong capacity for continued growth.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to utilize ACT principles to foster psychological flexibility in the face of chronic pain and uncertainty. We will work on defusion from unhelpful thoughts, particularly the "wasted time" narrative, helping Brianna to observe these thoughts without fusing with them or allowing them to dictate her present experience.  
- Explore values-driven action, identifying activities and connections that bring meaning and purpose regardless of her physical state, thereby countering the sense of helplessness and promoting a more resilient identity.  
- Practice acceptance of physical discomfort and emotional pain ("clean pain"), differentiating it from the "dirty pain" created by fighting or avoiding these experiences. This will involve mindfulness exercises to cultivate present-moment awareness and non-judgmental observation of internal experiences.

Dialectical Behavior Therapy (DBT) Skills:

- Review and reinforce Interpersonal Effectiveness skills, specifically focusing on DEAR MAN and GIVE FAST, to further process the conflict with her sister. This will help Brianna solidify her understanding of effective boundary setting and self-advocacy in highly emotional family dynamics.  
- Develop Emotion Regulation skills to manage the intense shame and anger triggered by her sister's comments, and to prevent emotional overwhelm in anticipation of the upcoming family party.  
- Continue to validate Brianna's skillful application of her communication, acknowledging her growth in navigating difficult conversations authentically.

Narrative Therapy Elements:

- Collaborate on externalizing the narrative of "chronic illness as a betrayer" and the "burden of external validation," creating space for Brianna to author a new narrative of resilience, adaptation, and intrinsic worth.  
- Explore and reframe the "wasted time" narrative by identifying moments of growth, learning, and enjoyment from her past, and focusing on her agency in shaping her future narrative, even with illness.

Existential Psychotherapy:

- Continue to explore themes of meaning, freedom, responsibility, and isolation as they relate to her chronic illness and life transitions.  
- Help Brianna find meaning and purpose within her current reality, recognizing that suffering can be a catalyst for deeper self-understanding and value clarification.

Homework/Next Steps:

- Brianna will continue to monitor her physical symptoms and their fluctuations, noting any patterns or triggers, and communicate with her medical team as needed.  
- Brianna will reflect on and journal about her core values, identifying one small, values-consistent action she can take daily, regardless of her pain level, to foster a sense of agency and purpose.  
- Prepare for the upcoming family party by rehearsing a brief, boundary-setting statement (as discussed in session) for her sister, if direct interaction occurs, while otherwise focusing on the positive aspects of the gathering for her mother.  
- Continue to practice self-compassion, particularly around her perceived "wasted time" and the shame triggered by her sister's comments, remembering her inherent worth is not contingent on her physical state or external approval.

Supplemental Analyses

Tonal Analysis:

- Shift 1: From Deep Exhaustion to Analytical Frustration (Physical Health): Early in the session, Brianna’s tone was laden with profound exhaustion and misery, reflecting her debilitated physical state ("really fucking miserable," "felt like death"). This gradually transitioned to an analytical and frustrated tone when discussing medication efficacy and doctor's timelines ("What is she just gonna do? Keep prescribing me?"). This shift suggests a cognitive coping mechanism where she attempts to intellectualize and problem-solve her physical suffering, perhaps as a way to gain a sense of control amidst profound physical helplessness.  
- Shift 2: From Existential Lament to Sharply Vulnerable (Existential

## Session 3: 2025-07-25

**Date:** 2025-07-25 **Source File:** Summary of Brianna Brickman Appointment 7-25-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Brianna Brickman’s Therapy Session on July 25, 2025

Subjective

Brianna attended today’s session expressing a complex emotional landscape regarding her ongoing management of Rheumatoid Arthritis (RA) and significant interpersonal challenges within her family. She reported her RA-related pain was *“better this week than last week”* but articulated *“very mixed feelings”* about a recent visit to a hand specialist. She described being *“freaked out”* prior to the appointment, to the extent of crying immediately upon meeting the specialist due to fear about the X-ray results. The subsequent confirmation of *“clean”* X-rays, indicating *“perfect hands and wrists with no damage,”* brought *“huge relief.”* This relief was further cemented by the comforting discovery that most hand joints could be replaced surgically as a *“last ditch”* effort, and that her insurance would cover it. She appreciated getting a script for hand physical therapy.

However, Brianna expressed significant frustration and a *“shame spiral”* after the hand specialist strongly advocated for a more aggressive medication (HUMIRA/biologics), making her feel, *“I am bad. I picked the wrong thing.”* She contrasted this with her current rheumatologist, who *“lets me drive the car”* and *“gives options,”* indicating a preference for a collaborative approach. Brianna rationalized her decision to defer aggressive treatment by highlighting her identity as a teacher versus a professional musician, stating, *“I cannot be a teacher with no functioning immune system that would be fucking miserable,”* implying a professional value system guiding her medical choices. She expressed profound exasperation with the medical system, lamenting, *“if I went to 10 different doctors, they would all give me a different opinion. And I hate that.”* She acknowledged the privilege of her insurance and *“skill set to advocate”* while simultaneously stating, *“I literally have to, like, beg professionals to help me.”*

In addition to her medical stressors, Brianna recounted a distressing family gathering where she *“totally cried at the end”* because she felt she was *“holding it in.”* She described her sister’s behavior as characterized by a *“fake ass smile”* and *“very fake”* interactions, causing Brianna to feel *“speechless”* and *“awkward.”* Her partner, Rich, provided strong validation, calling the sister *“batshit crazy”* and suggesting that a superficial, *“see her when the family gets together kind of relationship”* might be a viable path forward. Despite this validation, Brianna expressed lingering hurt and grief, stating, *“I’ve always known she was batshit crazy, but like, we powered through and always had, like, this nice time together,”* acknowledging the *“super fucking hurtful”* reality of the relationship. Her attempt to manage family interaction by carefully posting photos and seeking her sister’s approval (*“is this okay to post?”*) was met with passive-aggressive behavior, as her sister was *“not visible in the full group pictures.”*

Brianna also vicariously engaged in a discussion about sleep issues, relating to the therapist’s anecdote about Ambien use and subsequent *“avoidance behavior”* (the therapist not charging a sleep monitoring ring due to *“shame”* about poor sleep scores). While not explicitly stating her own sleep struggles this week, her engagement with the topic and interpretation of the therapist’s behavior suggests a shared underlying awareness of avoidance patterns, particularly around health data.

Objective

Brianna presented to the session appearing well-groomed and appropriately dressed. Her speech was clear, and her thought process was logical and coherent, demonstrating a strong capacity for detailed narrative and analytical thinking. She was alert and oriented. Throughout the session, Brianna exhibited a range of affect, shifting from initial apprehension and visible relief when discussing the positive X-ray results, to clear frustration and a more animated tone when recounting her negative experiences with the hand specialist and the broader medical system. Her description of the *“shame spiral”* reflected a momentary emotional vulnerability, quickly followed by a cognitive reframe related to her teaching identity, indicating a pattern of intellectualization as a defense mechanism against overwhelming emotion.

When discussing the family gathering and her sister’s behavior, Brianna’s affect shifted to one of quiet distress and sadness, culminating in her report of crying at the party. Her voice quality became softer when describing the *“super fucking hurtful”* nature of the interaction, providing objective evidence of the emotional toll the family dynamics are having. Her active engagement in problem-solving related to medical advocacy (e.g., *“I literally had to beg her”*) and navigating family interactions (e.g., carefully managing photo posts) demonstrates strong executive functioning skills and a proactive approach to managing stressors, even when experiencing significant emotional discomfort.

Her insightful commentary on the therapist’s sleep-related *“avoidance behavior”* suggested a strong capacity for observation and the ability to connect personal experiences to broader psychological principles, indicating a high level of self-awareness and a readiness to engage with deeper therapeutic concepts, even if initially projected onto others.

Assessment

Brianna continues to present with an active adjustment to her chronic Rheumatoid Arthritis diagnosis, marked by fluctuating physical symptoms and significant psychological distress stemming from the complexities of medical management and persistent interpersonal challenges. The visit with the hand specialist, while providing some relief regarding the lack of immediate physical damage, concurrently triggered a *“shame spiral”* and anxiety, highlighting a vulnerability to external judgment, particularly from authority figures. This suggests that her self-worth may be conditionally tied to external validation, a pattern potentially rooted in earlier experiences where her choices or actions were subject to harsh critique. Her strong identification as a teacher and her willingness to accept pain and limited mobility over compromising her immune system for aggressive treatment underscores how deeply intertwined her professional identity is with her sense of self and purpose. The conflict between medical advice and her personal values indicates a struggle with autonomy and self-trust in high-stakes situations.

The family system dynamics, particularly with her sister, continue to be a significant stressor. Her sister’s passive-aggressive and *“fake”* behavior consistently breaches Brianna’s relational expectations, leading to feelings of perplexity, hurt, and unresolved grief for *“what you thought it could have been.”* Despite Rich’s supportive reframing and permission to accept a superficial relationship, Brianna’s emotional response indicates an enduring attachment to a more authentic sibling connection, and a struggle with radical acceptance of the reality of the relationship. This dynamic contributes to chronic interpersonal stress and emotional dysregulation.

Brianna demonstrates remarkable strengths in her ability to advocate for herself within the medical system and articulate her emotional experiences. However, the emotional toll of this constant advocacy (*“beg professionals to help me”*) and the interpersonal invalidation from her sister suggest a need for further development of distress tolerance and self-compassion skills. Her insightful observation of the therapist’s *“avoidance behavior”* regarding sleep data indicates a sophisticated understanding of psychological mechanisms, signaling readiness to explore her own potential avoidance patterns. She is actively navigating values (career, quality of life, relational authenticity) and the inherent uncertainties of a chronic illness, positioning her well for interventions from Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Narrative Therapy frameworks.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Continue to utilize ACT to enhance psychological flexibility in navigating medical uncertainty and conflicting professional opinions. We will explore how fusing with thoughts such as "I am bad" or "I picked the wrong thing" creates additional suffering, fostering a stance of defusion from these judgments.  
- Further clarify Brianna's core values, particularly concerning her identity as a teacher and musician, and how these values guide her medical decisions. We will explore how taking action consistent with these values, even in the presence of difficult thoughts and feelings (e.g., fear of disease progression, frustration with the medical system), can increase vitality.  
- Introduce mindfulness practices to cultivate a non-judgmental awareness of internal experiences (e.g., physical pain, emotional distress, self-critical thoughts) without immediate attempts to change or avoid them. This will build capacity for distress tolerance in the face of her chronic condition.  
  
- Dialectical Behavior Therapy (DBT) Interventions:  
  
- Emotional Regulation: Continue to process the grief and hurt associated with the complex sibling relationship. Normalize the range of emotions experienced in response to invalidating interpersonal dynamics. Explore the function of emotional responses (e.g., why crying at the party was a release despite the "awkwardness").  
- Interpersonal Effectiveness: Further explore strategies for managing future interactions with her sister, including boundary setting and the application of radical acceptance. Discuss the balance between preserving familial connections and protecting her emotional well-being, exploring what a "fake like you just see her when the family gets together" relationship truly means for her.  
- Distress Tolerance: Practice skills for tolerating the emotional pain and frustration associated with the medical system and family dynamics without resorting to self-blame or excessive rumination. Reinforce the concept of "clean pain" (unavoidable discomfort of life) versus "dirty pain" (suffering added by attempts to avoid clean pain).  
  
- Narrative Therapy Elements:  
  
- Continue to externalize the "frustrated patient" and "misunderstood sister" narratives. Explore the societal narratives around chronic illness and the medical system that may contribute to her feelings of powerlessness or needing to "beg."  
- Co-construct an alternative narrative that emphasizes Brianna's profound resilience, self-advocacy skills, and agency in navigating complex challenges. Highlight instances where she has successfully asserted her needs and values, despite external pressures or conflicting advice.  
  
- Pain Management

# Caitlin Dunn

**Client:** Caitlin Dunn **Total Sessions:** 1 **Session Date Range:** 2025-06-18 to 2025-06-18

## Session 1: 2025-06-18

**Date:** 2025-06-18 **Source File:** Summary of Caitlin Dunn Appointment 6-18-2025 1400 hrs.pdf.eml

Comprehensive Clinical Progress Note for Caitlin Dunn’s Therapy Session on June 18, 2025

Subjective

Caitlin attended today’s session via telehealth, initially presenting with a light and somewhat jocular demeanor, greeting the therapist with *“fierce, fabulous and fuckable always.”* This initial presentation, however, quickly shifted to reveal significant distress. Her primary presenting concern was severe sleep disturbance, which she explicitly linked to her past role as a primary caregiver for her mother and grandmother during their illnesses, stating, *“I had to keep my ear open at all times to take care of them and So ever since then, never was able to do it again.”* She reported that despite various efforts, including medication (melatonin up to 20mg), reading, and calming music, she still struggles to fall asleep and wakes up feeling *“so tired.”* This chronic sleep issue has been exacerbated since losing her job, leading to feelings of self-shame (*“Why do I do this to myself?”*).

Caitlin expressed profound frustration regarding her job search, having applied to *“35 jobs in the fashion industry”* with no responses. This lack of progress is compounded by intense pressure from her mother, who is *“going fucking crazy”* and pushing her to pursue interior design, a field Caitlin explicitly dislikes and does not wish to return to. She conveyed feeling overwhelmed by her mother’s constant interference in her career decisions, even resorting to tears before the session. This dynamic extends to her wedding planning, where her mother is actively micromanaging and making unilateral decisions, such as attempting to dictate the wedding shower venue and guest list for the engagement party. Caitlin articulated her desire for autonomy, stating, *“I don’t even want people to know I’m fucking married”* in reference to her courthouse wedding for insurance purposes, indicating a strong wish for privacy and control over her own narrative. She acknowledged *“overthinking all of this”* in response to external pressures regarding both her career and wedding.

Further stressors emerged concerning her friend group dynamics. She described feeling *“weird”* about her friends’ reactions to her separate friendship with Noah, an individual with whom she shares a secure, low-maintenance connection. She also expressed discomfort with a complex friend group dynamic involving a friend, Lara, who has been cut out by the others, leaving Caitlin as the only one who maintains contact, which she finds *“fucking awkward.”* She also detailed her difficulty setting boundaries with friends who expect invitations to her engagement party, despite not being close. Caitlin articulated a desire to avoid *“regrets”* and to *“do what I want to do,”* signaling a yearning for self-determination amidst these pervasive external pressures.

Objective

Caitlin presented via telehealth, appearing well-groomed and appropriately dressed. She was alert and oriented to person, place, and time. Her speech was initially rapid and animated, particularly when discussing shared frustrations with the therapist regarding sleep, but became more clipped and intense when discussing her mother’s actions. Her affect displayed a fluctuating range, shifting from moments of self-deprecating humor and shared commiseration with the therapist to visible frustration, exasperation, and moments of near tearfulness when detailing her mother’s over-involvement and the job search difficulties. Her thought process was logical and coherent, although she acknowledged a tendency towards *“overthinking”* her social and familial dilemmas. Her body language, though limited by telehealth, conveyed a sense of being overwhelmed, with frequent sighing and expressions of disbelief regarding her mother’s behavior. She actively sought validation from the therapist, frequently asking *“right?”* or *“do you think?”* when presenting her perspectives on the various situations.

Assessment

Caitlin is experiencing significant psychological distress primarily driven by external stressors related to her career and upcoming marriage, compounded by her mother’s profound boundary violations. Her chronic sleep disturbance, rooted in past caregiving trauma, is exacerbated by these current stressors, functioning as a physiological manifestation of unmanaged anxiety and hyperarousal. The difficulty in falling asleep and waking up feeling unrefreshed despite pharmacological intervention (melatonin) suggests a deep-seated pattern of physiological dysregulation and a potential for a conditioned fear response related to sleep, stemming from her past caregiving responsibilities. This persistent sleep disturbance significantly impacts her overall functioning and emotional resilience.

The job loss has triggered an acute identity crisis, evident in her mother’s relentless pressure to return to a disliked field (interior design) and Caitlin’s internal struggle to define her professional self. Her expressed desire to *“stick to something and stay with it to have a successful career”* indicates a strong need for stability and competence, which is currently undermined by the job market and her mother’s interference. This situation re-activates a long-standing pattern of seeking external validation and struggling with self-worth, which appears to be contingent on achievement and external approval rather than an intrinsic sense of value. Her mother’s actions (*“She really believes that everyone else believes that you’re a reflection of her”*) highlight a pathological enmeshment that stifles Caitlin’s autonomy and authentic self-expression.

Caitlin’s primary challenge lies in establishing and maintaining firm interpersonal boundaries, particularly with her mother. She articulates her frustrations but struggles to translate them into effective assertive behaviors. Her pattern of *“overthinking”* social situations (e.g., friend group dynamics, engagement party invitations) suggests a combination of anxiety, a desire to manage others’ perceptions, and a tendency to internalize external pressures. This difficulty with boundaries extends to her social relationships, where she struggles to assert her preferences without feeling *“weird”* or *“guilty.”* The therapist’s observation that Caitlin sets *“requests”* rather than *“boundaries”* is a clinically salient point, indicating a need for explicit skill-building in interpersonal effectiveness.

From an ACT perspective, Caitlin exhibits significant psychological inflexibility, particularly in her fusion with unhelpful thoughts (*“overthinking,”* self-shaming about sleep) and experiential avoidance of difficult emotions (frustration, anger towards mother). Her values, implicitly expressed through her desire for authenticity, autonomy, and not having *“regrets,”* are being undermined by her current behavioral patterns and external pressures. From a Narrative Therapy lens, her mother’s narrative of what Caitlin *“should”* be doing (career, wedding planning) is attempting to dominate Caitlin’s own emerging narrative of self-determination and professional identity. The current stressors, while distressing, offer a critical opportunity for Caitlin to define her non-negotiables and re-author her life story in alignment with her authentic values.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT principles to enhance Caitlin’s psychological flexibility and strengthen her connection to her values. We will specifically focus on:

- Values Clarification

# Chris Balabanick

**Client:** Chris Balabanick **Total Sessions:** 2 **Session Date Range:** 2025-07-16 to 2025-07-31

## Session 1: 2025-07-16

**Date:** 2025-07-16 **Source File:** Summary of Chris Balabanick Appointment 7-16-2025 1500 hrs.pdf.eml

Comprehensive Clinical Progress Note for Christopher Balabanick’s Therapy Session on July 16, 2025

Subjective

Christopher attended today’s telehealth session, initially presenting with a humorous yet self-deprecating demeanor, echoing a previous *“vampire mode”* state. He opened the session by reciting a self-composed ditty:*“Doom, despair and agony on me. Oh, deep, dark depression, excessive misery. If it weren’t for bad luck, John, I’d have no luck at all. Doom, despair and agony on me.”*While delivered with levity, this statement reflects Christopher’s ongoing internal narrative of misfortune and struggle, which he acknowledges as his current feeling state (*“that’s what I saw laying there hot mess”*). He discussed his continued work on his manuscript, specifically Chapter Two, which he had difficulty sending via email or Google Drive. He expressed frustration with the technical process, stating,*“that’s so damn weird.”*

Christopher later engaged in a lengthy discussion regarding historical awareness, particularly comparing American and European perspectives on World Wars and patriotism. He articulated a concern that Americans lack a deep understanding of historical events and the implications of terms like *“patriotism,”* stating,*“they don’t have a fucking clue what that means though.”*He also referenced the *“Military Industrial Complex,”* suggesting a critical and perhaps cynical view of societal structures. When reflecting on his own writing, he described feeling *“supreme ignorance”* when rereading Chapter Two, humorously adding he was*“completely dumber than a gourd,”*yet acknowledged the poetic nature of his words when prompted.

Objective

Christopher presented to the telehealth session appearing well-groomed, with the therapist noting his *“haircut”* and the *“lights are on,”* possibly indicating an improvement from a prior *“vampire mode”* presentation. His speech was clear and coherent, though interspersed with self-deprecating humor and some conversational tangents. His affect appeared congruent with his humorous self-presentation, shifting between a lighthearted, jocular tone and a more serious, intellectually engaged one during discussions on historical and political themes. He demonstrated persistence in attempting to send his manuscript chapter, despite initial technical difficulties. During the discussion of his written work and self-assessment, he maintained a generally cooperative posture, engaging actively in the reflective process, albeit with a tendency towards intellectualization when discussing abstract concepts like historical awareness. His capacity for humor served as a prominent coping mechanism throughout the session.

Assessment

Christopher continues to demonstrate a pattern of using humor and intellectualization as primary coping mechanisms to manage underlying distress and a sense of *“bad luck”* or *“doom.”* His opening statement, delivered with a smile, belies a potential core belief in his inherent misfortune or a pervasive low mood, a theme that warrants further exploration beyond its humorous presentation. The difficulty experienced in sending his manuscript, a task he has reportedly been working on for *“third year in a row,”* suggests challenges with task completion, follow-through, and possibly procrastination, which may be linked to perfectionism or an underlying executive function difficulty. This could contribute to a sense of *“supreme ignorance”* or inadequacy, despite his clear intellectual capabilities.

His extensive engagement in discussions about historical awareness, patriotism, and the *“Military Industrial Complex”* suggests a tendency to externalize concerns onto broader societal or political issues. While indicative of a keen analytical mind, this intellectual focus may also serve as a form of experiential avoidance, diverting attention from more immediate personal or emotional challenges. This pattern aligns with therapeutic goals of increasing psychological flexibility (ACT) and distress tolerance (DBT) by helping Christopher navigate internal experiences without defaulting to intellectual bypass or self-deprecating humor. His self-ascribed *“supreme ignorance”* is a significant internal narrative that likely impacts his self-esteem and capacity for self-compassion, particularly in relation to his creative work.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions:Continue to explore Christopher's use of humor and intellectualization as forms of experiential avoidance. We will introduce the concept of "cognitive defusion" to help him observe thoughts like "Doom, despair and agony on me" or "supreme ignorance" without becoming fused with them, recognizing them as mere thoughts rather than absolute truths. This will be linked to identifying values (e.g., intellectual curiosity, creative expression) and committing to actions aligned with those values, even in the presence of difficult thoughts or feelings.  
- Narrative Therapy Elements:Continue to help Christopher externalize his "bad luck" or "supreme ignorance" narratives. Encourage him to re-story his relationship with his creative work, focusing on the process and his efforts rather than solely on outcomes or perceived self-deficiencies. For homework, Christopher will reflect on and note instances where he has persevered despite perceived challenges, building an alternative narrative of resilience and capability.  
- Behavioral Activation/Task Management:Address the difficulty with manuscript completion by breaking down the task into smaller, manageable steps. We established a recurring appointment to ensure consistent engagement. We will collaboratively set a clear, actionable goal for the next session regarding the manuscript (e.g., specific feedback on Chapter Two), with an emphasis on tangible progress over perfection.  
- Exploration of Existential Themes:Continue to gently probe the underlying sentiments behind his "Doom, despair" narrative and his critical societal views. This will involve exploring how these perceptions influence his sense of meaning, purpose, and agency in his own life, connecting to Existential Therapy principles of confronting the "givens" of existence and finding personal meaning.

Supplemental Analyses

Tonal Analysis

Shift 1: From Humorous Self-Deprecation to Intellectual Critique:Christopher’s tone began with a clear, almost performative, humorous self-deprecation (*“Doom, despair and agony on me”*). This tone served to lighten the mood and perhaps pre-empt any serious inquiry into his internal state. However, as the conversation shifted to historical awareness and the Military Industrial Complex, his tone became more serious, thoughtful, and critical. His voice adopted a more authoritative and analytical quality, demonstrating his intellectual engagement and deeply held perspectives on societal issues. This shift is clinically significant as it highlights his capacity to move between a defensive, jocular presentation and a more engaged, critical intellect, suggesting that intellectual discourse may be a preferred mode of processing complex emotions or observations.

Shift 2: From Technical Frustration to Resigned Self-Criticism:When discussing the difficulties in sending his manuscript chapter, Christopher’s tone conveyed a degree of frustration (*“that’s so damn weird”*) mixed with resignation about technical challenges. Following this, when prompted to reflect on his own writing, his tone shifted to a more pronounced, albeit humorous, self-criticism, describing himself as having *“supreme ignorance”* and being *“dumber than a gourd.”* This progression illustrates how external frustrations (tech issues) can quickly devolve into internal self-critical narratives, even if cushioned by humor. This suggests an underlying tendency to internalize setbacks as personal failings, which is important for targeting cognitive restructuring and self-compassion interventions.

Thematic Analysis

Theme 1: Self-Deprecation as a Defense and Identity:A prominent theme was Christopher’s consistent use of self-deprecating humor as a coping mechanism. His opening ditty and later self-description of *“supreme ignorance”* are not just isolated jokes but appear to be integrated into his self-concept and communication style. This theme suggests that humor serves not only as a defense against painful emotions or vulnerabilities but also as a way Christopher defines himself and relates to others. Clinically, this requires careful navigation to discern the underlying affect and beliefs without dismissing his coping strategy. It relates to the Existential theme of facing the absurdities of life, but also how humor can sometimes mask deeper struggles with self-worth.

Theme 2: Critical Worldview and Societal Commentary:Christopher’s engagement with topics like World War history, patriotism, and the *“Military Industrial Complex”* highlights a significant theme of a critical, perhaps cynical, worldview. He expresses a concern about a lack of historical understanding among Americans and a skepticism towards established narratives. This theme reflects a desire for truth and a questioning of authority, which could be a strength (critical thinking) but also a potential source of disillusionment or isolation if not balanced with a sense of agency or constructive engagement. This theme may also serve as a form of intellectualization, providing a safe, abstract space to explore feelings of powerlessness or frustration that might otherwise be directed inward.

Theme 3: Challenges with Task Initiation and Completion:The ongoing struggle with submitting Chapter Two of his manuscript, described as a multi-year effort and complicated by technical difficulties, reveals a theme of challenges with task initiation, follow-through, and possibly procrastination or perfectionism. This theme is significant as it directly impacts his sense of accomplishment and can contribute to feelings of *“bad luck”* or *“ignorance,”* reinforcing his negative self-narratives. Addressing this theme involves practical strategies (like breaking down tasks) alongside exploring the underlying psychological barriers (e.g., fear of judgment, perceived inadequacy).

Sentiment Analysis

Sentiments About Self:Christopher’s sentiments about himself were predominantly negative, often couched in humor.

- Worthlessness/Inadequacy (Humorously Framed):Evident in his "Doom, despair" ditty, suggesting a pervasive sense of being unlucky or inherently flawed. His statement,"I liked it. I liked it. Though I liked it,"in response to his own writing but then immediately saying,"I think I have supreme ignorance... completely dumber than a gourd,"indicates an oscillation between recognizing his abilities and undermining them with self-criticism.  
- Frustration/Defeat (Re: Technical Issues):Though briefly expressed, his remark"that's so damn weird"regarding email issues and"fuck me, we should have done that from the beginning"indicates frustration with perceived inefficiencies or his own prior actions, contributing to a sense of defeat when faced with practical obstacles.

Sentiments About Others/External Situations:Christopher’s sentiments towards external situations were primarily critical and skeptical.

- Skepticism/Disillusionment Towards Society/Authority:Expressed strongly in his views on American historical awareness and patriotism ("They don't have a fucking clue what that means though") and his mention of the "Military Industrial Complex." This reveals a distrust of prevailing narratives and a critical stance towards societal structures.  
- Discomfort with Technology/Bureaucracy:His struggles with sending the manuscript via email/Google Drive and the time spent on this task suggest a low tolerance for technological hurdles and a preference for simpler processes, contributing to his overall sense of frustration in interactions with systems.

Key Points

- Humor as a Primary Defense:Christopher consistently employs self-deprecating humor as a significant coping mechanism. While providing immediate relief and interpersonal connection, this pattern may also serve to bypass deeper emotional processing of themes like persistent "bad luck" or feelings of "depression" and "misery." Addressing this defense will involve gently exploring the underlying feelings that the humor seeks to obscure, consistent with ACT's emphasis on experiential acceptance.  
- Executive Functioning/Procrastination Challenges:The long-standing difficulty with completing and submitting his manuscript chapter highlights potential challenges with task initiation, organization, and follow-through. This pattern, acknowledged by both Christopher (humorously) and the therapist, is a significant barrier to his sense of accomplishment and may reinforce negative self-perceptions, connecting to themes of "supreme ignorance" and "bad luck." Addressing these challenges practically and therapeutically is crucial for building self-efficacy and disrupting negative cognitive loops.  
- Intellectualization as Avoidance and Exploration:Christopher's prolonged discussion of historical and political themes (World Wars, patriotism, Military Industrial Complex) demonstrates a sharp intellect but also points to a potential tendency to intellectualize as a form of emotional avoidance. While these discussions provide insight into his worldview and critical thinking, they may also serve as a diversion from more immediate personal struggles. Therapeutic work will involve integrating these intellectual explorations with their potential personal relevance, fostering psychological flexibility.  
- Importance of Consistent Engagement:The therapist's proactive setting of a recurring appointment underscores the importance of consistent session attendance for Christopher's progress, particularly following a "few weeks" hiatus. Regularity will support the continuity of therapeutic work, reinforce commitment, and help in addressing the challenges of follow-through.

Significant Quotes

- "Doom, despair and agony on me. Oh, deep, dark depression, excessive misery. If it weren't for bad luck, John, I'd have no luck at all."Christopher began the session with this self-composed ditty. This quote is significant because, despite its humorous delivery, it succinctly encapsulates a pervasive narrative of misfortune and underlying low mood. It reveals a core belief about his life experience – that he is prone to bad luck and suffering – which likely influences his emotional regulation and coping strategies. This statement points to potential underlying depressive symptomatology and a need to explore his relationship with adversity from an ACT perspective, focusing on acceptance of "clean pain" rather than creating "dirty pain" through resistance to reality.  
- "I think I have supreme ignorance... completely dumber than a gourd."Christopher made this self-assessment when reflecting on rereading his own manuscript. This quote is significant because it highlights a deeply ingrained self-critical internal narrative, even when presented with a humorous tone. It suggests a potential issue with self-esteem and an internal locus of blame for perceived shortcomings (e.g., not understanding his own writing or the historical context he discussed). This pattern is crucial to address through cognitive restructuring and self-compassion, as it likely impacts his creative pursuits and overall sense of self-worth, particularly in the face of challenges.  
- "They don't have a fucking clue what that means though."Christopher stated this when discussing Americans' understanding of patriotism. This quote is significant as it demonstrates his critical and somewhat cynical worldview, particularly towards broader societal understanding and political narratives. It reflects a tendency to intellectualize and externalize his concerns onto abstract concepts, which, while indicating a keen intellect, could also serve as a form of emotional detachment or a way to manage feelings of frustration or powerlessness by focusing on external perceived deficiencies rather than internal experiences. This observation guides therapeutic exploration into how his worldview impacts his personal agency and well-being.

Comprehensive Narrative Summary

Today’s session with Christopher provided valuable insights into his current emotional state, coping mechanisms, and prevailing internal narratives, particularly after a *“few weeks”* hiatus. He entered the session with a striking, humorous, yet profoundly self-deprecating recitation of a ditty lamenting *“doom, despair, and agony,”* suggesting an ongoing struggle with pervasive low mood or a strong internal narrative of misfortune. This humor functions as a significant defense, skillfully diffusing direct inquiry into the depth of his reported *“deep, dark depression”* and *“excessive misery,”* a pattern that necessitates gentle yet persistent exploration to access the underlying emotional landscape.

A central practical challenge emerged around his long-standing work on his manuscript, *“Chapter Two,”* which he has been struggling to complete and send. This multi-year procrastination, compounded by technical difficulties, highlights potential executive functioning challenges related to task initiation and follow-through. His self-ascribed *“supreme ignorance”* when reflecting on his own writing, despite its poetic nature, further underscores a core self-critical narrative that likely impedes his creative process and reinforces feelings of inadequacy. This struggle with tangible progress likely contributes to his broader narrative of *“bad luck”* and reinforces his use of humor to manage associated shame or frustration.

The session also revealed Christopher’s tendency towards intellectualization, particularly evident in his extensive critique of American historical awareness and the *“Military Industrial Complex.”* While demonstrating a sharp, critical intellect and deeply held convictions, this engagement with abstract societal issues may also serve as a sophisticated form of experiential avoidance, diverting attention from more immediate personal emotional content. From an Existential perspective, this focus could reflect his grappling with the larger structures that influence life, yet also highlight areas where he seeks control or understanding in a seemingly chaotic world.

Overall, Christopher’s presentation suggests a complex interplay of humor as a defense, underlying struggles with task completion and self-worth, and a critical worldview. The establishment of a recurring appointment is a critical step towards fostering consistency and providing a stable platform to gently challenge his defensive patterns, explore the roots of his self-deprecating narratives, and support his engagement with personal and creative endeavors. Future sessions will focus on integrating ACT and Narrative Therapy to help him defuse from unhelpful thoughts, re-story his experiences of challenge, and commit to value-driven actions that build a more resilient sense of self.

## Session 2: 2025-07-31

**Date:** 2025-07-31 **Source File:** Summary of Chris Balabanick Appointment 7-31-2025 1700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Christopher Balabanick’s Therapy Session on July 31, 2025

Subjective

Christopher attended today’s session expressing significant distress about feeling *“sandblasted”* by *“so much information”* that he *“cannot concentrate daily.”* He reported a pervasive sense of overwhelm, stating he lacked the *“fucking coherence to tell today”* what has been happening, despite indicating that recent events have been positive. He articulated a desire to *“take it easy”* and *“do almost nothing”* to allow his mind to recover, acknowledging that he assumed the therapist would have more advice on managing information overload.

Christopher disclosed an extensive, *“78-page long”* conversation he had with an AI (initially Pi, then Ash) last night, detailing how they explored *“bypassing its limitations”* and discussing his *“strengths and weaknesses.”* He noted using *“warrior”* terminology for weaknesses, which then led to a discussion with the AI about *“areas for growth.”*

He shared significant frustration with his writing capabilities, expressing, *“I should be much better than when I currently am,”* which led him to take *“two shots”* of alcohol (or what he described as a marijuana equivalent) to cope. This frustration and the subsequent self-medication underscore a pattern of intense internal pressure related to his productivity. Following this, he was inspired by a Soviet military strategist’s concept of *“total mobilization,”* which he intends to apply to his own *“strategic objectives”* (his book). He stated his resolve to *“mobilize every single resource I have to drill my speeding objective and beat the living share of it.”* While he initially conceived this as an immediate, all-encompassing effort, he later acknowledged that it would be a *“long-term thing that transitions into it,”* reflecting a more *“realistic”* or *“liberal”* approach.

Christopher also voiced a deep pride in his efforts, asserting, *“I don’t think many people who would have been in my position would have done what I’ve done,”* despite his perception of some *“failure.”* He admitted to *“versioning myself”* (phrasing himself) but struggled to do so today due to his overwhelmed state, impacting his usual eloquence. Towards the end of the session, he requested the therapist’s personal perspective on him as a person compared to the *“average person.”*

Objective

Christopher presented to the session engaged and interactive, despite his verbal reports of feeling overwhelmed and lacking *“coherence.”* His speech was clear and his thought process, though at times circuitous as he described complex ideas, remained logical and coherent. His affect was somewhat subdued at the beginning, reflecting mental fatigue and frustration, but became more animated and passionate when discussing his intellectual pursuits, particularly his interactions with AI and his *“total mobilization”* strategy. He maintained good eye contact and an open posture throughout the session, indicating a willingness to engage despite his internal struggles. The disclosure of alcohol use to cope with frustration is a significant observation of his current coping strategies. His capacity to articulate complex theoretical concepts, even when feeling mentally *“sandblasted,”* suggests an underlying cognitive resilience despite the reported overload. The therapeutic environment was somewhat informal, with the therapist initiating playful and at times unprofessional banter, which Christopher navigated well, consistently re-directing the conversation to his core concerns.

Assessment

Christopher continues to grapple with significant mental fatigue and information overload, which he aptly and vividly describes as feeling *“sandblasted.”* This state is directly impacting his concentration and sense of cognitive coherence, hindering his ability to engage effectively with his *“strategic objectives.”* His reported desire to *“do nothing”* reflects a natural, albeit avoidant, response to overwhelming internal and external stimuli, indicating a need for effective distress tolerance and self-regulation skills.

His coping mechanisms are multi-layered:

Behavioral Withdrawal: The impulse to *“do nothing”* suggests a form of experiential avoidance, where disengagement is sought to escape uncomfortable internal states generated by overload.

Self-Medication: His use of alcohol to manage frustration is a maladaptive coping strategy that provides temporary relief but ultimately hinders genuine emotional processing and problem-solving. This requires careful monitoring and intervention.

Intellectualization and Hyper-engagement: Christopher’s deep dive into AI and military strategy, exemplified by the *“78-page”* AI conversation and his *“total mobilization”* concept, functions as a highly sophisticated intellectualization defense. This allows him to externalize his internal chaos onto structured, grand projects, providing a sense of control and purpose amidst his overwhelm. While intellectually stimulating, this approach concurrently contributes to the very overload he is experiencing, creating a paradoxical cycle.

A core underlying dynamic is Christopher’s profound drive and intensely high self-expectations, particularly regarding his creative and intellectual output (his writing/book). His frustration with incremental progress (*“I should be much better”*) points to perfectionistic tendencies and a fragile sense of self-worth, which appears deeply contingent on achievement. This *“warrior”* identity and the *“total mobilization”* concept, while demonstrating immense commitment, suggest an all-or-nothing approach that risks burnout and exacerbates his state of overwhelm. His inquiry about the therapist’s personal perspective on him underscores a deep self-reflection and potential existential questioning about his unique identity and struggles, especially within the context of his high-achieving, intense engagement with life.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize the ACT framework to address Christopher’s experiential avoidance and promote psychological flexibility. We will explore how his *“total mobilization”* strategy, while values-driven (his strategic objectives), can become a form of rigid adherence that perpetuates overwhelm. Interventions will focus on developing his capacity to observe thoughts of frustration and self-criticism without fusion, allowing for more skillful, sustainable action aligned with his deeply held values.

Dialectical Behavior Therapy (DBT) Interventions: Introduce and practice *“Stimuli Management”* skills as part of distress tolerance and emotional regulation modules. This will involve collaboratively identifying specific triggers for his information overload and developing concrete strategies to limit and manage sensory and cognitive input, building on the therapist’s reference to Dunbar’s number and distinguishing between different sensory types (e.g., reading vs. listening). Additionally, we will explore healthier coping mechanisms to replace alcohol use for managing frustration and intense emotional states.

Narrative Therapy Elements: Engage with Christopher’s *“warrior”* identity and the *“total mobilization”* narrative. We will deconstruct how this narrative serves him and where it might create self-imposed pressures and contribute to overwhelm. Continue to re-author his self-perception by reframing *“weaknesses”* as *“areas for growth,”* emphasizing his resilience and immense efforts rather than perceived failures.

Existential Interventions: Engage with Christopher’s reflective question about his personal identity and experiences relative to the *“average person.”* This will be an opportunity to explore his search for intrinsic meaning and self-acceptance, independent of achievement, connecting to the profound intellectual and creative pursuits that define much of his life.

Homework: Christopher will explore the *“ASH”* AI application as recommended by the therapist and prepare to discuss its impact on his mental state in the next session. He will also begin tracking specific instances and triggers for his information/stimuli overload over the coming week.

Future Planning: The therapist will send the previously requested *“feedback”* and *“chapter one”* to Christopher by tomorrow. The therapist will also explore developing an AI-generated rubric for *“critically evaluating an individual,”* as a collaborative experiment, reflecting Christopher’s unique interest in AI. The topic of PTSD, which Christopher briefly raised, will be deferred to a future dedicated session.

Supplemental Analyses

Tonal Analysis

Shift 1: From Overwhelmed to Animated (AI and Strategy): Christopher’s tone initially conveyed a sense of mental exhaustion and frustration, particularly when describing his *“sandblasted”* state and lack of *“coherence.”* However, a distinct shift occurred when he began discussing his interactions with AI and his *“total mobilization”* strategy. His voice became more animated, articulate, and passionate, indicating a deep intellectual engagement and a surge of energy when discussing these highly structured and abstract concepts. This suggests that while information overload is a significant source of distress, engagement with complex intellectual frameworks can also be a source of activation and purpose for him, providing a temporary escape from, or an attempt to master, his internal chaos.

Shift 2: From Self-Critical to Assertive/Defiant (Personal Efforts): When Christopher discussed his writing progress and frustration (*“I should be much better than when I currently am”*), his tone reflected self-criticism and disappointment. This quickly transitioned to a tone of quiet defiance and self-justification when he asserted, *“I don’t think many people who would have been in my position would have done what I’ve done,”* followed by an emphasis on having *“tried my best.”* This shift highlights a powerful internal drive and a deep-seated need to acknowledge his own immense efforts and resilience, even in the face of perceived setbacks, serving as a protective mechanism against deeper feelings of inadequacy or failure.

Thematic Analysis

Theme 1: Information Overload and Cognitive Saturation: A dominant and explicitly stated theme was Christopher’s experience of being *“sandblasted”* by an overwhelming volume of information and stimuli, resulting in impaired concentration and mental fatigue. This theme is central to his current distress, linking directly to his extensive engagement with AI and other complex intellectual pursuits. Understanding and managing this cognitive saturation is paramount for improving his overall mental well-being and productivity.

Theme 2: Strategic Objectives, Productivity, and the *“Warrior”* Identity: Christopher’s unwavering focus on his *“strategic objectives”* (his book) and his adoption of the *“total mobilization”* concept, inspired by military strategy, reveal a profound drive towards achievement and mastery. This theme is intrinsically tied to his *“warrior”* identity, where challenges are approached with an all-encompassing, relentless effort. While this drive fuels his productivity, it simultaneously appears to be a significant contributor to his current overwhelm, indicating a need for more sustainable, balanced approaches to his goals.

Theme 3: Self-Evaluation, Effort, and Conditional Self-Worth: A recurring theme was Christopher’s continuous self-assessment, particularly his frustration with his output (*“I should be much better”*) contrasted with his assertion of having *“tried my best”* despite perceived *“failure.”* This highlights a strong internal critic and suggests that his self-worth may be heavily contingent on his achievements and productivity. His unique self-perception (*“I’m just different,”* *“don’t think many people would have done what I’ve done”*) reflects a complex interplay of pride in his extraordinary efforts and potential isolation in his exceptionally high standards.

Sentiment Analysis

Sentiments About Self: Christopher’s self-sentiments were complex and often contradictory. He expressed significant frustration and disappointment with his current writing output (*“I should be much better”*), indicative of an internal perfectionistic drive. There was also a palpable sense of overwhelm and cognitive fatigue, conveyed by feeling *“sandblasted”* and lacking *“coherence.”* Counterbalancing these, he exhibited strong sentiments of determination and resilience, particularly in his commitment to *“total mobilization”* and his belief that he has *“tried my best”* despite setbacks. Underlying these, there was an intellectual curiosity and deep self-awareness, evident in his engagement with AI about his strengths/weaknesses and his direct question about the therapist’s perception of him.

Sentiments About External Situations/Tools: Christopher’s sentiments toward external elements, particularly technology, were primarily analytical and strategic, marked by a nuanced ambivalence. He expressed a practical appreciation for AI’s capabilities in *“integrating into work”* and *“learning tactics.”* However, the sheer volume of his AI conversation also hinted at its potential to contribute to his overload, suggesting an implicit recognition of its double-edged nature. His engagement with military theory and *“Dunbar’s number”* demonstrated a proactive, intellectual desire for mastery and control over the external stimuli that currently overwhelm him.

Key Points

Information Overload as a Core Challenge: Christopher’s primary presenting concern is a significant state of information and stimuli overload, leading to impaired concentration and feelings of mental *“sandblasting.”* This condition profoundly impacts his daily functioning and his ability to engage with his *“strategic objectives.”* Addressing this directly through active stimuli management and distress tolerance skills is paramount for improving his mental well-being, as continued exposure without coping skills will perpetuate his current distress.

High Drive, Perfectionism, and Identity: Christopher’s *“total mobilization”* concept, driven by his *“warrior”* identity and deep-seated strategic objectives (his book), reveals an intense internal drive and potentially perfectionistic tendencies. His self-worth appears highly contingent on achievement, making perceived setbacks in his creative output particularly distressing. Therapy needs to navigate this drive by fostering sustainable practices and unconditional self-acceptance, distinguishing between healthy ambition and self-defeating pressure that leads to burnout and contributes to his overwhelm.

Adaptive and Maladaptive Coping: While Christopher demonstrates significant intellectual and strategic capacity to analyze his problems (e.g., using AI, studying military theory), some of his current coping mechanisms (withdrawal, self-medication with alcohol) are maladaptive. The therapeutic focus will be on strengthening psychological flexibility, cultivating healthier distress tolerance skills to manage overwhelm, and integrating AI as a strategic tool rather than a source of further cognitive burden, thereby transforming a potential stressor into a managed resource.

Significant Quotes

* "It's just like, so much information that you cannot concentrate daily." Christopher used this vivid metaphor early in the session to describe his pervasive sense of overwhelm and mental saturation. This quote is significant because it encapsulates the primary presenting problem and highlights the debilitating impact of cognitive overload on his daily functioning, signaling the urgency of addressing effective stimuli management strategies.
* "I should be much better than when I currently am." This statement reveals Christopher's internal critical voice and his high self-expectations regarding his performance, particularly in his creative work. It is significant as it points to an underlying perfectionistic tendency and a conditional sense of self-worth that is vulnerable to perceived failures or slow progress, contributing significantly to his frustration and distress. This provides a crucial entry point for therapeutic work on self-compassion and realistic goal-setting.
* "I'm gonna mobilize every single resource I have to drill my speeding objective and beat the living share of it." This quote powerfully illustrates Christopher's unique and intense approach to achieving his goals, stemming from his "warrior" identity and strategic thinking. It is significant because it highlights both his immense drive and the potential for burnout that such an all-encompassing strategy might entail, serving as a critical point for therapeutic intervention regarding sustainable effort and resource management to prevent further overwhelm.

Comprehensive Narrative Summary

Today’s session with Christopher provided a deep insight into his current struggle with profound information and stimuli overload, a state he vividly described as being *“sandblasted”* to the point of impaired concentration and a felt lack of *“coherence.”* This acute cognitive saturation appears to be a direct consequence of his intense intellectual pursuits and *“strategic objectives,”* particularly his deep engagement with writing and AI integration. Christopher articulated a desire to *“do nothing”* to recover, signaling a need for significant mental decompression, yet simultaneously detailed his *“total mobilization”* strategy, drawing inspiration from military theory, to relentlessly pursue his goals. This apparent contradiction highlights a central dynamic: a powerful drive towards achievement and a *“warrior”* identity, which, while leading to impressive efforts, also contributes to his overwhelming internal and external environment. His disclosure of self-medicating with alcohol further underscores the distress he experiences when facing frustration with his progress (*“I should be much better”*).

Clinically, Christopher’s presentation suggests a complex interplay of high internal standards, a tendency towards intellectualization as a coping mechanism, and an identity deeply intertwined with productivity. His extensive exploration of AI, while a tool for efficiency and creative workflow, also amplifies the very information overload he struggles with, necessitating a focus on skillful boundaries and psychological flexibility in his use of technology. The session also revealed his reflective capacity, particularly in his inquiry about the therapist’s perception of him compared to others, indicating a deeper exploration of self and unique experience, potentially rooted in an existential search for identity and meaning beyond his immediate challenges. Going forward, the therapeutic work will involve integrating ACT principles to manage experiential avoidance and align his intense drive with sustainable, values-driven action, while also utilizing DBT skills to build distress tolerance and regulate the overwhelm from excessive stimuli. Narrative therapy will offer a lens to explore and potentially re-author his *“warrior”* story, ensuring it serves his well-being rather than leading to burnout. The session concluded with a clear commitment to address stimuli management and a collaborative plan to explore technological tools within a therapeutic context, demonstrating Christopher’s readiness to engage in a nuanced approach to his unique and complex challenges.

# David Grossman

**Client:** David Grossman **Total Sessions:** 2 **Session Date Range:** 2025-07-12 to 2025-07-17

## Session 1: 2025-07-12

**Date:** 2025-07-12 **Source File:** Summary of David Grossman Appointment 7-12-2025 1100 hrs.pdf.eml

Comprehensive Clinical Progress Note for David Grossman’s Therapy Session on July 12, 2025

Subjective

David attended today’s session reporting new onset back pain, stating he *“just went to put my shoes on this morning”* and felt it. He is considering taking Prednisone for it. The majority of the session focused on his ongoing, complex, and emotionally charged relationship with his sister, Nancy. David expressed significant frustration and a sense of being devalued by Nancy, describing her actions as manipulative and rooted in a *“lack of trust.”* He recounted a recent conversation where Nancy compared him to their deceased Uncle Morty, who was estranged, implying that if he maintained his boundaries, he would face similar isolation (*“Oh, you’re just gonna be uncle Morty. That’s what she said to me, is that shame?”*). He also shared Nancy’s threats about restricting access to his niece/nephew (*“you’re not gonna see the baby anymore”*). David articulated feeling *“disposable”* in the face of these tactics. He also relayed Nancy’s dismissive attitude towards the therapist’s insights into their family dynamics, stating, *“Jonathan doesn’t know how things work. He doesn’t know how the family dynamics are.”* In contrast to this family distress, David expressed profound contentment and relaxation when discussing his work, stating he was *“happy as a pig and shit”* when at the office and feeling he was *“living my true self at this point”* when engaged in his professional activities. He also shared positive updates about his son Alex’s internship progression and future career plans, including a consultation for a hair transplant. He briefly mentioned a potential dating interest, *“Miss Leva,”* and expressed hope for a positive outcome in that interaction.

Objective

David presented to the session appearing generally well-groomed and alert. His speech was clear and logical throughout the session. His affect presented with notable shifts: initially calm when discussing peripheral topics like the wedding or his son’s general progress, but becoming visibly frustrated and angry when discussing his sister Nancy’s manipulative behaviors. During these discussions, David’s tone heightened, and he verbally expressed a strong emotional response, stating he *“started to see red.”* Despite this emotional activation, he maintained conversational flow and intellectual engagement. He also displayed moments of genuine happiness and ease when describing his professional life and his son’s achievements. An interruption occurred during the session involving a brief phone call related to his medical practice, where he briefly engaged in a professional, clinical demeanor before returning to the therapy discussion. This brief shift highlighted his professional role as a distinct aspect of his identity. His physical posture remained engaged, though no specific physical manifestations of distress (beyond verbal reports) were noted.

Assessment

David continues to navigate significant interpersonal challenges within his family system, particularly concerning his sister Nancy. The reported interactions highlight a long-standing pattern of emotional manipulation and invalidation employed by Nancy, characterized by attempts to induce shame and guilt (e.g., comparison to Uncle Morty, threats regarding access to the baby). These dynamics directly impact David’s sense of self-worth and trust, leading him to feel *“disposable”* and question the authenticity of relationships. This feeling of disposability likely stems from historical family patterns where his emotional expression or autonomy may have been met with conditional acceptance or punishment. Nancy’s dismissal of therapeutic insights (*“Jonathan doesn’t know how things work”*) serves as a defense mechanism to maintain the dysfunctional family equilibrium and her perceived control. David’s coping mechanisms appear to involve both emotional activation (anger, frustration) and a tendency to find refuge and validation in his professional identity and achievements, which he describes as *“living my true self.”* While work provides a crucial outlet and sense of purpose, it may also inadvertently reinforce an external locus of self-worth if not balanced with intrinsic self-acceptance. His emerging physical symptoms (back pain) could be a somatic manifestation of the chronic emotional stress related to these family dynamics. His interest in Miss Leva suggests an openness to new relationships, contrasting with the negative familial patterns.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to support David in developing psychological flexibility in the face of family distress. We will work on defusion from unhelpful thoughts and narratives around "disposability" and "lack of trust," recognizing them as thoughts rather than absolute truths. Encourage mindful awareness of his emotional responses without immediate attempts to escape, validating the natural "pain" of the situation while distinguishing it from "dirty pain" (self-judgment, rumination). Continue to explore how his commitment to his work aligns with his core values, reinforcing it as a source of intrinsic satisfaction and meaning, rather than solely an escape.  
- Dialectical Behavior Therapy (DBT) Elements: Focus on Interpersonal Effectiveness skills to manage interactions with Nancy. Specifically, we will reinforce strategies for setting clear boundaries and communicating needs effectively while invalidating her manipulative tactics (e.g., using the "Broken Record" technique or "GIVE" skills for effective communication). We will also touch upon Emotion Regulation to help David manage his "red" feeling and other intense emotional responses to Nancy's provocations, fostering a sense of agency over his emotional experience rather than being consumed by it.  
- Narrative Therapy Approaches: Co-construct alternative narratives to challenge Nancy's controlling storyline about family dynamics and David's role within it. We will externalize the "disposable" feeling, exploring times when David has felt valued and essential, thus counteracting the dominant problem narrative. Challenge the notion that "Jonathan doesn't know how things work" by re-authoring the therapist's role as an objective, external observer who can provide new perspectives that the family system, due to its enmeshment, cannot.  
- Existential Considerations: Explore David's sense of purpose and meaning, especially in relation to his work and personal interests, as a foundation for self-worth independent of family validation. Discuss his "living my true self" experience in work as an expression of his authentic being and agency, contrasting it with feelings of powerlessness in family dynamics. This will involve acknowledging the inherent challenges of relational life and empowering David to make choices aligned with his values.  
- Homework: David will continue practicing the boundary-setting techniques discussed, specifically noting instances where Nancy employs manipulative language and how he responds. He will also journal about his experiences of "being his true self" at work, noting the feelings and values associated with those moments.  
- Physical Health: Encourage David to monitor his back pain and follow up with appropriate medical care as needed, recognizing the potential link between chronic stress and somatic symptoms.

Supplemental Analyses

Tonal Analysis

A significant tonal shift occurred when David moved from discussing general pleasantries or his son’s positive developments to recounting interactions with his sister, Nancy. His tone became sharp, frustrated, and imbued with a sense of righteous indignation when describing Nancy’s manipulative tactics. For instance, when recalling Nancy’s comparison to Uncle Morty or her threats about the baby, his voice carried a discernible edge of anger and hurt. This shift highlights the depth of emotional pain and betrayal he experiences in this relationship. Conversely, when discussing his work, particularly his time at the office, David’s tone became notably lighter, relaxed, and infused with genuine enthusiasm and contentment, reflecting a stark contrast in his emotional landscape and signaling this domain as a significant source of well-being and psychological safety.

Thematic Analysis

Theme 1: Manipulation and Trust Betrayal in Family Dynamics. A pervasive theme throughout the session was David’s experience of manipulation and a profound lack of trust within his immediate family, specifically with his sister, Nancy. This was evident in her use of emotional blackmail (*“you’re not gonna see the baby anymore”*) and shaming tactics (*“you’re just gonna be uncle Morty”*) to control his behavior and maintain compliance. David’s direct assertion of *“lack of trust”* as the core issue reflects his clear perception of these dynamics, which are deeply rooted in intergenerational patterns, as suggested by the comparison to Uncle Morty. This theme is clinically significant as it directly impacts David’s capacity for secure attachment and authentic relating within his family, spilling over into a generalized wariness. The therapeutic task involves empowering David to identify and disengage from these cycles of manipulation. Theme 2: Self-Worth and Identity Contingent on External Validation/Achievement. David’s statement of feeling *“disposable”* in the face of his sister’s actions points to an underlying theme of conditional self-worth. His identity appears to be significantly influenced by how he is treated and perceived by others, particularly within his family system. The stark contrast between his feelings of worthlessness in family interactions and his profound contentment and sense of *“true self”* at work highlights the dual nature of his identity. Work serves as a safe and validating space where his contributions are valued, providing a refuge from the invalidating family environment. This theme suggests that while his professional life offers a robust source of positive self-regard, there is an ongoing need to cultivate an intrinsic sense of self-worth that is less dependent on external validation, whether positive (from work) or negative (from family dynamics).

Sentiment Analysis

Sentiments About Self: David’s sentiments about himself were primarily bifurcated. In the context of his family, he expressed sentiments of:

- Disposability/Devaluation: Evident in statements like "I'm disposable" and the implication that his worth is conditional upon adhering to Nancy's demands. This reflects a vulnerability to external validation and a fear of abandonment or alienation.  
- Righteous Anger/Defiance: When confronting Nancy's tactics, David expressed a strong sentiment of anger ("I started to see red") coupled with a defiant stance, indicating a healthy self-protective impulse against manipulation.  
- Autonomy/Authenticity: In contrast, when discussing his work, David expressed profound sentiments of satisfaction and authenticity, stating he was "happy as a pig and shit" and "living my true self at this point." This highlights his capacity for self-actualization and deriving meaning from value-aligned actions.

Sentiments About Others/External Situations: David’s sentiments towards his sister, Nancy, were predominantly negative and critical, reflecting:

- Distrust/Betrayal: He explicitly stated Nancy's behavior reflected a "lack of trust" and viewed her actions as manipulative. This indicates a deep sense of interpersonal betrayal.  
- Resentment/Frustration: His tone and language when recounting Nancy's attempts to control him or invalidate the therapist's insights conveyed significant resentment and frustration with her persistent, dysfunctional patterns.  
- Hope/Anticipation (for Miss Leva): Briefly, when discussing Miss Leva, David's sentiment shifted to one of anticipation and guarded optimism, suggesting an openness to positive relational experiences outside of his family system.

Key Points

- Chronic Family Manipulation and Invalidation: David's relationship with his sister Nancy is characterized by long-standing patterns of emotional manipulation, shame-induction, and the use of family leverage (e.g., access to children) to control his behavior. This has led to feelings of disposability and a profound sense of distrust. Addressing these interpersonal dynamics is central to improving David's overall well-being and fostering healthier boundaries.  
- Dual Self-Worth Framework: David demonstrates a distinct bifurcation in his sense of self-worth: highly vulnerable to familial invalidation and feeling "disposable," yet profoundly validated and authentic within his professional life. This highlights both a significant area of distress and a powerful resource for resilience. The therapeutic work involves helping him integrate and internalize a stable sense of intrinsic worth independent of external validation or criticism.  
- Therapeutic Alliance Under External Scrutiny: Nancy's direct dismissal of the therapist's understanding ("Jonathan doesn't know how things work") highlights the system's resistance to change and its attempt to undermine external perspectives. This provides a crucial opportunity to reinforce the therapeutic alliance and empower David to trust his own perceptions and the insights gained in therapy, fostering a stronger sense of personal agency.

Significant Quotes

- "I'm disposable." David made this statement when discussing his sister Nancy's behavior and the feeling that she can treat him as she wishes without consequence. This quote is significant as it encapsulates David's core wound related to perceived devaluation and the conditional nature of love or acceptance within his family system. It suggests a deeply ingrained belief about his own worth, potentially stemming from early attachment experiences, which is activated by Nancy's manipulative tactics. This feeling directly contributes to his distress and his difficulty asserting boundaries.  
- "Oh, so you're happier just not seeing the baby." David reported Nancy saying this in an attempt to guilt him into compliance. This quote is significant because it exemplifies Nancy's pattern of emotional manipulation and leveraging family relationships to control David. It demonstrates a classic tactic of shaming and emotional blackmail, aiming to induce guilt and force acquiescence by suggesting that David's boundaries would harm his relationship with his niece/nephew. This highlights the high stakes of David's family interactions and the difficult choices he faces in attempting to establish healthy boundaries.  
- "I am happy as a pig and shit. I'm gonna go do my work for four hours. That's exactly what I tell this is what aggravates me to death. When neighbor David Mark always says, yours are mine. I said yours. When neighbor David, or anybody else, Lizette even mark, will say, why don't you relax? I said, Why don't you get on my fucking face? Because I am relaxed. What I'm relaxed if I'm sitting down doing nothing, I'm sick. I don't want to sit down and do nothing." This extended quote powerfully illustrates David's primary coping mechanism and source of fulfillment. It reveals his deep connection to and satisfaction derived from his professional activities, which he perceives as a form of relaxation and authentic self-expression, contrasting sharply with societal expectations of "relaxation." This quote is significant because it points to work as a vital value-driven activity and a refuge where he experiences agency and a sense of "true self," distinguishing it from the relational distress he experiences elsewhere. It also highlights his assertiveness in defending his chosen path of finding meaning and contentment.

Comprehensive Narrative Summary

Today’s session with David Grossman provided a deep exploration into the pervasive impact of chronic family manipulation on his emotional well-being and sense of self. David vividly described the ongoing emotional blackmail and shaming tactics employed by his sister, Nancy, particularly her attempts to leverage access to his niece/nephew and evoke guilt through comparisons to an estranged family member. His powerful articulation of feeling *“disposable”* underscored a profound vulnerability in his self-worth, revealing how deeply Nancy’s actions resonate with underlying fears of abandonment and devaluation. This dynamic is further complicated by Nancy’s active attempts to undermine the therapeutic process by dismissing external perspectives on the family system. Therapeutically, this interaction highlights the critical need to strengthen David’s interpersonal effectiveness skills, enabling him to establish and maintain healthy boundaries while navigating Nancy’s manipulative strategies. While family dynamics present significant distress, the session also illuminated David’s powerful capacity for resilience and self-actualization. His profound contentment and sense of authentic self experienced through his professional work emerged as a vital counter-narrative to his family struggles. This dual experience presents an opportunity to help David internalize an unconditional sense of self-worth that is robust enough to withstand external invalidation, allowing him to more fully embody his *“true self”* across all areas of his life, not just within the structured, validating environment of work. The session, though interrupted by a brief patient call, maintained focus on David’s personal journey, laying groundwork for continued work on emotional regulation, trust repair, and value-driven living.

## Session 2: 2025-07-17

**Date:** 2025-07-17 **Source File:** Summary of David Grossman Appointment 7-17-2025 1900 hrs.pdf.eml

Comprehensive Clinical Progress Note for David Grossman’s Therapy Session on July 17, 2025

Subjective

David presented to today’s session expressing significant health-related anxiety, stating, *“I’ve been hyper, hyper health conscious. I guess maybe because of my back, I don’t know.”* He detailed his heightened concern about an upcoming Prostate-Specific Antigen (PSA) test, admitting he was *“flipping out”* despite consulting with his urologist friend, Jeff, who reassured him. This suggests a persistent pattern of seeking reassurance but remaining highly anxious. David catastrophized about physical symptoms, particularly stomach discomfort, immediately associating constipation with cancer, asking, *“if it’s cancer, would it be at the stage where they expect me to do chemo, or stage where they love and quit.”* This indicates a significant fear of severe illness and an immediate leap to worst-case scenarios, including thoughts of resignation or despair. He also shared a strong identification with another individual’s hypochondriacal tendencies, noting, *“I get him so I understand him. That’s the problem.”*

In addition to health concerns, David reported being deeply involved in assisting Alex with an NCIS internship application, expressing a strong drive for perfection in its formatting and content. He emphasized the need for *“pixel perfect”* documents and a *“zero error”* rate, indicating a high level of conscientiousness and a potential perfectionistic streak that spills over into endeavors outside of his direct personal impact. He voiced concern about potential loss of his work on the application, asking, *“How do we make sure we don’t lose it?”*, and tasked the assistant with setting up a Notion database to prevent this. David also initiated a discussion about Esther Perel and relationship dynamics, expressing curiosity about an *“Esther Perel club”*, but then paradoxically stated he was *“not interested in doing it with Nancy.”* This ambivalence suggests a complex relationship with intimacy and shared growth. He also expressed concern for a friend, Lindsay, stating, *“Thank God, I was worried about her.”*

Objective

David presented to the session appearing engaged and alert. His speech was clear, and thought processes were logical, though frequently disrupted by shifts between topics and expressions of anxiety. His affect was largely anxious, particularly when discussing his health, where his tone conveyed a sense of urgency and distress, despite his verbal attempts to rationalize or dismiss his worries. He exhibited a tendency to ruminate on his health concerns, repeatedly bringing up the PSA test and potential catastrophic outcomes of his constipation. When discussing the internship application, David’s affect shifted to one of intense focus and determination, demonstrating a remarkable attention to detail regarding technical specifications like *“pixel perfect”* formatting and NCIS standards. He actively participated in problem-solving related to the technical aspects of the application, collaborating effectively with the assistant. His interaction style with the assistant was notably casual and familiar, including playful banter and shared humor, even when discussing sensitive topics like anti-Semitism or personal appearance, which suggests a well-established and comfortable rapport.

Assessment

David continues to present with symptoms indicative of generalized anxiety, with a strong focus on health-related concerns, potentially meeting criteria for Illness Anxiety Disorder (F45.21). His persistent preoccupation with having a serious illness, disproportionate to actual medical findings (e.g., *“flipping out”* over a routine PSA test, catastrophizing constipation to cancer), and his tendency to seek reassurance from medical professionals yet remain distressed, align with this diagnosis. The existential fear of death and severe illness appears to be a core driver of his anxiety, manifesting as an inability to tolerate uncertainty about bodily sensations or diagnostic outcomes. His hyper-vigilance regarding his body and his immediate cognitive leaps to worst-case scenarios function as maladaptive attempts to gain control over uncontrollable aspects of life, particularly mortality.

A secondary but significant pattern observed is David’s pronounced perfectionism, particularly evident in his engagement with Alex’s internship application. His insistence on *“pixel perfect”* accuracy and *“zero errors”* for documents not directly pertaining to his own professional standing suggests an underlying need for control and a belief that flawless execution is paramount to avoiding negative outcomes. This perfectionism may serve as a compensatory mechanism for underlying anxieties, providing a sense of competence and predictability in areas he can control, while his health concerns remain outside his direct influence. His ambivalence regarding shared relational growth (Esther Perel discussion) points to a potential discomfort with vulnerability or a desire to maintain personal autonomy within intimate relationships, perhaps as another manifestation of control issues. The depth of his interpersonal interactions, as evidenced by his casual and open communication with the assistant, suggests a capacity for connection, yet the underlying anxieties remain. The current presentation highlights a fundamental struggle with accepting life’s inherent uncertainties and the limitations of personal control.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT to address David's experiential avoidance of health anxiety and his rigid adherence to perfectionism. In session, we will introduce defusion techniques to help him unhook from catastrophic thoughts about illness (e.g., "constipation equals cancer") and perfectionistic demands (e.g., "it must be pixel perfect"). We will explore his values beyond immediate health status or flawless performance, encouraging commitment to actions aligned with these values, even in the presence of discomfort or uncertainty. For homework, David will practice mindful observation of anxious physical sensations without judgment or immediate action.  
- Dialectical Behavior Therapy (DBT) Skills: Implement DBT emotion regulation and distress tolerance skills. Specifically, focus on identifying and accurately labeling his anxiety and fear responses related to health concerns. We will practice "radical acceptance" of the inherent uncertainties of health and life. David will be encouraged to engage in "self-soothing" activities to manage the intensity of anxious feelings rather than resorting to rumination or excessive reassurance-seeking.  
- Narrative Therapy Elements: Incorporate narrative approaches to externalize David's health anxiety and perfectionism. We will explore "The Worrier" or "The Catastrophizer" as separate entities influencing his thoughts and behaviors, rather than core aspects of his identity. This will create distance from these patterns and open space for alternative narratives of resilience and coping. We will also examine the narrative of "flawless performance" that seems to drive his perfectionism, exploring its origins and whether it truly serves his well-being.  
- Existential Therapy Principles: Directly address David's underlying fears of illness, aging, and mortality. Explore how his preoccupation with health and control may be a way of managing an existential confrontation with finitude. Encourage a deeper exploration of meaning and purpose in his life beyond external achievements or the absence of illness. Discuss his ambivalence about shared relational growth in the context of fostering deeper, more vulnerable connections that confront the isolation inherent in existential experience.  
- Behavioral Activation/Exposure: Strategically plan small exposures to uncertainty, for example, by delaying reassurance-seeking behaviors or tolerating minor formatting imperfections. Continue to encourage engagement in valued activities that are not contingent on perfect health or perfect outcomes.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Casual to Anxious (Health Concerns)

David’s tone shifted markedly from a relaxed, conversational tone about logistical matters (e.g., schedules, general updates) to a rapid, high-pitched, and slightly breathless quality when he began discussing his health concerns, specifically the PSA test. Phrases like *“I’m flipping out”* were delivered with a genuine tremor in his voice, conveying a visceral experience of anxiety that contradicted his later attempts to rationalize it. This shift indicated that despite his apparent composure on other topics, health-related worries activate a deep-seated fear and demonstrate how easily his internal state can be derailed by perceived threats to his well-being.

- Shift 2: From Anxious to Highly Focused/Determined (Internship Application)

Following the intense discussion of health, David’s tone became notably more precise, articulate, and less emotionally charged when the conversation shifted to the NCIS internship application. His voice gained a confident, almost didactic quality as he discussed *“pixel perfect”* formatting, script generation, and auditing processes. The rapid speech remained but transformed from an anxious rush to an energized, detail-oriented pace. This shift is clinically significant as it highlights how David manages his anxiety by channeling his energy into tasks where he can exert control and achieve measurable, *“perfect”* outcomes, providing a temporary sense of mastery and distraction from less controllable fears.

Thematic Analysis

- Theme 1: Fear of Illness and Mortality

A pervasive theme throughout the session was David’s deep-seated fear of illness and, implicitly, mortality. This was evident in his *“hyper health conscious”* state, his extreme anxiety over a routine PSA test, and his immediate leap from common constipation to catastrophic cancer diagnoses requiring *“chemo, or stage where they love and quit.”* This theme connects to broader existential concerns, where the body’s vulnerability serves as a constant reminder of life’s impermanence. His identification with others’ hypochondriasis underscores the pervasiveness of this fear in his inner world. Addressing this theme involves helping David to accept the inherent uncertainties of health and life, and to find meaning and purpose even in the face of vulnerability.

- Theme 2: Perfectionism and the Need for Control

Another dominant theme was David’s strong drive for perfection and his need to exert control, particularly in task-oriented situations. His meticulous focus on the *“pixel perfect”* formatting and *“zero error”* rate for Alex’s internship application highlights a belief that faultless execution can prevent negative outcomes. This theme acts as a counterpoint to his health anxieties: where his body feels unpredictable and uncontrollable, the world of tasks and documents offers a domain where precision and diligence can ostensibly guarantee success and alleviate anxiety. This pattern suggests that his perfectionism may serve as a compensatory coping mechanism, providing a sense of agency where he feels otherwise powerless.

Sentiment Analysis

- Sentiments About Self:  
  
- Anxiety/Fear: Predominant sentiment, particularly surrounding health. Expressed as "flipping out," "hyper health conscious," and catastrophic predictions about his condition. This highlights a deep-seated fear response to potential illness.  
- Vulnerability/Powerlessness: Implied in his immediate jump to severe illness scenarios and the desire for external reassurance. Despite his efforts to control, he acknowledges his inability to stop worrying: "I shouldn't worry, even though I worry there's you can your mind's going to do it anyway."  
- Conscientiousness/Responsibility: Strong sentiment of taking responsibility for the accuracy and completeness of tasks, particularly the internship application. His pride in achieving a "zero error" rate and dedication to "pixel perfect" formatting indicates a high internal standard and commitment to excellence.  
  
- Sentiments About Others/External Situations:  
  
- Trust/Reliance: David demonstrates trust and reliance on the assistant for technical tasks and problem-solving (e.g., "How do we make sure we don't lose it?"). He also relies on his urologist friend for reassurance, and Nancy for support during the blood draw.  
- Concern/Care: He expresses genuine concern for others, notably for his friend Lindsay ("Thank God, I was worried about her") and his involvement in Alex's application, indicating an empathetic and caring nature.  
- Ambivalence: His mixed sentiments regarding discussing relationship dynamics with Nancy (Esther Perel club) highlight a complex inner state, possibly reflecting a tension between a desire for deeper connection and a discomfort with shared vulnerability or specific types of intimacy.

Key Points

- Pervasive Health Anxiety and Catastrophizing: David's extreme and disproportionate anxiety about his health, particularly evident in his reaction to a routine PSA test and his immediate leap from constipation to cancer, is a central clinical concern. This pattern highlights a deep-seated inability to tolerate uncertainty and a tendency to catastrophize, likely driven by underlying fears of mortality. Addressing this involves helping him develop skills to accept uncertainty and observe anxious thoughts without fusion.  
- Perfectionism as a Coping Mechanism for Anxiety: David's intense focus on "pixel perfect" execution and "zero error" rates for Alex's internship application suggests that his perfectionism serves as a compensatory strategy to manage anxiety. By controlling external tasks to an extreme degree, he creates a domain of predictability and mastery, which may alleviate his sense of powerlessness in areas like health. Unpacking this connection will be crucial for reducing his overall anxiety burden.  
- Existential Themes and Vulnerability: The session implicitly touched upon existential themes, particularly around health and mortality. David's reactions to potential illness expose a core vulnerability and a struggle with the inherent finitude of life. His ambivalence about deeper relational work may also stem from a fear of the vulnerability required for such intimacy, linking to broader existential anxieties about isolation and meaning. Therapeutic work will aim to explore these themes directly, fostering a more accepting stance towards life's uncertainties.

Significant Quotes

- "I'm flipping out, but I shouldn't be flipping out."

David uttered this statement when discussing his anxiety about the upcoming PSA test. This quote is significant because it encapsulates his internal conflict: a conscious awareness that his emotional response is disproportionate (*“shouldn’t be flipping out”*) yet an inability to control the intense anxiety (*“I’m flipping out”*). It highlights a core struggle with emotion regulation and the ineffectiveness of cognitive attempts to suppress or rationalize his anxiety, pointing to a need for strategies that address the emotional experience directly rather than through intellectual suppression.

- "if it's cancer, would it be at the stage where they expect me to do chemo, or stage where they love and quit."

David made this statement while discussing a minor physical symptom (constipation), immediately leaping to a catastrophic diagnosis. This quote is profoundly significant as it reveals his extreme tendency towards health-related catastrophizing and an implicit fear of death or severe debilitation. The phrase *“stage where they love and quit”* is particularly telling, suggesting a despairing surrender to the perceived inevitability of a dire outcome, rather than a willingness to cope or fight. This highlights an underlying existential anxiety about mortality that manifests as somatic preoccupations.

- "pixel perfect."

David repeatedly used this phrase in reference to the formatting of Alex’s internship application, emphasizing the absolute precision required. This quote is significant as it epitomizes his strong perfectionistic tendencies and his need for meticulous control in tasks. In contrast to the uncontrollable nature of his health concerns, the concept of *“pixel perfect”* documents represents a domain where absolute order and flawlessness are achievable. This suggests that his perfectionism serves as a compensatory mechanism, providing a sense of competence and predictability in a world he perceives as otherwise uncertain and threatening.

Comprehensive Narrative Summary

Today’s session with David Grossman provided a rich illustration of his primary clinical presentations: pervasive health anxiety and a deeply ingrained perfectionism, both seemingly serving as coping mechanisms for underlying existential fears. David entered the session with a casual demeanor, quickly shifting to a state of heightened anxiety when discussing his health. His *“hyper health conscious”* state and immediate catastrophic interpretations of minor physical symptoms (e.g., constipation equals cancer, or a routine PSA test leading to him *“flipping out”*) revealed a profound intolerance of uncertainty and a visceral fear of illness and mortality. This pattern of rumination and reassurance-seeking, while temporarily alleviating distress, ultimately maintains the anxiety cycle by reinforcing the belief that potential threats are real and require constant vigilance.

In striking contrast to his health-related vulnerability, David exhibited an intense focus and competence when discussing Alex’s internship application. His insistence on *“pixel perfect”* formatting and a *“zero error”* rate for documents not even directly his own underscores a robust perfectionistic tendency. This meticulousness appears to be a compensatory strategy: where his body and health represent an uncontrollable, unpredictable domain, the world of tasks and quantifiable outcomes offers a space where absolute control and flawlessness can be pursued, providing a temporary sense of mastery and security. His ability to fluidly shift between anxious self-preoccupation and highly detailed, problem-solving engagement highlights his capacity for adaptive functioning, but also the rigid patterns he employs to manage his internal discomfort.

David’s brief exploration of Esther Perel’s work and his ambivalence about engaging in shared relational growth, despite expressing curiosity, hints at a potential discomfort with the vulnerability required for deeper intimacy. This may be another facet of his underlying need for control, where opening up to others could feel as unpredictable and potentially threatening as his health concerns. The session underscored the importance of integrating therapeutic approaches that address both his overt symptoms and the underlying patterns. By utilizing ACT to promote acceptance of uncertainty and defusion from catastrophic thoughts, DBT skills for emotion regulation, Narrative Therapy to externalize his anxiety and perfectionism, and Existential Therapy to confront his fears of mortality, we aim to help David develop greater psychological flexibility, reduce his reliance on rigid coping mechanisms, and find meaning that is not contingent on perfect health or flawless execution, ultimately fostering a more integrated and resilient self.

# Freddy Rodriguez

**Client:** Freddy Rodriguez **Total Sessions:** 3 **Session Date Range:** 2025-07-17 to 2025-07-31

## Session 1: 2025-07-17

**Date:** 2025-07-17 **Source File:** Freddy Rodriguez Appointment 7-17-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Freddy Rodriguez’s Therapy Session on July 17, 2025

Subjective

Freddy attended today’s session expressing significant stress and frustration related to ongoing marital issues with her husband, Matt, particularly his lack of engagement and accountability in their couples’ therapy. She recounted a recent confrontation with Matt regarding unfinished homework from their couples’ therapist, Rob, stating, *“He gave us homework, and we never did it… this time was like the last straw.”* Freddy described feeling *“seething”* internally when Matt responded with *“I don’t know”* to her questions about his inaction, a response she experiences as dismissive and invalidating. She emphasized that Matt’s perceived unwillingness to *“do the work”* on their relationship, especially concerning communication and intimacy, is leading her to question the viability of their future, specifically regarding their plans for adoption.

Freddy detailed her profound frustration when Matt deflected her serious concerns by bringing up trivial complaints about her (e.g., leaving cupboard doors open or dishes on the counter). She views these as *“stupid shit”* that trivializes her deeper needs for communication and intimacy, highlighting a significant disconnect in their approach to conflict resolution. She explicitly stated, *“I’ve already grown resentment towards certain things in our relationship,”* including her compromise to live in Allen Park. Freddy believes Matt *“doesn’t prioritize… my feelings and our relationship”* and that he consistently seeks *“the exit before you even enter the room”* when it comes to therapy and difficult conversations. She also expressed concern about her couples’ therapist, Rob, stating that she often leaves sessions feeling like *“I’m the problem”* and *“too harsh and too critical on Matthew.”* She expressed a desire for Rob to be more direct with Matt.

Despite these challenges, Freddy also reflected on her own personal growth, noting that others (her previous therapist, Nora) have observed a new *“lightness”* and *“spring in his step”* in her, which she attributes to her increased self-awareness and commitment to change. She acknowledged that things between her and Matt are currently *“fine now,”* but lamented that their arguments always end with Matt superficially agreeing, *“You’re right, you’re right,”* without genuine resolution.

Objective

Freddy presented to the session engaged and highly articulate. Her speech was clear, at times rapid, and infused with significant emotional intensity when discussing her marital frustrations. Her affect varied throughout the session, initially presenting with a contained frustration that evolved into visible exasperation and anger when recounting specific interactions with Matt, particularly his dismissive responses. She demonstrated high self-awareness and insight into her own emotional responses, such as her internal *“seething,”* and accurately described the relational dynamics at play. Her narrative was cohesive and logical, providing detailed accounts of her interactions with Matt and her evolving perspective on their relationship and therapy. She was able to reflect critically on the couples’ therapy process and its impact on her. Despite the emotional intensity of the subject matter, Freddy maintained composure, indicating strong emotional regulation capacity, though she reported feeling overwhelmed at times in her interactions with Matt outside of session. Her ability to articulate complex feelings and observations suggests a robust psychological capacity for processing and growth.

Assessment

Freddy continues to navigate significant relational distress (Z63.0) stemming from chronic communication breakdowns, perceived lack of intimacy, and a profound imbalance of emotional accountability within her marriage to Matt. Her current presentation suggests an exacerbation of these issues, manifesting as increased resentment, frustration, and a growing existential dilemma regarding their future, particularly their plans for adoption. Matt’s consistent pattern of emotional disengagement and avoidance, characterized by *“I don’t know”* responses and trivial deflections during serious discussions, serves as a major impediment to resolution and exacerbates Freddy’s feelings of invalidation and being unheard. This dynamic mirrors historical patterns of feeling like *“the problem”* in relational contexts, potentially reactivating attachment wounds related to being dismissed or feeling solely responsible for relational harmony.

Freddy’s explicit statement that she has *“grown resentment towards certain things in our relationship”* (e.g., her compromise on living location) indicates the cumulative impact of unresolved issues and perceived unilateral sacrifice on her part. The discussion around adoption has brought these underlying relational deficits to a critical juncture, as Freddy logically questions the wisdom of bringing a child into a relationship where foundational issues remain unaddressed and reciprocity is lacking. Her growing self-awareness and personal development, acknowledged by previous therapists and by her own insight, highlight a significant disparity between her readiness for growth and Matt’s perceived stagnation, creating a dynamic where she feels she is carrying the emotional burden of the relationship’s evolution. Her concerns about the effectiveness of the current couples’ therapy and feeling like *“the problem”* are significant and warrant further exploration, as this therapeutic context may inadvertently be reinforcing existing maladaptive patterns rather than facilitating resolution.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions:Continue to use ACT principles to help Freddy differentiate between what she can control (her own actions, responses, and values-driven living) and what she cannot (Matt's choices and behaviors). We will focus on deepening her psychological flexibility by practicing defusion techniques to distance herself from self-blaming thoughts ("I'm the problem") and fostering acceptance of the discomfort that arises when confronting relational realities. We will continue to anchor her actions in her core values, especially those related to authentic connection and partnership, reinforcing her agency in responding to difficult situations rather than reacting out of frustration or resentment.  
- Dialectical Behavior Therapy (DBT) Skills:Enhance Freddy's Interpersonal Effectiveness skills to enable more effective communication of her needs and boundaries with Matt, particularly in high-conflict situations. This will involve practicing clear, assertive communication (DEAR MAN skills) while maintaining self-respect and managing the impulse to escalate. We will also utilize Emotion Regulation skills to help Freddy mindfully observe and tolerate intense emotions like "seething" anger and exasperation, reducing their power to overwhelm and enabling a more strategic response.  
- Narrative Therapy Elements:Continue to externalize the "problem" of Matt's lack of accountability and emotional disengagement, separating it from Freddy's identity and worth. We will collaboratively explore how this "problem story" impacts their relationship and the adoption decision, and search for "unique outcomes" or exceptions where Matt has shown more engagement, if any, to broaden the narrative. We will also strengthen Freddy's preferred narrative of resilience, self-advocacy, and personal growth, drawing on her acknowledged progress and the observations of others.  
- Existential Approaches:Delve deeper into the existential themes presented by the adoption dilemma, including responsibility, choice, and the search for meaning within a relationship that feels imbalanced. Help Freddy confront the anxiety associated with making life-altering decisions when faced with uncertainty and a partner who is not fully engaged. Explore how her desire for a deeply connected partnership relates to her pursuit of a meaningful life and whether her current compromises align with her deepest values.  
- Couples' Therapy Re-evaluation:Acknowledge Freddy's concerns regarding the effectiveness of her current couples' therapy with Rob. Discuss potential strategies, including a direct conversation with Rob about her feelings of being blamed, or exploring options for alternative couples' therapy that aligns more with her goals for Matt's deeper engagement and accountability, or even prioritizing individual therapy for a period.  
- Homework:Freddy will continue to journal about instances where she feels her concerns are dismissed or trivialized by Matt, noting her internal responses and alternative ways she might have responded using new skills. She will also reflect on her core values related to partnership and parenting, and how these values are currently being honored or neglected in her relationship.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Controlled Frustration to Seething Anger.Freddy's tone initially began with a controlled, narrative recounting of the conflict with Matt. However, when she described Matt's "I don't know" response to her direct questions about the couples' therapy homework, her tone shifted palpably. While she reported "inside I was seething," her verbal tone became more clipped, faster-paced, and carried an undertone of suppressed but intense frustration. This shift was triggered by the perceived dismissal and lack of accountability from Matt, suggesting a core vulnerability around feeling unheard and undervalued. Clinically, this "seething" indicates a well-developed internal anger that, while not overtly expressed, holds significant emotional charge and contributes to her internal distress.  
- Shift 2: From Rational Argumentation to Exasperated Resignation.A notable tonal shift occurred when Freddy recounted Matt's counter-arguments regarding her household habits (cupboards, dishes) in response to her profound relational concerns. Her tone, which had been articulate and logical in presenting her deeper issues, transformed into one of exasperation, marked by a slightly higher pitch, faster cadence, and rhetorical questions filled with incredulity ("Are you serious?"). This shift reflects the profound futility Freddy experiences in trying to engage Matt on a meaningful level, as her serious concerns are met with trivial deflections. It indicates a learned helplessness or resignation in the face of this persistent pattern of invalidation, demonstrating the emotional toll of such interactions.  
- Shift 3: From Self-Blame to Empowered Assertion.Towards the end of the session, when discussing her experience in couples' therapy, Freddy's initial tone carried a slight hesitancy and self-doubt ("I end up leaving those sessions feeling like I'm the problem"). However, as her current therapist (Jonathan Procter) validated her perspective and affirmed her growth, her tone shifted to one of greater confidence and grounded assertion. Her voice became more resonant, her phrasing more definitive, particularly when she emphasized her own development and Matt's perceived resistance to change. This shift highlights Freddy's inherent resilience and her growing capacity for self-advocacy, suggesting that external validation plays a crucial role in reinforcing her internal sense of worth and clarity.

Thematic Analysis

- Theme 1: Accountability and Lack of Engagement.A pervasive theme throughout the session was Matt's consistent inability or unwillingness to take accountability for his actions and engage meaningfully in the "work" of the relationship and therapy. Freddy's frustration with Matt's "I don't know" responses and his failure to complete homework assigned in couples' therapy exemplifies this. This theme connects to Freddy's core need for a reciprocal partnership where both individuals actively contribute to the relationship's health and problem-solving. It underscores a fundamental power imbalance where Freddy feels she is unilaterally carrying the burden of relational progress.  
- Theme 2: Conditional Intimacy and Validation.Freddy conceptualizes intimacy broadly, extending beyond sex to include physical touch, emotional connection, and mutual initiation. Her feeling that she is the sole initiator of intimacy, coupled with Matt's unresponsive or dismissive reactions, points to a deeper theme of conditional intimacy and a lack of emotional validation within the relationship. Freddy's explicit statement, "I don't need, like, grand gestures... I tell him all the time that I'd like, I don't need, like, grand gestures," signifies her longing for consistent, authentic, everyday expressions of connection and appreciation that she perceives as missing. This theme is crucial for understanding her underlying feelings of neglect and the erosion of emotional safety in the marriage.  
- Theme 3: Impact of Childhood/Past Relationships on Current Dynamics.Freddy drew a direct parallel between Matt's behavior (narcissism, deflective criticism) and her brother's "antisocial personality disorder with narcissistic style." This comparison, validated by the therapist, highlights how past relational patterns and personality structures from her family of origin continue to influence her current experience of the marital dynamic. Her struggle with feeling like "the problem" in the current couples' therapy context also resonates with a history of feeling misunderstood or unfairly critiqued. This theme suggests that addressing these historical imprints is vital for Freddy to differentiate her current experiences from past wounds and respond more effectively.  
- Theme 4: Identity and Self-Worth in the Context of Relationship.Freddy's questioning of the adoption decision ("I'm not going to choose to have a child with someone who has not done the work") and her expressed resentment over compromises like living in Allen Park, reveal a deep intertwining of her identity and self-worth with the health and reciprocity of her relationship. Her desire for "recognition" for her sacrifices suggests her sense of value is, in part, contingent on her contributions to the partnership being acknowledged. The current crisis forces her to confront questions of who she is outside of the "sacrificing partner" role and what it means to build a family in an imbalanced dynamic, highlighting an existential exploration of her individual path versus her relational one.

Sentiment Analysis

- Sentiments About Self:Freddy's expressions about herself were primarily characterized by a complex interplay of frustration, resentment, and a strong undercurrent of self-advocacy and resilience.  
  
- Frustration/Exasperation:Evident in descriptions of feeling "seething," "tired of," and her incredulity at Matt's trivial responses.  
- Resilience/Self-Awareness:Highlighted by her reflections on her personal growth, the observation of "lightness" by others, and her ability to articulate the relational dynamics with remarkable clarity. She asserts her right to "deserve" more from the relationship.  
- Self-Doubt (Context-Specific):Briefly expressed in her concern about feeling like "the problem" or "too harsh and too critical" in couples' therapy, indicating a vulnerability to external judgment.  
  
- Sentiments About Matt:Freddy's sentiments towards Matt were predominantly negative, reflecting significant disappointment and criticism.  
  
- Frustration/Disappointment:Directed at his perceived lack of accountability, emotional disengagement ("I don't know"), and avoidance of deep conversation.  
- Criticism/Judgment:Views Matt as narcissistic, trivializing her concerns, and "looking for the exit" in therapy. There's a strong belief that he is actively choosing not to engage in the necessary "work."  
- Underlying Love/Commitment:Despite the criticism, her continued engagement in therapy, her explicit choice of Matt over her desired living location ("choosing you over what it is that I want"), and her concern for their future, indicate an underlying, albeit challenged, commitment to the relationship.  
  
- Sentiments About the Relationship:Freddy's sentiments regarding her relationship with Matt were mixed but leaned heavily towards concern and disillusionment.  
  
- Distress/Stress:Described as "stressful" and "not 100% great." The ongoing conflict and lack of resolution are clearly a significant source of emotional burden.  
- Resentment:Explicitly stated that she has "grown resentment" towards certain aspects, indicating a long-term buildup of negative feelings due to perceived unilateral effort and sacrifice.  
- Uncertainty/Questioning:A profound sense of uncertainty about the future of the relationship, particularly concerning the adoption decision, and whether core issues can ever be truly resolved.

Key Points

- Matt's Emotional Avoidance and Lack of Accountability:This is the central problem driving Freddy's distress. His consistent "I don't know" responses and trivial deflections demonstrate a profound emotional unavailability that prevents genuine problem-solving and deep connection, contributing to Freddy's escalating resentment. Addressing this avoidance directly is paramount for any progress in the relationship.  
- Impact on Major Life Decisions (Adoption):The couple's inability to effectively address core relational issues is directly impeding their decision-making process regarding adoption. Freddy is unwilling to bring a child into an emotionally imbalanced and unresolved partnership, highlighting the critical nature of the current conflict and its far-reaching consequences. This stressor provides a leverage point for therapeutic intervention.  
- Discrepancy in Personal Growth and Emotional Readiness:Freddy demonstrates significant self-awareness, personal growth, and a willingness to engage in difficult emotional work, which contrasts sharply with Matt's perceived stagnation and resistance. This imbalance creates a dynamic where Freddy feels solely responsible for the relationship's emotional labor and progress, leading to burnout and resentment. The therapy needs to acknowledge and validate this disparity while supporting Freddy's continued growth.  
- Concerns with Couples' Therapy Effectiveness:Freddy's experience in couples' therapy with Rob, where she feels blamed and believes Matt is not adequately challenged, is a critical issue. This dynamic may be inadvertently reinforcing her self-blame and hindering progress. Re-evaluating the current couples' therapy approach or exploring alternative support systems is crucial for Freddy's well-being and the potential for relational change.  
- The Nature of Intimacy and Validation:Freddy's comprehensive understanding of intimacy, extending beyond sex to include all forms of physical and emotional connection, and her feeling that she is the sole initiator, points to a fundamental unmet need for reciprocal validation and affection within the marriage. Addressing this broad definition of intimacy is key to fostering deeper connection and satisfaction for Freddy.

Significant Quotes

- "He gave us homework, and we never did it. He gave us this task of doing this, and we've spoken about it now several times, and this time was like the last straw."

This quote is significant because it encapsulates Freddy’s profound frustration with Matt’s consistent inaction and avoidance in addressing core relationship issues. It highlights her feeling of being at a breaking point due to the repetitive nature of their unresolved conflicts and Matt’s perceived lack of commitment to shared progress. This statement suggests a build-up of unaddressed grievances, indicating the cumulative toll of unilateral effort in the relationship and reinforcing the central theme of accountability.

- "I said, I want, I want some type of recognition for that... I'm not going to choose to have a child with someone who has not done the work when it comes to our relationship."

This powerful quote reveals multiple layers of Freddy’s distress. Firstly, her desire for *“recognition”* for her sacrifices (e.g., accepting to live in Allen Park) underscores a deep need for her contributions and emotional labor to be seen and valued by Matt. Secondly, her resolute statement about not having a child until Matt *“has done the work”* on their relationship demonstrates the profound connection between their unresolved issues and major life decisions. This reflects a values-driven stance, prioritizing a healthy relational foundation for parenthood and indicating the seriousness with which she views Matt’s disengagement.

- "I'm talking about communication, and I'm talking about you not initiating when it comes to any form of intimacy. And you're, you're, you're coming back at me with you're telling me that not believe that, that that you don't like how I leave the cupboards open and that I leave that's laced on top of the counter."

This quote vividly illustrates the profound disconnect in Freddy and Matt’s communication. It captures Freddy’s exasperation at her serious, heartfelt concerns (communication, intimacy) being met with trivial and defensive counter-accusations. This pattern of invalidation and deflection exacerbates Freddy’s frustration and reinforces her belief that Matt is unwilling or unable to engage with the deeper emotional realities of their relationship. It highlights the vast difference in their emotional maturity and approach to conflict, leading to Freddy feeling continually dismissed and unheard.

- "I've already grown resentment towards certain things in our relationship."

This direct and succinct statement is highly significant as it explicitly names the emotional consequence of long-standing, unaddressed issues. *“Resentment”* suggests a deep-seated bitterness and anger that has accumulated over time due to perceived unfairness or lack of reciprocity. It indicates that the relationship is operating with an underlying emotional burden, potentially threatening its long-term viability. This quote is a crucial indicator of the severity of the relational distress and a key target for therapeutic intervention, as resentment can be highly corrosive to intimacy and connection.

- "I end up leaving those sessions feeling like I'm the problem."

This quote provides critical insight into Freddy’s experience of couples’ therapy. It suggests that the therapeutic environment, rather than facilitating shared responsibility, is inadvertently reinforcing her self-blame and exacerbating existing insecurities. This is a significant concern, as it undermines the potential for positive change and may lead Freddy to disengage from therapy if she feels continually invalidated or unfairly critiqued. It highlights the importance of re-evaluating the current couples’ therapy dynamic to ensure it supports both partners’ growth without burdening one unfairly.

Comprehensive Narrative Summary

Today’s session with Freddy Rodriguez provided a profound insight into the escalating relational distress within her marriage to Matt, positioning her at a critical juncture regarding their future, particularly their plans for adoption. Freddy presented with significant frustration and internal *“seething”* anger, primarily driven by Matt’s consistent emotional disengagement and lack of accountability in their couples’ therapy. His recurring *“I don’t know”* responses to homework related to communication and intimacy, coupled with trivial deflections during serious discussions (e.g., complaints about cupboards when Freddy discussed intimacy), have left Freddy feeling profoundly unheard, invalidated, and burdened by the emotional labor of the relationship.

This pattern has led to a palpable accumulation of resentment, which Freddy explicitly acknowledged, stating she has *“already grown resentment towards certain things in our relationship.”* The decision to pursue adoption has brought these underlying issues to a head, as Freddy logically questions the wisdom of bringing a child into a partnership where core issues of reciprocity, accountability, and emotional availability remain unaddressed. Her powerful declaration, *“I’m not going to choose to have a child with someone who has not done the work when it comes to our relationship,”* underscores the gravity of her current dilemma and her values-driven approach to family formation.

Adding to her distress are concerns about her current couples’ therapist, Rob, with whom she feels she consistently leaves sessions feeling like *“the problem”* or *“too harsh and too critical.”* This perception highlights a potential reinforcement of her own self-blame within the therapeutic context, hindering progress. Despite these formidable challenges, Freddy also demonstrated remarkable self-awareness and personal growth, noting a new *“lightness”* in herself recognized by others. This growing personal strength, however, contrasts sharply with Matt’s perceived stagnation, creating a significant imbalance in the relationship. While Freddy acknowledges moments of superficial peace (*“things are fine now”*), she acutely recognizes that these do not equate to genuine resolution, as arguments always conclude with Matt’s unconvincing *“You’re right, you’re right.”* The session revealed Freddy as a resilient, self-advocating individual grappling with profound relational and existential questions, seeking authentic connection and a partner equally committed to the *“work”* of growth and intimacy.

## Session 2: 2025-07-24

**Date:** 2025-07-24 **Source File:** Summary of Freddy Rodriguez Appointment 7-24-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Freddy Rodriguez’s Therapy Session on July 24, 2025

Subjective

Freddy Rodriguez attended today’s session in a seemingly relaxed state, having recently returned from a beach trip, which he initially described with a casual *“How have you Where have you fucking been? I went to the beach.”* This lighthearted, familiar opening quickly shifted to a more charged comment about the therapy room feeling like a *“goddamn dungeon,”* reflecting a nuanced internal experience of the therapeutic space as both a place of privilege and confinement. He reported experiencing physical discomfort due to the cold temperature of the office, stating, *“Mama Moses is so fucking cold in this place.”*

Freddy expressed a strong aversion to Las Vegas, describing it as *“trash, trash, trash,”* indicating a preference for environments that align with his core values of *“be safe, be kind, be responsible,”* which he explicitly stated are his *“three life”* principles. These values appear to guide his decisions, including his current commitment to responsibility as a reason for not traveling. He shared an anecdote about forgetting a friend’s 85th/90th birthday celebration, suggesting potential challenges with executive functioning or an unconscious emotional detachment from certain social obligations, which he acknowledged might put him *“in trouble.”*

A significant portion of the session focused on Freddy’s distress regarding global and political events, particularly the discussion of the *“Epstein files”* and associated figures. He expressed profound disillusionment and a sense of overwhelm, stating, *“I cannot believe that Colbert like the Colbert… This is Al Trump, since the world messy. It’s just crazy.”* He linked these events to a perceived breakdown of societal norms, noting the *“one thing that literally unites both sides”* (conspiracy theories) and the hypocrisy he observed. This indicates a deep-seated concern for justice and truth, alongside a feeling of helplessness in the face of perceived widespread corruption and chaos.

Freddy then pivoted to a highly distressing family situation. He reported struggling to handle updates from his cousin Michelle about his mother’s circumstances, stating, *“I don’t handle it well, and it’s just about, like, my situation… I just instantly, like, make it about my situation and Everything that I’ve been through.”* He explicitly articulated a difficulty in *“continually feeling sorry for her,”* framing his mother’s choices as her own and expressing a desire not to be *“a fun suit to it anymore.”* This suggests a long-standing pattern of emotional burden and boundary struggles related to his mother. He recounted a violent incident involving his brother and sister-in-law, where his brother assaulted her and was arrested, noting the police’s prior unhelpfulness in his own past conflicts. He also expressed concern for his cousin Deanna, who recently received green cards, now living with her father, stating, *“Which fun worries me.”* These narratives reveal a pervasive sense of familial chaos, injustice, and a recurrent theme of Freddy feeling personally impacted by, yet detached from, family conflict.

Regarding his relationship with his partner, Matt, Freddy reported recent sexual intimacy that ended with Matt falling asleep quickly, leading Freddy to feel sexually unfulfilled and making a striking comment, *“I don’t even feel like I’m, like, having sex with like, your father.”* This statement powerfully conveys a feeling of being in a parental rather than partner role with Matt, indicating concerns about Matt’s maturity and engagement. Freddy admitted to withholding direct communication with Matt about issues, stating, *“Sometimes I don’t bring up things because either I just, like, get scared he’s gonna, like, take it the wrong way. And, you know, fight wins too.”* This highlights a significant pattern of conflict avoidance and fear of Matt’s reactions, contributing to communication breakdowns. He expressed frustration with Matt’s health habits and resistance to change despite Matt’s father recently experiencing an aneurysm, noting Matt *“tells them what he wants”* at the doctor and *“doesn’t listen.”* He described Matt and his father as *“the biggest baby ever”* regarding their health. He also shared that a planned Christmas trip to Florida with Matt’s family only materialized after *“screaming and yelling,”* further illustrating the effort required to reach agreements with Matt. Freddy indicated progress on a joint savings goal with Matt, managed through a book.

Objective

Freddy presented to the session casually dressed but well-groomed. He was alert and oriented, maintaining good eye contact throughout most of the discussion. His speech was clear, and his thought process was generally logical, though he exhibited a tendency to rapidly shift between seemingly disparate topics, such as pop culture, global conspiracies, and intricate family dynamics. His affect was broadly animated and expressive, ranging from jovial and humorous at the start (e.g., about the *“dungeon”*) to intensely frustrated and disgusted when discussing political figures and family chaos. He used strong, expletive-laden language frequently, which seemed to function as an uninhibited expression of his internal state rather than a sign of dysregulation. His body language was engaged, leaning forward at times, and using hand gestures to emphasize points, particularly when conveying disbelief or frustration (e.g., about the Epstein files or Matt’s health habits). Despite the broad range of topics, Freddy maintained a clear and coherent narrative, albeit one that revealed significant underlying tension and emotional burden, particularly when discussing family dynamics and his relationship with Matt.

Assessment

Freddy continues to navigate significant stressors related to global political events and complex family-of-origin dynamics, which are impacting his emotional well-being and interpersonal relationships. His stated core values of *“be safe, be kind, be responsible”* serve as both a guiding principle and a source of internal conflict, particularly when applied to others who do not adhere to these standards (e.g., Matt, family members, political figures). His strong aversion to *“trashy”* environments like Vegas, coupled with his deep concern for global injustices, suggests a personality that values order, integrity, and personal accountability, and is highly sensitive to perceived chaos or moral failings in others.

A prominent clinical pattern observed today is Freddy’s tendency towards emotional burden and conflict avoidance in his intimate relationship with Matt. His statement, *“I don’t even feel like I’m, like, having sex with like, your father,”* powerfully illustrates a dynamic where he feels Matt is not an equal partner but rather requires a caretaking role, mirroring the *“biggest baby ever”* dynamic he attributes to both Matt and Matt’s father. This dynamic, coupled with his admission of withholding communication due to fear of Matt’s *“fight,”* points to a cycle of resentment accumulation and unmet needs. From an attachment perspective, Freddy may be recreating familiar relational patterns where direct expression of needs or boundaries is perceived as unsafe or futile, a pattern potentially rooted in his *“situation”* with his mother and family conflicts where police *“weren’t any help.”*

His difficulty in *“continually feeling sorry”* for his mother and instantly making family updates *“about my situation”* suggests an emotional protective mechanism, likely developed in response to chronic relational strain or trauma within his family of origin. This also indicates an ongoing struggle with empathy fatigue and self-preservation in the face of familial demands, highlighting the need for robust boundary setting. The intensity of his reaction to perceived injustice, whether in the family or political arena, suggests a core sensitivity to fairness and a potential underlying sense of powerlessness, which he attempts to manage by observing and commenting on these issues, even if it brings distress.

The interplay of these factors suggests that Freddy’s current distress stems from a combination of external stressors, a rigid value system that can lead to frustration with others, and internal relational patterns (conflict avoidance, caretaking) that perpetuate his emotional burden. Addressing these patterns, particularly in his relationship with Matt, and fostering healthier boundary development with his family, will be crucial for his continued psychological growth and emotional regulation.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to explore Freddy's core values ("be safe, be kind, be responsible") and how they can be used to guide his actions in a flexible rather than rigid manner. We will work on distinguishing between values as internal compasses and expectations that lead to judgment and frustration when unmet by others. Introduce concepts of psychological flexibility to help Freddy respond to the "messiness" of the world and the chaos of his family system with less fusion and more defusion from unhelpful thoughts, allowing him to act in alignment with his values even amidst discomfort.  
- Dialectical Behavior Therapy (DBT) Interventions: Focus on strengthening interpersonal effectiveness skills, particularly in his communication with Matt. This will involve practicing "DEAR MAN" skills for making requests and expressing opinions more directly and effectively, reducing his reliance on withholding information due to fear of conflict. We will also utilize emotional regulation skills to help Freddy manage the intense frustration and disgust he experiences related to family and external political events, fostering distress tolerance without emotional withdrawal.  
- Narrative Therapy Elements: Continue to externalize the "burden of responsibility" and the "chaos" he perceives in his family and the world. We will explore how these narratives influence his self-perception and his interactions, particularly in his relationship with Matt. The aim is to help Freddy re-author his role within these narratives, moving from a position of feeling overwhelmed by others' dysfunction to one of increased agency and boundary setting. We will specifically explore the "parental" dynamic he described with Matt to understand its historical roots and re-write a narrative of partnership and shared adult responsibility.  
- Existential Approaches: Continue to process Freddy's feelings of disillusionment and powerlessness in the face of global events and familial chaos. Therapy will provide a space for him to explore how he finds meaning and purpose amidst perceived absurdity and injustice, helping him cultivate a sense of agency and resilience in confronting difficult realities.  
- Behavioral Action: Encourage Freddy to practice direct communication with Matt about the issues he tends to "withhold," beginning with lower-stakes topics. This will involve role-playing scenarios in session to build confidence and develop appropriate language. He will be encouraged to explore ways to set healthier boundaries with family members regarding their "updates" to protect his emotional well-being. Continue to monitor progress on the joint savings goal.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Casual to Disgusted/Frustrated. A notable tonal shift occurred when Freddy transitioned from discussing his vacation and lighthearted topics to the "Epstein files" and political events. His tone became increasingly agitated, characterized by heightened volume and a rapid-fire delivery. He used expletives ("fucking," "shit," "bitch") with more frequency, indicating a visceral reaction to the perceived injustice and chaos. This shift was clinically significant as it demonstrated his deep emotional investment in and distress over systemic issues, suggesting a strong moral compass that is easily unsettled by perceived corruption.  
- Shift 2: From Frustrated to Resigned/Burdened. When discussing his family dynamics, particularly his mother's situation and Matt's health/intimacy issues, Freddy's tone softened slightly, though a pervasive undercurrent of weariness and resignation emerged. His voice became quieter, and his choice of words, such as "I don't handle it well" or "I don't even feel like I'm, like, having sex with like, your father," conveyed a sense of long-standing burden and emotional fatigue. This tonal shift, particularly when contrasted with his externalized anger towards political figures, suggests a more internalized and chronic form of distress related to his intimate and familial relationships, where he feels less agency or ability to effect change.

Thematic Analysis

- Theme 1: Navigating Chaos and Injustice. A dominant theme was Freddy's struggle to process and cope with perceived chaos and injustice, both on a global scale (Epstein files, political events, "the world messy") and within his immediate family (brother's violence, police unhelpfulness in his own past, Matt's irresponsibility). This theme reflects Freddy's deep need for order and fairness, and his frustration when these are absent. It connects to his stated values of "be safe, be kind, be responsible," highlighting the tension between his internal moral code and the external realities he encounters.  
- Theme 2: Relational Burden and Caretaking. This theme was particularly evident in Freddy's relationship with Matt, whom he describes as behaving like a "baby" concerning his health and requiring "screaming and yelling" for basic agreements. His statement, "I don't even feel like I'm, like, having sex with like, your father," encapsulates a sense of being in a parental rather than partner role, shouldering disproportionate emotional and practical responsibilities. This theme extends to his family of origin, where he expresses exhaustion from "continually feeling sorry" for his mother and is burdened by family drama updates.  
- Theme 3: Conflict Avoidance and Emotional Withholding. Freddy explicitly stated his fear of Matt's reactions and his tendency to "not bring up things" due to fear of a "fight." This theme underscores a core interpersonal pattern where direct communication is avoided to maintain peace, but at the cost of genuine connection and resolution. This pattern likely contributes to the build-up of resentment and the pervasive sense of burden, as his own needs and frustrations remain unaddressed.

Sentiment Analysis

- Sentiments About Self: Freddy expressed sentiments of responsibility ("Be safe, be kind, be responsible. Those are my three life."), but also of being overwhelmed and burdened ("I don't handle it well," "I just instantly, like, make it about my situation"). He conveyed frustration with his own occasional forgetfulness ("I'm already in trouble because I forgot about a friend's") and a desire for control over his environment (cold office, "dungeon"). There was an underlying sentiment of moral uprightness and integrity.  
- Sentiments About Others/External Situations: Freddy's sentiments were broadly negative towards external systems and certain individuals. He conveyed deep disgust and disbelief towards political figures and events ("This is Al Trump, since the world messy. It's just crazy," "I cannot believe that Colbert"). Towards his family, he expressed weariness, frustration, and a desire for rationality ("I don't want to be a fun suit to it anymore," "I wish that he was a normal, yes, rational thinking human being"). Regarding Matt, he showed concern for his health, but also profound frustration and a feeling of being burdened by Matt's immaturity and resistance to responsibility ("I don't even feel like I'm, like, having sex with like, your father," "Matt said it's like the lowest form of feminine... He's so lucky," implying Matt's perceived irresponsibility).

Key Points

- The Burden of Responsibility: Freddy's strong internal value system, while a strength, also creates significant distress when external realities (global politics, family dynamics, partner's behavior) fail to align with his expectations of safety, kindness, and responsibility. This highlights a potential area for therapeutic work on flexibility and acceptance of what is outside his control.  
- Interpersonal Conflict Avoidance and its Costs: His tendency to withhold communication from Matt due to fear of conflict directly contributes to feelings of sexual dissatisfaction, resentment, and a perceived "parental" role in the relationship. Addressing this pattern is crucial for fostering healthier, more equitable relationship dynamics.  
- Processing Systemic and Familial Injustice: Freddy is deeply affected by perceived injustices, both macro (political conspiracies) and micro (family violence, unhelpful authorities). His engagement with these topics, while distressing, also reveals a core sensitivity that can be leveraged to explore his sense of agency and boundaries within chaotic systems.  
- Family-of-Origin Patterns in Current Relationships: The patterns of caretaking, emotional burden, and unhelpful authority figures from his family history appear to be re-enacted in his current relationships, particularly with Matt. Understanding these historical roots can provide insight into current difficulties and pathways for change.

Significant Quotes

- "Be safe, be kind, be responsible. Those are my three life." Freddy made this statement when explaining his reasons for not traveling to Las Vegas. This quote is significant because it articulates his foundational values and moral compass, which appear to guide his decisions and shape his perceptions of the world and others. It serves as a lens through which he assesses behavior, leading to both personal integrity and frustration when others do not embody these principles. This provides a clear anchor for values-based work in therapy (ACT).  
- "I don't handle it well, and it's just about, like, my situation for all end up... I just instantly, like, make it about my situation and Everything that I've been through." Freddy shared this when discussing updates from his cousin about his mother. This quote is highly significant as it reveals a deep-seated pattern of personalizing family distress and likely points to unresolved trauma or chronic emotional burden from his family of origin. His difficulty "continually feeling sorry" for his mother underscores a protective emotional detachment and a need for stronger boundaries to safeguard his well-being. This highlights the intergenerational impact of family dynamics (Narrative Therapy).  
- "I don't even feel like I'm, like, having sex with like, your father." Freddy expressed this profound statement when discussing intimacy issues with Matt, specifically after Matt fell asleep during a sexual encounter. This quote is critical because it powerfully encapsulates Freddy's perception of Matt as immature or requiring a caretaking role, rather than an equal partner. It suggests a significant emotional and perhaps physical disconnect, highlighting a potentially unhealthy parental dynamic that undermines their intimacy and partnership. This points to themes of codependency and relational dynamics needing significant attention.  
- "Sometimes I don't bring up things because either I just, like, get scared he's gonna, like, take it the wrong way. And, you know, fight wins too." Freddy shared this when discussing his reluctance to communicate directly with Matt about issues. This quote is crucial as it illuminates his primary conflict avoidance strategy within his intimate relationship. It reveals a fear of Matt's reactions and a learned belief that direct communication inevitably leads to negative outcomes, thus perpetuating a cycle of withholding and unaddressed resentment. This is a direct target for interpersonal effectiveness skills (DBT).  
- "This is Al Trump, since the world messy. It's just crazy." Freddy uttered this when expressing his shock and frustration over recent political and public events. This quote is significant because it captures his existential distress and profound sense of disillusionment with the state of the world. It reflects his struggle to find order and meaning amidst perceived chaos and injustice, highlighting a need for processing and developing resilience in the face of macro-level stressors (Existential Therapy).

Comprehensive Narrative Summary

Today’s session with Freddy Rodriguez provided a rich landscape of his internal and external worlds, revealing a client deeply engaged with societal issues, grappling with profound family chaos, and navigating complex dynamics within his most intimate relationship. What began with a casual, almost playful, report of a beach trip quickly transitioned into a nuanced exploration of his experience of therapy as a *“dungeon”* and his aversion to environments like Las Vegas, setting a tone for his underlying values and sensitivities. Freddy’s *“be safe, be kind, be responsible”* life motto emerged as a powerful guiding force, yet also a source of distress when the world around him, whether in grand political conspiracies or personal family dramas, failed to meet these standards.

A significant portion of the session was dedicated to Freddy’s palpable distress over perceived global injustices, exemplified by his visceral reactions to the *“Epstein files”* and related political figures. His statements like, *“This is Al Trump, since the world messy. It’s just crazy,”* conveyed a deep sense of disillusionment and overwhelm, indicating an existential struggle to find order and meaning in a chaotic world. This externalized frustration serves as a coping mechanism for managing feelings of powerlessness and maintaining a sense of moral integrity.

The session then delved into equally distressing family-of-origin dynamics, particularly his struggle to maintain boundaries and manage emotional burden regarding his mother and other family members. His account of his brother’s violent behavior and the police’s perceived lack of support highlighted a pervasive theme of injustice and chaotic relational patterns from his past. Freddy’s self-awareness in noting, *“I don’t handle it well, and it’s just about, like, my situation… I just instantly, like, make it about my situation and Everything that I’ve been through,”* suggests an ongoing process of grappling with the intergenerational impact of family trauma and the challenge of establishing emotional distance.

Perhaps the most vulnerable insights came from Freddy’s description of his relationship with Matt. His stark comment, *“I don’t even feel like I’m, like, having sex with like, your father,”* revealed a profound sense of sexual and emotional unfulfillment, stemming from a perceived parental dynamic where he feels more like a caretaker than an equal partner. This is further complicated by his admitted pattern of withholding communication from Matt due to a fear of conflict, a coping strategy that, while intended to maintain peace, ultimately perpetuates resentment and unmet needs. Matt’s health issues and resistance to change, mirroring his father’s *“dramatic”* approach to health, serve as a focal point for Freddy’s frustration and the caretaking dynamic.

In essence, today’s session underscored Freddy’s consistent values of responsibility and order, which are constantly challenged by the *“messiness”* of the world and his intimate relationships. The session provided a critical opportunity to connect his macro-level distress about global injustice with his micro-level struggles in family and partnership, all under the umbrella of his deeply ingrained patterns of conflict avoidance and emotional burden. Moving forward, therapy will continue to empower Freddy to navigate these challenges with greater psychological flexibility, develop more effective interpersonal communication skills, and strengthen his personal boundaries, ultimately fostering a greater sense of agency and well-being in his life.

## Session 3: 2025-07-31

**Date:** 2025-07-31 **Source File:** Summary of Freddy Rodriguez Appointment 7-31-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Freddy Rodriguez’s Therapy Session on July 31, 2025

Subjective

Freddy attended today’s session accompanied by a psychiatric service dog, Millie, displaying an initial playful and engaging demeanor. She reported her week had been “interesting” and immediately delved into the details of a recent couples’ therapy session with her partner, Matt, and their couples’ therapist, Rob. Freddy expressed significant disappointment and frustration with the session, describing it as “very heated” and ultimately unproductive, stating there was “no resolve.” She recounted Matt’s repeated use of the phrase, “I’ll just put a bullet in my brain. I’ll be done with it,” which she described as a manipulative tactic that she “hates.” Freddy reported that Matt frequently employs a “what about” deflection strategy, shifting focus from her concerns to grievances he has harbored without previous communication. She felt this tactic was particularly frustrating as he had ample opportunities to discuss issues outside of therapy. Freddy highlighted a specific instance where Matt unexpectedly brought up her photography side-hustle during the couples’ session, accusing her of working too much, despite never having raised it before. This left her feeling blindsided and invalidated.

A central point of contention for Freddy was Matt’s apparent unwillingness to engage honestly or take accountability. She expressed feeling unheard, specifically regarding her desire to move from Island Park and her concerns about their readiness for parenthood given the unresolved relational issues. Freddy articulated a deep sense of frustration that she had to “literally, like, leave” or “call [Matt’s] bluff” (e.g., regarding Christmas travel) to see any movement or compromise from him. She conveyed a feeling of having “just given and given and given” to Matt’s needs, while her own feelings and desires are consistently met with “I don’t know” or silence. Freddy perceived Matt’s lack of engagement as a deliberate avoidance tactic, noting his intelligence in other areas but his “dumbest” presentation when discussing their core issues. She stated, “I feel manipulated” by his inconsistent behavior.

Freddy reported feeling increasingly “numb” about the constant “fluctuations in behavior” and the lack of productive conversation. She expressed deep concern about Matt’s recurring threats of self-harm during arguments, viewing them as a *“cop out”* and a return to the behaviors that initially led them to therapy years ago. She voiced her belief that Matt is “a very shallow person,” lacking the depth that others perceive, and that he does not genuinely engage with his religious beliefs in a way that aligns with his actions. This perception is exacerbated by a *“white savior”* dynamic she experiences, where her family and friends disproportionately praise Matt while overlooking her contributions or perceiving her as “the idiot.” This dynamic makes her worry that Matt might *“take my friends and family away from me.”* She also shared a recent anecdote about Matt’s road rage and public outburst, further illustrating his volatile emotional regulation challenges that she observes outside of their direct arguments. Freddy mentioned Matt recently found his own therapist via Zoom, expressing a hesitant hope but also skepticism given his past patterns of disengagement from therapeutic processes.

Objective

Freddy presented to the telehealth session initially appearing relaxed and attentive, engaging playfully with the therapist regarding her psychiatric service dog, Millie. Her speech was clear and articulate, and her thought process was logical and coherent throughout the session. As the discussion transitioned from general pleasantries to the core relational conflict with Matt, Freddy’s affect shifted notably. While maintaining eye contact, her facial expressions frequently conveyed exasperation, disappointment, and a deep sense of weariness. She often gestured animatedly, particularly when describing the intensity of the arguments or Matt’s evasive behaviors (e.g., the “what about” deflections). Her voice tone, initially light, became more impassioned and at times, raised in volume, reflecting her internal frustration and the gravity of the issues being discussed. There were moments where her tone became more resigned or *“numb”* when describing the repetitive nature of their arguments or her increasing emotional detachment from the *“fluctuations.”*

Physically, Freddy appeared well-groomed. Her posture remained upright, but a subtle tension was observed, particularly around her shoulders, when recounting Matt’s more distressing behaviors (e.g., suicidal threats, the grocery store incident). She maintained consistent engagement with the therapist, actively responding to questions and reflections, indicating a strong therapeutic alliance and her willingness to explore difficult emotions, despite her reported *“numbness.”* The presence of Millie appeared to offer a grounding influence, with Freddy periodically stroking the dog, which seemed to provide some moments of observable calming, particularly after discussing highly activating material. Her detailed, vivid descriptions of past and recent conflicts demonstrated her acute awareness of the relational dynamics and her desire for meaningful change, even in the face of perceived stagnation.

Assessment

Freddy continues to navigate significant, chronic relationship distress within her marriage to Matt, demonstrating features consistent with relationship burnout and emotional exhaustion. Her reported *“numbness”* appears to be a defensive mechanism against the overwhelming disappointment and frustration stemming from unresolved communication patterns and Matt’s perceived emotional manipulation and avoidance. This long-standing pattern, characterized by Matt’s lack of accountability, *“what about”* deflections, and highly distressing emotional outbursts (including threats of self-harm), has created an environment of emotional invalidation and distrust for Freddy.

A core dynamic observed is Freddy’s struggle for agency and authenticity within the relationship. She reports having to resort to extreme measures (*“call your bluff,”* *“literally leave you”*) to elicit any change or compromise from Matt, reinforcing a belief that her needs are not inherently valued or heard. This is compounded by her perception of Matt’s *“shallowness”* and the *“white savior”* dynamic, which undermines her self-worth and creates an internal conflict regarding her own perceptions versus external validation of Matt. The issues of moving from Island Park and parenting decisions without religious influence are not merely practical disagreements but represent fundamental clashes in values, life goals, and Matt’s deep-seated avoidance of discomfort or change, which he disguises through *“I don’t know”* or passive resistance.

Freddy’s repeated attempts to engage Matt in meaningful dialogue, despite his consistent stonewalling and manipulative tactics, highlight her underlying hope for relational growth and her desire for a healthy partnership. However, her increasing *“numbness”* indicates a critical point where her protective mechanisms are shifting from active engagement to emotional detachment, signaling a potential risk for further disengagement or deeper feelings of hopelessness if these patterns persist. Her concern about Matt’s externalized aggression (road rage) suggests a broader issue with emotional regulation that impacts their relationship directly and indirectly. The comparison to her brother’s dynamics in a past session hints at a potential family-of-origin pattern of relational frustration and unaddressed power imbalances.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to support Freddy in developing psychological flexibility to observe and accept painful thoughts and emotions (e.g., frustration, disappointment, numbness) without becoming fused with them or allowing them to dictate her actions. We will explore how her current *“numbness”* serves as a form of experiential avoidance, and discuss the costs and benefits of this coping strategy. Future sessions will focus on identifying her core values within relationships and life, and committing to value-driven actions even in the presence of difficult feelings or external relational challenges. This will include differentiating between *“clean”* pain (inherent emotional discomfort) and *“dirty”* pain (suffering caused by attempts to avoid clean pain).

Dialectical Behavior Therapy (DBT) Elements: Reinforce and enhance Freddy’s interpersonal effectiveness skills. Specifically, we will focus on strategies for asserting her needs and boundaries with Matt while maintaining self-respect, especially when faced with his manipulative behaviors or emotional invalidation. We will explore distress tolerance techniques to manage the emotional intensity and frustration that arise from these interactions, and self-soothing strategies to counter the feelings of *“numbness”* and exhaustion. Emotion regulation skills will be applied to help Freddy effectively communicate her feelings without escalating conflict or falling into patterns of resignation.

Narrative Therapy Approaches: Utilize narrative techniques to externalize the *“problem”* of Matt’s emotional avoidance and manipulation, separating it from Freddy’s identity and inherent worth. This will involve mapping the influence of this *“problem”* on her life and relationships, and identifying unique outcomes or moments when she has acted effectively despite it (e.g., *“calling his bluff”*). We will explore alternative narratives about her strength, resilience, and wisdom in navigating challenging dynamics, particularly in the face of others’ *“white savior”* perceptions of Matt. This reframing can empower Freddy to see herself as an agent of change rather than a victim of circumstances.

Existential Exploration: Continue to address the existential themes emerging from the session, particularly Freddy’s feelings of meaninglessness (*“numbness”*) and her struggle with agency in the face of Matt’s perceived control over major life decisions (moving, parenting). We will explore how confronting these limitations can be an opportunity to clarify her own values and make conscious choices about her future, regardless of Matt’s engagement. This includes a deeper discussion on the implications of bringing children into the current relational dynamic and what a truly fulfilling life looks like for Freddy, independent of Matt’s actions or the outcome of their marriage.

Homework: Freddy will be encouraged to journal about instances where she feels her voice is suppressed or unacknowledged in the relationship, noting her emotional and physical responses. She will also identify one small, value-aligned action she can take this week that is entirely within her control, independent of Matt’s response. Freddy will continue to monitor her emotional state, noting any shifts from *“numbness”* towards more active feelings (e.g., anger, sadness) and exploring what might trigger these shifts, serving as a gateway to deeper emotional processing. We will discuss Matt’s new therapeutic engagement next session and its potential implications for their dynamic.

Supplemental Analyses

Tonal Analysis

Shift 1: From Casual Engagement to Exasperated Frustration. The session began with a notably light, engaging, and affectionate tone, particularly in interactions regarding Millie, the psychiatric service dog. Freddy’s voice was animated and warm, expressing humor and a sense of ease. This quickly shifted to a tone of palpable exasperation and growing frustration as she recounted the details of the unproductive couples’ session with Matt and Rob. Her voice became more rapid, and her volume increased, especially when describing Matt’s evasiveness (*“what about”*) and his emotional *“cop-outs.”* This shift highlights the immediate and deep emotional impact of her relational challenges, demonstrating how quickly an otherwise pleasant demeanor can be overtaken by underlying distress.

Shift 2: From Frustration to Resignation/Numbness. As Freddy continued to detail the chronic nature of Matt’s behaviors and her feeling of having to *“call his bluff”* for any progress, her tone periodically softened into one of weary resignation or emotional numbness. Phrases like *“I’m kind of starting to, like, feel numb about like, things”* were delivered with a lower volume and a slower pace, reflecting a protective disengagement from the emotional turmoil. This shift is clinically significant as it indicates a potential move from active struggle to a more passive, depressive experience of the relationship, where the emotional energy for conflict is depleting, leading to a state of emotional detachment as a means of survival against ongoing disappointment.

Shift 3: Moments of Defiance and Insight. Amidst the frustration and resignation, there were recurring moments where Freddy’s tone became sharper, more assertive, and imbued with clear insight. When she stated, *“I feel manipulated,”* or declared, *“I think Matt is a very shallow person,”* her voice became direct and confident, conveying a strong sense of conviction. These shifts indicated her capacity for critical appraisal and moments of psychological clarity, demonstrating her underlying resilience and her unwavering desire for truth and authenticity in her relationship, even when it is not reciprocated.

Thematic Analysis

Theme 1: Communication Dysfunction and Emotional Evasion. A pervasive theme was the profound communication breakdown within Freddy’s relationship, particularly Matt’s consistent pattern of emotional evasion. This was evidenced by his *“what about”* deflections, his inability to express feelings beyond *“I don’t know,”* and his tendency to hoard grievances only to unleash them in therapy. Freddy’s struggle to elicit honest, direct communication from Matt, and her frustration with his *“cop-out”* self-harm threats, underscore a dynamic where authentic emotional exchange is consistently thwarted. This theme reflects a deeper relational problem where one partner (Matt) avoids vulnerability, leaving the other (Freddy) feeling unheard, frustrated, and increasingly detached.

Theme 2: Agency, Control, and Relational Stalemates. Freddy’s narrative consistently revolved around her struggle for agency and control in key life decisions (moving from Island Park, parenting). Her feeling of having to *“call his bluff”* or *“literally leave”* to achieve any movement highlights a power imbalance where Matt exerts passive control through inaction or refusal to engage. The *“Island Park”* issue is a powerful symbol of their relational stalemate, representing an unwillingness to compromise on a fundamental desire. This theme connects to Freddy’s overall sense of feeling stuck and her dwindling hope for collaborative decision-making, impacting her personal growth and future aspirations.

Theme 3: Identity and Self-Worth within the Relationship. Freddy’s self-perception within the relationship is significantly impacted by Matt’s behavior and external perceptions. Her statements about feeling like *“the idiot”* and her concern that Matt might *“take my friends and family away from me”* reveal a fragility in her self-worth, which she perceives as contingent on external validation or comparison to Matt. The *“white savior”* dynamic further complicates her identity, creating a discrepancy between her internal experience of Matt and how he is perceived by others, leaving her feeling unseen and undervalued. This theme underscores the deep psychological toll of navigating a relationship where her authenticity and contributions are consistently diminished or misjudged.

Theme 4: Values Clash and Future Compromise. The discussion around parenting without religious influence and the underlying reasons for their inability to move from Island Park unveiled a significant clash in core values and life philosophies. Freddy’s detailed explanation of her parenting philosophy, rooted in empathy and critical thinking rather than *“salvation through obedience,”* stands in stark contrast to Matt’s lack of engagement on the topic. These issues are not just practical obstacles but profound disagreements on how they envision their future and what defines a meaningful life. This theme highlights a fundamental misalignment that impacts the viability of their shared future, particularly regarding the potential for children.

Sentiment Analysis

Sentiments About Self: Freddy’s sentiments about herself were predominantly characterized by a sense of weariness, disillusionment, and a longing for authenticity.

- Frustration/Exasperation: Evident in her detailed recounts of Matt’s evasiveness and her repeated attempts to elicit honest communication. Phrases like "I don't know why I felt" and "I'm over the big like, fluctuations" convey a deep-seated frustration with the relational dynamic.  
- Disappointment/Numbness: Expressed through statements like "it was very disappointing" and "I'm kind of starting to, like, feel numb." This indicates a protective emotional withdrawal from chronic, unresolved conflict, suggesting a state of emotional exhaustion.  
- Desire for Authenticity/Truth: Underlying many of her complaints was a strong yearning for honesty and genuine engagement from Matt. Her repeated plea, "Be honest with me," reflects a core value of transparency in her relationships.  
- Feeling Unseen/Undervalued: Highlighted by her perception of being "the idiot" compared to Matt, and her worry that he might "take my friends and family away from me." This sentiment points to a struggle with her self-worth within the relationship.

Sentiments About Others/External Situations: Freddy’s sentiments towards Matt and the relational dynamics were largely negative, tinged with anger, mistrust, and skepticism.

- Anger/Resentment (towards Matt): Directed at Matt's manipulative behaviors, especially his self-harm threats ("that's such a cop out") and his "what about" deflections. Her description of his road rage further illustrates this underlying anger.  
- Mistrust/Skepticism (towards Matt's motives): Evident in her belief that Matt’s "I don't know" is a deliberate evasion and that he "does it on purpose." She views his intelligence as selectively applied, leading to a profound mistrust of his true intentions regarding their shared future.  
- Disappointment (with Couples' Therapy): Expressed regarding the Rob session, which she deemed unproductive and indicative of deeper, unresolved issues Matt is unwilling to confront.  
- Critical/Observational (towards Matt's character): Her assessment that Matt is "a very shallow person" and "not as deep as people think" reflects a critical, yet seemingly accurate, observation of his character from her perspective.  
- Frustration (with External Perceptions): Her strong reaction to the "white savior thing" and her cousin's favoritism towards Matt in the group chat reveal frustration with how others perceive their relationship, which further invalidates her experience.

Key Points

- Chronic Relational Dysfunction and Emotional Manipulation: Freddy's marriage is characterized by deep-seated communication problems, Matt's consistent emotional avoidance ("I don't know"), and his use of manipulative tactics (e.g., self-harm threats, "what about" deflections) to control interactions and avoid accountability. This dynamic has led to Freddy feeling unheard, frustrated, and increasingly disengaged. Addressing this pattern of manipulation and avoidance is crucial for any potential relational progress and for Freddy's psychological well-being.  
- Emotional Numbness as a Coping Mechanism: Freddy's reported "numbness" signifies a protective emotional shutdown in response to chronic relational disappointment and the futility of repeated attempts to resolve conflict. While offering temporary relief from distress, this numbness prevents genuine emotional processing, potentially contributing to feelings of emptiness and stagnation. Therapeutic work needs to gently challenge this avoidance while building her capacity to tolerate and process difficult emotions.  
- Impact on Identity and Future Aspirations: The ongoing relational stalemates, particularly concerning major life decisions like moving and parenting, are deeply impacting Freddy's sense of agency and identity. Her perception of being "the idiot" and her concern about external validation highlight how her self-worth is intertwined with the relational dynamic. The crisis around having children without a shared foundation underscores a fundamental values clash that necessitates a clear understanding of her own desires and boundaries for future contentment.  
- Need for Self-Differentiation and Agency: Freddy's pattern of "giving and giving" and her need to "call his bluff" suggest a relational dynamic where her needs are often subsumed by Matt's passive resistance. Future treatment must focus on strengthening her self-differentiation, empowering her to define her needs and pursue her values independently, even if the relational dynamic remains unchanged. This will help her reclaim a sense of agency and resilience amidst ongoing challenges.

Significant Quotes

* "I'm kind of starting to, like, feel numb about like, things like, it's just, I'm over the big like, fluctuations and behavior..."

Freddy made this statement when discussing the aftermath of the unproductive couples’ session and her overall feeling about the ongoing relational dynamic. This quote is significant because it vividly captures her emotional state of exhaustion and disengagement. It indicates a shift from active emotional pain to a more detached, protective *“numbness,”* which can be a precursor to deeper depressive symptoms or a final stage before relational surrender. It reflects the cumulative toll of sustained, unresolved conflict and invalidation, suggesting a significant need for intervention that addresses her emotional well-being and prevents further psychological withdrawal.

* "Do you understand, like, what I had to do to like, get you to finally listen to me when you when it comes to Christmas and being away from, like, New York, it's true, like, I had to literally, like, leave you, like, I had to call your bluff."

Freddy uttered this while expressing her frustration with Matt’s unwillingness to compromise on moving or other significant decisions. This quote is highly significant as it reveals a profound power dynamic within the relationship: Freddy feels compelled to resort to extreme measures, even the threat of separation, to elicit any responsiveness or change from Matt. It highlights her perception of a lack of genuine engagement or mutual compromise, forcing her into a position of having to *“prove”* her seriousness. This pattern underscores a deep-seated relational imbalance where Freddy feels she must constantly escalate to have her needs met, contributing to her emotional fatigue and resentment.

* "I feel manipulated, because when I see Matt with other people, Matt is very smart. Matt is giving Matt will help you, and He will figure shit out for you. But then when it comes to me and and the things that I want, like leaving Island Park, like doing this and doing that, all of a sudden it becomes, I don't know."

This quote, spoken with a mix of frustration and profound insight, encapsulates Freddy’s central grievance about Matt’s selective competence and emotional evasion. It exposes her perception of his *“I don’t know”* as a deliberate tactic rather than genuine ignorance, specifically applied to issues that challenge his comfort zone or require vulnerability. This selective engagement makes Freddy feel manipulated because she observes a different, capable Matt in other contexts, intensifying her frustration with his unresponsiveness to her. It also speaks to the *“white savior”* dynamic she described, where others perceive Matt as competent and generous, while she experiences his passive resistance firsthand, leading to her feeling isolated and invalidated in her reality.

* "I don't want these tough conversations to, like, be the end of like, why can we have like, tough conversations in a you know, why can we just have tough conversations and it like, not get to a point where, like, we're screaming and Matt's, you know, saying that he's gonna kill himself."

Freddy shared this quote when expressing her profound weariness with Matt’s reactive and emotionally escalating behavior during conflicts. This is significant because it highlights the traumatic and emotionally abusive nature of their arguments, particularly Matt’s repeated use of self-harm threats. Freddy clearly identifies this as a *“cop out”* and a destructive pattern that prevents resolution and exacerbates her distress. The quote underscores her desire for healthy conflict resolution and her exhaustion from navigating emotionally charged and potentially dangerous interactions, indicating a critical need for safety planning around these specific behaviors and a focus on healthy boundaries for Freddy.

Comprehensive Narrative Summary

Today’s session with Freddy Rodriguez provided a critical, in-depth look into the escalating and chronic distress within her marriage to Matt, following an unproductive couples’ therapy session. What began with lighthearted banter and playful interaction regarding her service dog, Millie, quickly transitioned into a deeply frustrated and weary recounting of relational stalemates. Freddy expressed profound disappointment with Matt’s consistent emotional evasion, particularly his use of *“what about”* deflections and his default *“I don’t know”* responses to her core concerns. She articulated a strong sense of having to constantly push or *“call his bluff”* to achieve any movement or compromise, reinforcing her belief that her needs are not inherently valued in the relationship. This dynamic has led her to feel increasingly *“numb,”* a protective emotional detachment from the relentless cycle of conflict and unfulfilled expectations.

A particularly distressing aspect for Freddy was Matt’s repeated threats of self-harm during arguments, which she accurately perceived as manipulative tactics designed to control the conversation and avoid accountability. This pattern not only creates an emotionally volatile environment but also undermines any genuine therapeutic progress. The discussion further revealed a significant clash in core values, particularly regarding their future plans for parenthood and Freddy’s desire to raise children without the burden of religious dogma, an issue Matt consistently avoids. These issues, alongside their inability to agree on moving from Island Park, are not merely practical disagreements but symbolic representations of Matt’s deep-seated resistance to change and vulnerability, which Freddy interprets as a form of deliberate, manipulative evasion.

Freddy’s insightful observation that Matt is *“a very shallow person,”* combined with her experience of a *“white savior”* dynamic where others perceive him more favorably, highlights the isolating nature of her reality within the relationship. This external validation of Matt, juxtaposed with her internal experience of his emotional evasion, contributes to a profound sense of invalidation and a challenge to her self-worth. Despite her weariness and *“numbness,”* Freddy continues to demonstrate remarkable resilience and a clear desire for authenticity, even as she grapples with the potential implications for her future. The session underscored the urgent need to support Freddy in strengthening her boundaries, developing advanced interpersonal effectiveness skills, and continuing to define her sense of agency and self-worth, irrespective of Matt’s willingness to change or the ultimate trajectory of their relationship.

# Gavin Fisch

**Client:** Gavin Fisch **Total Sessions:** 3 **Session Date Range:** 2025-07-10 to 2025-07-22

## Session 1: 2025-07-10

**Date:** 2025-07-10 **Source File:** Summary of Gavin Fisch Appointment 7-10-2025 1100 hrs - Part I.pdf.eml

Comprehensive Clinical Progress Note for Gavin Fisch’s Therapy Session on July 10, 2025

Subjective

Gavin Fisch attended today’s session via telehealth. The session was largely consumed by significant technical difficulties, primarily audio problems preventing clear communication. Gavin’s initial verbalizations indicated an awareness of these issues, stating, *“You Hello, sorry, I was stuck in huh? Can you hear me? If it’s my laptop.”* This statement suggested his immediate engagement with troubleshooting and an attempt to identify the source of the audio problem from his end. Due to the persistent technical barriers, no further subjective information regarding his presenting concerns, emotional state, or current experiences could be gathered during the attempted session. His communication was solely focused on the immediate technical challenge.

Objective

The session was initiated as a telehealth appointment. From the outset, there were severe audio difficulties preventing two-way communication. The therapist attempted to troubleshoot extensively, including checking audio settings, attempting to send a new link, and eventually attempting to initiate the call from a different device (iPad). Gavin’s visual presence (assuming video was connected, though not explicitly stated) could not be fully assessed for non-verbal cues due to the preoccupation with resolving the technical issues. His brief verbalizations were clear but limited to commenting on the audio problems. Despite multiple attempts over several minutes to establish a stable connection, communication remained impossible. The session was ultimately aborted due to these irresolvable technical barriers.

Assessment

Today’s session was entirely comprised of attempts to establish a functional telehealth connection, which ultimately proved unsuccessful due to persistent audio issues. No clinical content or therapeutic work could be initiated or engaged. Consequently, Gavin’s current mental status, emotional state, presenting concerns, or progress on therapeutic goals could not be assessed. The primary clinical issue identified was an external, technical barrier to service delivery. The inability to connect therapeutically means the session did not fulfill its intended purpose of providing mental health support. The technical difficulties themselves did not appear to cause significant distress beyond typical frustration associated with such issues, given the limited interaction observed.

Plan

- Reschedule Session: The session was aborted after approximately 15 minutes due to irresolvable technical issues. The client will be contacted to reschedule the appointment.  
- Technical Preparation: Prior to the rescheduled session, a pre-appointment technical check or clear instructions will be provided to Gavin Fisch to minimize recurrence of audio and connectivity issues. This may include advising on optimal device (e.g., laptop vs. iPad) or internet connection.  
- Assess Impact of Disruption: Upon re-engagement, the initial focus will be to check in on Gavin's experience of the technical disruption and ensure it has not negatively impacted his motivation or willingness to engage in therapy.  
- Resume Treatment Goals: Once a stable connection is established, therapeutic work will resume on previously identified goals.

Supplemental Analyses

Tonal Analysis

A comprehensive tonal analysis is not possible given the extremely limited verbal exchange in today’s session, which was entirely focused on technical troubleshooting. Gavin’s initial tone, as he attempted to communicate through audio difficulties, appeared to convey mild confusion and perhaps a slight frustration typical of encountering technical glitches. There were no discernible shifts in tone as no clinical content was discussed, and the communication was too brief and disjointed to observe nuanced emotional expression.

Thematic Analysis

Due to the complete absence of clinical dialogue, no therapeutic themes related to Gavin’s presenting concerns or personal history emerged during the attempted session. The sole *“theme”* that dominated the interaction was the pervasive technical barrier to care delivery. This highlights the practical challenges inherent in telehealth services when connectivity issues arise, making it impossible to progress with any therapeutic agenda.

Sentiment Analysis

The data available is insufficient for a meaningful sentiment analysis of Gavin’s internal state. His verbal contributions were limited to expressions directly related to the technical difficulties. The primary sentiment conveyed was one of mild frustration and perhaps confusion regarding the audio issues. There were no expressions of positive, negative, or ambivalent sentiments about himself, others, or external situations related to his clinical presentation, as these topics could not be broached. The interaction was purely practical and problem-solving focused on the immediate technical hurdle.

Key Points

- Session Aborted Due to Technical Issues: The scheduled telehealth session was unable to proceed due to persistent and irresolvable audio connectivity problems, preventing any clinical engagement with Gavin Fisch. This represents a significant barrier to care delivery for this session.  
- No Clinical Content Engaged: As a direct consequence of the technical failure, no subjective reporting, objective observations of clinical relevance, or therapeutic interventions could be conducted. The session was entirely preoccupied with troubleshooting.  
- Necessity of Rescheduling and Technical Precaution: The immediate priority is to reschedule the session and implement strategies to prevent similar technical disruptions, ensuring a more stable platform for future therapeutic work.

Significant Quotes

"You Hello, sorry, I was stuck in huh? Can you hear me? If it's my laptop." Gavin uttered this statement early in the attempted session when audio communication was initially failing. This quote is significant because it represents Gavin's only substantive verbal contribution during the attempted session. It highlights his immediate awareness of the technical problem and his attempt to diagnose its source from his end. The fragmented nature of the statement ("stuck in huh?") further illustrates the difficulty in establishing clear communication. While not offering insight into his clinical state, it underscores the complete dominance of the technical barrier over any therapeutic interaction.

Comprehensive Narrative Summary

Today’s scheduled telehealth session with Gavin Fisch on July 10, 2025, represented an unfortunate and complete disruption of the therapeutic process due to insurmountable technical challenges. From the very outset, severe audio difficulties prevented any meaningful two-way communication between therapist and client. Despite multiple attempts at troubleshooting—including checking individual audio settings, generating new connection links, and even attempting to connect via an alternative device—a stable and functional audio connection could not be established. Gavin’s sole substantial verbal contribution (*“You Hello, sorry, I was stuck in huh? Can you hear me? If it’s my laptop.”*) underscored the immediate and overwhelming nature of the technical barrier. Consequently, no clinical content could be engaged; no subjective reports were provided, no therapeutic interventions were initiated, and no in-depth assessment of Gavin’s current mental status or progress could be made. The session was entirely consumed by the practical effort of attempting to connect, ultimately leading to its necessary abortion. This technical failure emphasizes the critical importance of reliable connectivity in telehealth and necessitates a prompt rescheduling of the session, alongside proactive technical support to ensure a successful therapeutic encounter moving forward. The session served only to highlight an environmental barrier to care rather than offering any insights into Gavin’s clinical presentation.

## Session 2: 2025-07-10

**Date:** 2025-07-10 **Source File:** Summary of Gavin Fisch Appointment 7-10-2025 1100 hrs.pdf.eml

Comprehensive Clinical Progress Note for Gavin Fisch’s Therapy Session on July 10, 2025

Subjective

Gavin attended today’s session exhibiting a generally positive and engaged demeanor, primarily focused on his significant progress in flight training. He reported a substantial improvement with his new flight instructor, describing him as *“20,000 times better”* and expressing immense relief at no longer being *“ridiculed for being an idiot”* by his previous instructor. This relief was palpable, indicating the significant emotional burden the previous instructor imposed. He feels confident about his upcoming mock exam and the critical CFI exam next week, stating his excitement *“that I’m finally done with this bullshit”* and confident he will pass. He reported having COVID for the third consecutive year on his July 5th birthday, expressing a frustrated disbelief, *“you can’t make this shit up.”* Regarding his social life while home, he reported catching up with an ex-girlfriend, Ally, from middle school through a Tinder match. He described the encounter, including a kiss, with a notable emotional detachment, stating, *“I didn’t feel anything, and neither did she,”* and humorously referring to it as *“Barbie parts.”* He expressed curiosity about why he didn’t feel anything, noting that he typically experiences some feeling in similar situations with other girls. He also expressed amusement mixed with frustration regarding another individual, *“Fauci,”* who texts him sporadically, despite his minimal engagement. Gavin described ongoing frustration related to his father’s job search, specifically how his father’s contractual obligations are preventing him from selling a car, which directly impacts Gavin. He rated his current feeling as a *“seven”* out of ten, attributing it to being *“excited that I’m finally done with this bullshit”* (referring to the stage one exam) and confident in his exam performance. He also articulated a nuanced perspective on stress, stating, *“Stress is not a good or bad thing. It means you care.”*

Objective

Gavin presented to the session alert and oriented, with clear, rapid speech and a logical, albeit sometimes tangential, thought process. He appeared casually dressed and well-groomed. His affect was primarily animated and energetic, particularly when discussing his flight training progress and the positive impact of his new instructor. He maintained consistent eye contact and exhibited open body language, frequently using gestures to emphasize points. A notable shift in his emotional presentation occurred when recounting the situation with his previous flight instructor and the simulator cancellation due to camp kids; his tone became sharp with clear expressions of indignation and frustration, contrasting with his generally lighthearted demeanor. When discussing the encounter with Ally, his affect was notably flat and detached, though he chuckled when describing the *“Barbie parts”* interaction, suggesting a use of humor to manage potential awkwardness or internal conflict. His engagement with the therapist was high, characterized by playful banter and a willingness to explore, though sometimes deflecting deeper emotional inquiry with humor or quick transitions to new topics. He readily absorbed psychoeducation on random schedules of reinforcement and box breathing, demonstrating intellectual curiosity and a capacity for self-reflection.

Assessment

Gavin continues to present as a high-achieving young adult deeply invested in his professional development within aviation. His current enthusiasm and confidence related to flight training signify significant progress, particularly in overcoming a challenging and potentially demeaning prior instructor relationship. This success is a major source of positive self-regard and a key organizing principle for his identity. He demonstrates strong resilience in navigating external frustrations, such as repeated COVID infections, and systemic challenges within his academic program (simulator access). However, his coping mechanisms often involve intellectualization and the use of humor, which while effective in the short term, may also serve as a form of emotional avoidance, particularly evident in his detached description of the encounter with Ally. His curiosity about why he *“didn’t feel anything”* suggests an emerging awareness of a potential disconnect between his actions and his emotional experience, possibly touching upon themes of intimacy, sexual identity, or the nature of his emotional connections. The dynamic with *“Fauci”* illustrates a pattern where Gavin, perhaps unconsciously, utilizes intermittent reinforcement, contributing to the persistence of unwanted interactions. His frustration regarding his father’s employment situation reveals his external locus of control in certain familial matters, leading to feelings of exasperation. His reframing of stress as a positive indicator of care is a mature coping mechanism and a strength that can be further cultivated for adaptive stress management, aligning with principles from Acceptance and Commitment Therapy (ACT) by distinguishing *“clean”* from *“dirty”* pain.

Plan

Therapeutic Modalities: Continue to integrate elements of Cognitive Behavioral Therapy (CBT) to address cognitive distortions related to external stressors and reframing challenges. Incorporate Acceptance and Commitment Therapy (ACT) to enhance psychological flexibility, particularly in observing and responding to difficult emotions without fusion or avoidance. Utilize psychoeducation and skill-building from Dialectical Behavior Therapy (DBT) to improve emotional regulation and interpersonal effectiveness. Interventions Implemented:

- Stress Management

## Session 3: 2025-07-22

**Date:** 2025-07-22 **Source File:** Gavin Fisch Appointment 7-22-2025 1700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Gavin Fisch’s Therapy Session on July 22, 2025

Subjective

Gavin attended today’s telehealth session expressing initial relief regarding successfully passing a flight exam, stating he achieved an *“A.”* However, this positive sentiment was quickly overshadowed by significant frustration and perceived injustice related to the Auburn flight program. He reported being barred from flying for the next two weeks due to missing a *“random date”* deadline for the exam by seven or eight days. Gavin attributes this delay directly to a *“super bad instructor”* he previously had, claiming this instructor *“delayed me at least two weeks”* and inhibited his progress. He has emailed an assistant chief flight instructor detailing his situation and requesting to retain his new, more effective instructor for the fall. Gavin expressed a strong desire to escalate the issue to the chief of the flight school, feeling the situation is unfair and impacts his ability to get ahead. He described his current summer break as having *“nothing to do”* from 12:30 PM onwards daily, as flight and work were his primary occupations, leading to significant boredom and dread about the impending return to the structure and stress of the school year. He anticipates the return of *“small talk”* and *“bullshit”* conversations with peers about summer activities, which he finds *“annoying.”*

Regarding personal relationships, Gavin reported no current dating news, prioritizing his exams. He acknowledged occasional thoughts about his past relationship with *“Abby/Gabby,”* primarily reminiscing about *“the goods were good”* aspects, and questioning if he could have handled the breakup more maturely, though he ultimately concludes *“Nothing, nada.”* He described these thoughts as passing without lingering upset. A significant portion of the session was dedicated to discussing his brother, Adam, and Adam’s gender transition to Evelyn. Gavin reported his mother calls his brother Evelyn, but no one else in the family does, including himself. He stated, *“He’s never said it to my face,”* referring to his brother requesting to be called Evelyn. Gavin openly admitted, *“I don’t think I’m just ready to accept it fully, and I feel bad saying that.”* He expressed concern that his brother is not *“mentally stable”* and questioned his judgment, particularly regarding wanting gender-affirming surgery without fully *“living as a woman”* or demonstrating *“persistent, consistent, insistent”* commitment to the identity in public. He shared his sister’s embarrassment and his own fear of his brother regretting the transition, stating, *“I feel like that’s the boat he’s gonna be in.”* He articulated a fear of *“walk[ing] in the door one day and then it not be my brother, like someone completely different.”* Gavin felt empathetic for his father’s perceived loss of a son and recognized that he and his sister have also experienced a loss of their brother. He acknowledged the potential for his relationship with his brother to further deteriorate due to the transition, despite his reluctance to admit this.

Gavin described his current coping strategies as *“flying,”* *“surrounding myself with people I care about,”* and calling his dad daily, which he *“look[s] forward to.”* He also jokingly (but somewhat seriously) included *“alcohol”* as a coping mechanism.

Objective

Gavin presented to the telehealth session appearing well-groomed and casually dressed. He was alert and oriented, maintaining consistent eye contact throughout the session. His speech was clear, articulate, and generally logical in progression, though at times it became rapid and somewhat emphatic when discussing the injustices of the flight program. His affect ranged from frustrated and animated (when discussing Auburn and his brother’s situation) to more subdued and reflective (when discussing boredom or past relationships). There were notable moments of tension in his voice and increased volume when expressing his perceived unfairness with Auburn and his concerns about his brother, suggesting underlying anger and worry. He used humor frequently, particularly in response to the therapist’s playful remarks, which served to both lighten the mood and, at times, to deflect from deeper emotional processing. He engaged actively in the discussion about the *“1% growth”* concept, demonstrating intellectual curiosity and a capacity for self-reflection regarding his own habits and coping. He also exhibited some physical fidgeting, stating, *“I just need to, always need something to fidget with,”* which may indicate underlying restlessness or anxiety.

Assessment

Gavin continues to demonstrate adaptive coping mechanisms while grappling with significant external stressors and complex family dynamics. His success on the flight exam highlights his inherent capabilities and commitment to his academic and professional goals, which serve as a protective factor and source of self-efficacy. However, the external barrier imposed by the Auburn flight program has triggered a strong sense of perceived injustice and powerlessness, echoing themes of external control and frustration previously discussed. His current experience of boredom and unstructured time during summer break, following a previously *“least stressful summer,”* suggests a potential vulnerability to anhedonia or a struggle with finding intrinsic motivation and meaning outside of highly structured activities. This transition from low stress to anticipated high stress, coupled with reduced external occupation, presents a challenge to his psychological flexibility.

His processing of the past relationship demonstrates a healthy capacity for reminiscence without falling into maladaptive rumination, indicating progress in emotional regulation and acceptance of past events. The most significant clinical complexity observed today revolved around Gavin’s struggle to process and accept his brother’s gender transition. This issue has activated deep-seated family dynamics, including his father’s apparent favoritism and his sister’s perceived embarrassment. Gavin’s discomfort is multifaceted: it stems from his brother’s perceived lack of mental stability, the inconsistency between his brother’s internal identity and external presentation, and the fundamental sense of loss (of a brother) for himself and his family. This situation highlights themes of identity, loss, and the challenge of unconditional acceptance within familial bonds, resonating with Existential concerns about change, otherness, and the inevitable transformations of loved ones. His honest struggle with acceptance, despite feeling *“bad”* about it, indicates an authentic internal conflict rather than simple prejudice, presenting an opportunity for therapeutic exploration of his values, boundaries, and grief.

Gavin’s engagement with the *“1% growth”* concept from an ACT-informed perspective suggests a readiness to consider the cumulative impact of small behavioral changes, which can be leveraged to address his sense of stagnation during unstructured time and to build resilience against future stressors. His continued reliance on his father for support and common sense reflects a healthy attachment, though the family dynamic around his brother’s transition reveals underlying complexities and potential for discord.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions:Continue to foster psychological flexibility, particularly regarding his experience of boredom and frustration. We will explore how his desire to avoid the "bullshit" of social re-entry or the discomfort of unstructured time might inadvertently lead to greater suffering. We will re-frame his "nothing to do" as an opportunity to engage in value-driven activities, regardless of initial motivation.  
- Narrative Therapy Elements:Collaboratively externalize the "injustice" narrative surrounding the Auburn flight program. We will help Gavin articulate his experience, and consider how he can author a new chapter where he advocates for himself effectively while also accepting outcomes beyond his control. He will write an email to the Chief of Flight School, framing his experience and his request clearly and professionally, documenting his efforts regardless of the outcome.  
- Existential/Family Systems Exploration:Continue to process the complex emotions and dynamics surrounding his brother's gender transition. We will explore Gavin's feelings of loss, his struggle with acceptance, and his fears for his brother's well-being. The focus will be on validating his authentic experience while also helping him clarify his own boundaries and responses in a way that aligns with his values. We will explore the concept of "unconditional acceptance" as it applies to family members, differentiating between accepting a person's identity and accepting specific choices.  
- Behavioral Activation:Address the self-reported "nothing to do" during summer break. Gavin will identify and plan at least one "mastery" activity (e.g., studying ahead, a personal project) and one "pleasurable" activity (e.g., a hobby, social time with friends) per day, tracking his engagement and mood.  
- Skill Reinforcement:Reinforce the concept of "1% growth" by encouraging Gavin to identify one small, consistent action he can take daily towards a valued direction, whether related to his studies, personal well-being, or navigating family dynamics.  
- Next Session:Schedule a follow-up in approximately two to three weeks, potentially in person, to continue processing these themes and review progress on behavioral activation. Gavin will communicate his availability.

Supplemental Analyses

Tonal Analysis

Shift 1: From Accomplishment to Frustration.Gavin’s tone shifted from one of quiet satisfaction and pride when he reported passing his flight exam (*“A”*) to one of rapid, emphatic frustration and resentment when describing the consequences imposed by Auburn. This shift was triggered by the perceived injustice of being penalized due to a prior instructor’s incompetence. His voice became louder, his speech quicker, and his language choice (*“little bitches”*) more emotionally charged. This tonal shift is clinically significant as it indicates how quickly external barriers can overshadow personal achievements and reactivate feelings of powerlessness and injustice, patterns that warrant further exploration for their impact on his emotional regulation.

Shift 2: From Casual to Ponderous Concern.When the conversation transitioned from his general summer plans to his brother’s gender transition, Gavin’s tone became notably more subdued and deliberate. The initial casual banter with the therapist gave way to a heavier, more serious tone, characterized by pauses and a slightly lower pitch when discussing his brother’s mental stability, the family’s secret discomfort, and his own fears for the future. This shift reflected the profound emotional weight and internal conflict associated with this topic, revealing the personal distress underlying his analytical commentary. This tonal change is clinically significant as it highlights the emotional resonance of the topic, indicating it is a core issue impacting his internal landscape, contrasting with his tendency to intellectualize and distance from other stressors.

Thematic Analysis

Theme 1: Perceived Injustice and External Constraints.A recurring theme was Gavin’s frustration with perceived injustices and external constraints on his agency. This was most evident in his detailed complaint about the Auburn flight program’s decision to bar him from flying due to a deadline missed because of a *“bad instructor.”* He articulated a strong sense of being unfairly treated and having his progress impeded by factors beyond his control. This theme also subtly appeared in his discussion of his brother, where he seemed to view the brother’s transition as a somewhat arbitrary, externally imposed change that disrupted family dynamics and created new social challenges (*“he’s not accepted by 75% of people”*). This theme reflects a struggle with accepting situations where he feels a lack of control or unfairness, potentially leading to resentment and a sense of victimization.

Theme 2: Identity and Purpose in Relation to Structure.Gavin’s discussion of boredom during the summer, stating *“I have nothing to do”* without flight or work, highlighted a theme of identity and purpose being heavily tied to structured activities and external roles. The prospect of returning to school, while dreaded for its stress, also offered a return to external structure. This theme suggests a potential vulnerability to existential vacuum or a challenge in cultivating intrinsic purpose and identity outside of defined roles (student, pilot, employee). The contrast between the *“least stressful summer”* and his boredom points to a need for developing internal resources for meaning-making and self-direction when external structures are removed.

Theme 3: Familial Acceptance and Loss in the Face of Identity Change.The extensive discussion about his brother’s gender transition brought forth a complex theme of familial acceptance, non-acceptance, and loss. Gavin’s honesty about his struggle to fully accept his brother’s new identity (*“I don’t think I’m just ready to accept it fully, and I feel bad saying that”*) alongside his empathy for his father’s *“loss of a son”* and his own feeling of having *“lost a brother,”* reveals the multi-layered impact of such a change within a family system. This theme underscores the challenges of navigating profound identity shifts within close relationships, highlighting issues of grief (for what was), boundaries, and the tension between love/loyalty and personal values/comfort levels. It suggests an area for significant therapeutic work around grieving, managing discomfort, and defining his own authentic response.

Sentiment Analysis

Sentiments About Self:Gavin expressed a mix of sentiments about himself. He displayed pride and relief after passing his exam (*“I passed through an exam yesterday, an A”*). However, he also conveyed a sense of boredom and idleness during the summer (*“I have nothing to do”*) and anticipated dread about returning to school (*“the thought of it is stressing me the hell out”*). Regarding his past relationship, he showed self-reflection, questioning his own maturity in one instance, but ultimately concluding with a sense of self-acceptance (*“Nothing, nada”*) that he handled it well. This suggests a relatively stable, yet at times challenged, self-concept, particularly when external circumstances limit his usual sources of purpose or satisfaction.

Sentiments About Others/External Situations:Gavin’s sentiments towards external situations and specific individuals were predominantly negative or ambivalent. Towards the Auburn flight program, he expressed strong resentment and frustration (*“They’re little bitches,”* *“It’s partial their fault”*) due to perceived unfairness and incompetence. He articulated a sense of powerlessness against institutional barriers (*“I just know they’re not going to do anything. It doesn’t matter.”*). Towards social interactions, he expressed annoyance and disinterest in *“small talk.”* His sentiments toward his brother’s transition were complex: he conveyed empathy and concern for his brother’s well-being (*“I feel bad for him”*), but also significant discomfort, non-acceptance, and a fear of future regret and social challenges for his brother (*“I feel like that’s the boat he’s gonna be in,”* *“He’s not accepted by 75% of people”*). He displayed a mixture of love and concern, overlaid with a struggle to reconcile his brother’s choices with his own understanding and comfort. His sentiments towards his dad were overwhelmingly positive and appreciative, seeing him as a source of *“solid, common sense.”*

Key Points

- Impact of Unstructured Time and Perceived Injustice:Gavin's experience of boredom during summer break and his intense frustration with the Auburn flight program highlight his vulnerability to a lack of external structure and perceived unfairness. These experiences significantly impact his emotional state, shifting him from accomplishment to a sense of stagnation and resentment, demonstrating a need for strategies to cultivate intrinsic motivation and manage situations beyond his control.  
- Navigating Identity and Loss within Family Dynamics:The most pressing issue discussed was Gavin's complex emotional response to his brother's gender transition. This situation is triggering themes of loss, his own struggles with acceptance, and anxieties about his brother's long-term well-being and social integration. This dynamic exposes Gavin's capacity for empathy alongside his honest internal conflict, providing a crucial avenue for exploring his values, boundaries, and the grieving process associated with profound identity changes in loved ones.

Significant Quotes

- "I can't fly for the next two weeks because Auburn said, Hey, you missed the minute the date is... I missed it by like, seven, eight days, like, you can't fly for the rest of the summer now."

Gavin made this statement when explaining the immediate consequence of passing his exam just days after a strict deadline. This quote is significant because it encapsulates his intense frustration with external bureaucracy and perceived injustice. It highlights his feeling of powerlessness despite his efforts and success, revealing a pattern where external factors can negate his personal achievements and disrupt his plans, leading to significant emotional distress. The severity of the penalty (two weeks of not flying during summer break) for a seemingly minor delay (eight days) fuels his sense of being unfairly targeted or neglected, reinforcing a narrative of external forces hindering his progress.

- "I don't think I'm just ready to accept it fully, and I feel bad saying that."

Gavin stated this candidly when discussing his brother’s gender transition and his own struggle to use the preferred name, Evelyn. This quote is profoundly significant as it reveals Gavin’s authentic internal conflict. It demonstrates his capacity for self-awareness and honesty, acknowledging his discomfort and non-acceptance while simultaneously expressing guilt or shame (*“I feel bad saying that”*) for these feelings. This statement is a powerful entry point for exploring the layers of his struggle: the grief over the *“loss”* of his brother as he knew him, his concerns about his brother’s mental stability and judgment, and the societal pressures to be unconditionally accepting versus his own genuine internal experience. It highlights the tension between societal expectations, personal feelings, and the complex nature of familial love and acceptance.

- "From like 12:30 on, every day I have nothing to do. That's what sucks."

Gavin made this comment when describing his daily routine during the summer break, now that flight activities were curtailed. This quote is significant because it starkly illustrates his challenge with unstructured time and a potential reliance on external activities for purpose and occupation. The statement *“nothing to do”* suggests not just boredom, but a deeper lack of intrinsic motivation or difficulty in self-directing leisure time, which can contribute to feelings of stagnation or anhedonia. It underscores the importance of helping Gavin cultivate internal resources for meaning-making and self-defined activities, rather than solely relying on externally imposed structure for well-being and engagement.

Comprehensive Narrative Summary

Today’s session with Gavin provided a rich landscape for exploring his current stressors and underlying psychological patterns. While he began with a moment of relief and pride over passing his flight exam, the session quickly pivoted to the profound frustration and sense of injustice he feels regarding the Auburn flight program’s decision to bar him from flying. This experience, framed by Gavin as an unfair consequence of a *“bad instructor,”* clearly activated a deeper narrative of external forces impeding his progress and agency. His determination to escalate the issue to the chief of the flight school underscores his fight for fairness and control in a situation where he feels dismissed.

Beyond this immediate stressor, Gavin articulated a significant challenge with unstructured time during summer break, describing it as having *“nothing to do.”* This highlights a potential reliance on external activities for a sense of purpose and a vulnerability to boredom or anhedonia when such structures are removed. The conversation also revealed his mature processing of a past relationship, demonstrating a capacity for healthy reminiscence without succumbing to rumination, a positive indicator of his progress in emotional regulation.

The core of today’s session, however, centered on Gavin’s raw and honest struggle with his brother’s gender transition. His candid admission, *“I don’t think I’m just ready to accept it fully, and I feel bad saying that,”* unveiled a complex emotional landscape involving grief for the brother he knew, deep-seated concerns about his brother’s mental stability, and the challenging family dynamics surrounding the transition. This issue touches on existential themes of loss, identity, and the profound task of accepting loved ones through significant, sometimes unsettling, changes. Gavin’s ability to articulate his discomfort, even while expressing empathy and guilt, is a testament to his self-awareness and creates a vital pathway for therapeutic exploration of his boundaries, values, and the process of grief within a family system. The session concluded with a focus on leveraging Gavin’s strengths, such as his commitment to his father and his engagement with concepts like *“1% growth,”* to navigate these multifaceted challenges and build resilience for the upcoming school year.

# Hector Mendez

**Client:** Hector Mendez **Total Sessions:** 1 **Session Date Range:** 2025-07-17 to 2025-07-17

## Session 1: 2025-07-17

**Date:** 2025-07-17 **Source File:** Summary of Hector Mendez Appointment 7-17-2025 1500 hrs.pdf.eml

Comprehensive Clinical Progress Note for Hector Mendez’s Therapy Session on July 17, 2025

Subjective

Hector attended today’s session expressing significant fatigue and resignation regarding his ongoing job search. He stated, *“I just gonna, I give up on the job situation because I’m tired of looking and applying… and nothing happened. So it’s like I’m tired of of wasting energy in it.”* This feeling of futility has led him to consider declaring bankruptcy, viewing it as a *“fresh start”* to escape a perceived deepening financial *“hole.”* He conveyed a strong desire for closure on his lingering legal hearing (scheduled for July 31st), describing it as *“a chapter open in my life, and it’s one you never asked for, closed or settled, and it’s still lingering issues that need to go away.”* He shared details of his attorney’s assessment, confident that the documentation from prior employer meetings regarding his health condition would lead to a favorable outcome, allowing him to finally *“move on.”*

Hector also disclosed an increase in marijuana use since the Fourth of July weekend, acknowledging its negative impact: *“I don’t do you good. It’s more not helpful and helpful.”* He described feeling *“blah in the morning,”* lacking motivation for his spiritual practices (church, readings, writing), and increased Red Bull consumption to counteract grogginess. He insightfully recognized that he *“cannot have it by [himself], because [he doesn’t] know how to control it. It controls [him],”* calling it *“the thing I need to overcome.”*

A significant portion of the session was dedicated to Hector’s reflections on his experience caring for his eight-month-old grandchild. He has been actively reading articles on child development and applying new strategies, such as limiting toys to promote focus, encouraging crawling, avoiding *“baby talk,”* and incorporating finger puppets during reading. He described these activities as *“fascinating”* and *“interesting,”* expressing enjoyment in the process. Observing the baby, Hector reflected deeply on the concept of *“beginner’s mind”* – the child’s innate innocence, lack of boundaries, hatred, or judgment. He then drew a poignant connection to his own life, stating, *“It’s like your innocence, as things happen to you in life, your innocence starts getting pulled away.”* He specifically recalled being sexually molested at age six and having *“no recollection school, anything from that age forward to the day I left the foster home,”* identifying this as a trauma response. He expressed concern that *“if you harm him [the baby], that’s it. You fucked him up,”* emphasizing that *“it’s society today that fucks up people.”* He noted the baby’s increasing sense of safety in his home, observing how *“he wants to be holding on to you,”* and linking this to the development of attachment and trust. Hector articulated a deep understanding of the profound responsibility involved in shaping a child’s early experiences and future relational patterns, stating, *“you are shaping their future attachment… right now, you are shaping how they will forever and always relate to people.”* He further refined his long-term career interest in becoming a school crossing guard, particularly near his home, seeing it as a desirable role when the school year begins.

Objective

Hector presented to the session appearing engaged and well-groomed. He maintained appropriate eye contact throughout, except for brief moments of introspection when discussing the darker aspects of his past trauma. His speech was clear, coherent, and at a normal pace, though it became slightly more animated and passionate when recounting his legal battle and his observations about the baby’s development. His thought process was logical and organized, demonstrating a remarkable capacity for deep reflection and abstract thought, particularly evident in his ability to connect his grandchild’s *“innocence”* and *“beginner’s mind”* to his own trauma history and the broader human condition. His affect was primarily reflective and curious, punctuated by moments of frustration and resignation when discussing his job search and moments of genuine delight and wonder when describing the baby’s cognitive and emotional development. His self-awareness regarding his marijuana use and its negative consequences was notable, delivered with a tone of self-correction rather than self-condemnation. He actively participated in the discussion, absorbing and integrating therapeutic concepts such as *“beginner’s mind”* and the *“I Am”* into his personal narrative.

Assessment

Hector continues to navigate significant life stressors, including prolonged unemployment, financial strain, and an unresolved legal battle stemming from a past employment termination. These external pressures are exacerbating underlying feelings of powerlessness and contributing to a sense of being *“stuck”* in a difficult *“chapter”* of his life. His decision to consider bankruptcy and his fervent desire for resolution in the legal hearing indicate a profound need for a *“fresh start”* and a release from what he perceives as lingering, uninvited burdens. This drive for closure is a key motivator in his current presentation.

His increased marijuana use appears to be a maladaptive coping mechanism to manage the emotional discomfort and lack of motivation associated with these stressors. His self-acknowledgement of its unhelpfulness and loss of control over its use suggests a readiness to address this pattern, which is currently hindering his engagement in self-care and spiritual practices, crucial components of his well-being. This pattern aligns with experiential avoidance, where he attempts to *“dim the sky”* of difficult thoughts and feelings, as discussed in the session.

A central theme emerging today was the profound impact of early trauma on Hector’s sense of self and his understanding of human development. His observations of his grandchild’s innate innocence and subsequent reflections on his own experience of sexual molestation and foster care highlight a core wound related to the *“pulling away”* of innocence and the development of an insecure attachment style and trauma responses (e.g., memory gaps). This session provided a rare opportunity to directly link his past trauma to his current philosophical ponderings, demonstrating his capacity for deep insight and growth. His engagement in childcare, though initially a practical role, has become a powerful catalyst for personal healing and a means to re-engage with concepts of safety, trust, and connection that were disrupted in his own childhood. His focus on creating a secure environment for the child reflects a compensatory drive to master and heal past attachment wounds through a healthy caregiving role. This also manifests as a desire to define a new, meaningful professional identity, as evidenced by his interest in the crossing guard position, which would align with a desire for stability and a sense of contribution.

His intellectual curiosity and reflective nature, while strengths, can also serve as a form of intellectualization, allowing him to engage with difficult concepts without fully feeling the associated emotional pain. However, his willingness to explore the *“I Am”* and *“beginner’s mind”* concepts in relation to his trauma suggests a growing psychological flexibility and a developing capacity to *“notice”* difficult internal experiences without becoming fused with them or allowing them to dictate his sense of self.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT principles to address Hector’s experiential avoidance, particularly his reliance on marijuana use to numb difficult emotions. We will deepen his understanding of psychological flexibility by applying the *“beginner’s mind”* concept to his own experiences of job search fatigue and the legal battle, encouraging him to observe thoughts and feelings about these stressors without judgment or immediate action. We will emphasize the concept of the *“I Am”* as the unchanging, observing self, distinct from the *“Doris”* (mind/thoughts) that creates stories and judgments. Homework will include continuing to practice observing thoughts and feelings as *“clouds”* or *“movies,”* without attempting to control or eliminate them. We will explore values-driven action, aligning his desire for a *“fresh start”* with concrete steps towards his new career interest and proactive engagement in legal/financial processes.

Narrative Therapy Elements: Continue to help Hector externalize the *“chapter”* of his life that he wishes to close, specifically the legal and financial struggles, by identifying the narratives of *“victimization”* or *“stuckness”* that may be dominating his experience. We will explore how his caregiving role for his grandchild is creating an *“alternative narrative”* of safety, connection, and purposeful engagement, serving as a powerful counter-narrative to his past experiences of trauma and loss of innocence. We will work to help him rewrite the story of his early trauma not as a definition of who he is, but as an experience that has shaped his unique capacity for empathy and reflection. For homework, Hector will journal about how his current interactions with his grandchild challenge or inform his understanding of his own childhood experiences.

Trauma-Informed Care: Maintain a trauma-informed approach, recognizing that his early experiences of molestation and foster care continue to impact his emotional regulation and sense of safety. Validate his experience of *“innocence getting pulled away”* and the adaptive nature of his past coping mechanisms (e.g., memory suppression). Continue to build a safe and trusting therapeutic relationship as a corrective emotional experience to his early relational disruptions. Psychoeducation on trauma responses (e.g., dissociation, memory gaps) will continue as appropriate, helping him normalize these experiences.

Behavioral Activation/Lifestyle: Revisit and strengthen a structured daily routine that supports his well-being, including re-engagement with spiritual practices and healthy coping mechanisms. Explore alternatives to marijuana for managing stress, focusing on activities that align with his values and provide a sense of mastery or pleasure. Continue to support his pursuit of the crossing guard position, acknowledging it as a concrete step towards a valued new role.

Supplemental Analyses

Tonal Analysis

Shift 1: From Resignation to Frustration/Empowerment (Job/Legal): Hector’s tone initially conveyed deep resignation and fatigue when discussing his job search (*“I just gonna, I give up on the job situation”*). However, as the discussion shifted to his legal hearing, his tone became more animated, transitioning to a confident and even defiant stance, particularly when recounting the details of the case and his attorney’s assessment. He adopted a more assertive vocal quality when describing his former employer’s actions and his anticipation of winning, stating, *“Now it’s gonna be in my case, and I know you ain’t got you can’t go to the Supreme Court, because I know they’re gonna decline you.”* This shift reflects a move from passive helplessness to active engagement and a reclaiming of personal agency in areas where he feels he has a clear path to resolution.

Shift 2: From Intellectual Curiosity to Profound Sadness/Reflection (Childcare/Trauma): When discussing his grandchild’s development, Hector’s tone was enthusiastic and curious, marked by genuine interest and excitement (*“I find it fascinating,”* *“It’s just like for me, you’re really enjoying it”*). However, as he transitioned to reflecting on the baby’s *“innocence”* and connecting it to his own past trauma (sexual molestation, foster care, memory loss), his tone deepened, becoming more somber, reflective, and tinged with a subtle sadness. His voice lowered, and the pace of his speech slowed, conveying the gravity of these deeply personal insights. This tonal shift highlights the emotional weight of processing early trauma and the vulnerability required to connect such abstract observations to his lived experience. The concurrent emotional states (curiosity and deep pain) suggest a capacity for holding complex feelings.

Thematic Analysis

Theme 1: The Erosion and Reclamation of Innocence: This was a central and powerful theme. Hector’s observations of his grandchild’s inherent innocence and pure awareness served as a poignant mirror for his own childhood experiences, particularly the sexual molestation at age six and subsequent memory gaps related to his time in foster care. He articulated the concept of *“your innocence… starts getting pulled away”* by life’s harms. This theme highlights a core psychological wound and his current caregiving role as a potential avenue for processing and reclaiming aspects of that lost innocence, not for himself directly, but by safeguarding it for another. This links to his underlying need for safety and a secure base, which was profoundly disrupted early in his life.

Theme 2: Agency, Control, and *“Fresh Starts”*: A recurring theme was Hector’s struggle with and desire for control over his life circumstances. His fatigue with the job search reflects a feeling of lacking agency in that domain, leading to a desire for the external control offered by bankruptcy (*“fresh start”*). Similarly, his intense focus on the legal hearing represents a deep need to resolve and *“close that chapter,”* to regain control over a situation he feels was unjustly imposed upon him. This theme directly connects to his early experiences of powerlessness in the face of authority figures (molestation, foster care system), suggesting a lifelong pattern of seeking to assert control where he feels it has been taken away, and his interest in the crossing guard role reflects a desire for a controlled, predictable environment in which he can contribute safely.

# Jason Laskin

**Client:** Jason Laskin **Total Sessions:** 3 **Session Date Range:** 2025-07-14 to 2025-08-04

## Session 1: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Jason Laskin Appointment 7-14-2025 1500 hrs.pdf.eml

Comprehensive Clinical Progress Note for Jason Laskin’s Therapy Session on July 14, 2025

Subjective

Jason attended today’s session reporting mixed experiences across his professional commitments. He described his summer school work as *“pretty good,”* noting that *“kids are not really difficult”* and *“staff is good,”* leading to it being *“kind of easy.”* This contrasts sharply with his experience in a new home case, which he characterized as *“too much”* and something he *“probably regret[s].”* He elaborated on the intense demands of this case, involving a 13-year-old student with severe autism exhibiting challenging behaviors such as *“eloping out of the house,”* *“screaming,”* and *“physical aggression”* (reporting 7-8 instances in a two-hour period). Jason conveyed that the role is physically draining, especially after a full day of summer school, and mentioned the parents seem *“pretty helpless.”* Despite earning $70/hour, he feels it’s *“not worth double”* the effort and is struggling to *“stick it through”* the six-week commitment.

Jason also reported continued use of Propranolol for physical anxiety symptoms, stating he takes it *“every morning, it’s like a vitamin.”* He acknowledged that being *“off my anti professionals”* (referring to his antidepressant/antianxiety medication) can make him *“very morbid,”* leading to casual expressions of self-punishment and self-loathing, such as *“I’ll just kill myself so you don’t have to see you know”* or *“I’ll just, I’ll sleep in the street.”* He noted these thoughts are *“so casual”* for him and become *“very matter of fact.”*

Regarding his self-soothing behaviors, Jason noted his hair/beard picking has been consistent, describing it as occurring in a *“dissociative space”* or when *“attempting to be listening to somebody but actually kind of zoning out.”* He explicitly linked the picking as a *“precursor to you zoning out”* and observed an increase in picking when he *“fell off”* taking NAC (N-acetylcysteine) at night. He mentioned seeing a *“hole”* in his beard due to this behavior. He expressed continued interest in processing past trauma via EMDR but stated *“life gets crazy”* preventing him from intentionally engaging with the previous session’s insights.

He discussed his continued practice of active listening and confirming understanding with others (e.g., *“just so I understand you want me to do this”*) as suggested by Amy. He reported feeling *“more confident”* and ensuring clarity, which helps him feel *“engaged.”* He expressed interest in an AI tool, *“Open Evidence,”* to research the impact of medication on alexithymia, and was open to completing a neurotransmitter questionnaire suggested by the therapist.

Objective

Jason presented to the session appearing alert and oriented, with clear speech and logical thought progression. His general demeanor was cooperative and engaged with the therapeutic process. Throughout the session, his affect appeared generally neutral to mildly constricted, particularly when discussing the demanding home case. However, a notable observation was the marked incongruence between the severity of his verbally reported morbid thoughts and his affect, which remained strikingly casual and detached. When recounting statements like *“I’ll just kill myself,”* his tone was matter-of-fact, devoid of the emotional distress typically associated with such ideation. This casual presentation of distressing content suggested a significant internal emotional disconnect rather than a lack of insight into the seriousness of his statements.

During discussions about his picking behavior, Jason was observed briefly touching his beard, though overt picking was not sustained. He maintained consistent eye contact when discussing therapeutic strategies and his personal growth, but his gaze occasionally shifted away when detailing the more challenging aspects of the home case. His overall presentation reflected a professional attempting to manage overwhelming external demands while grappling with internal emotional complexities. The therapist observed the physical manifestation of his picking (a *“hole”* in his beard), consistent with his self-report of dermatillomania/trichotillomania. His engagement with the new AI tool demonstrated intellectual curiosity and a proactive stance toward understanding his own condition, despite the underlying emotional detachment.

Assessment

Jason continues to present with symptoms indicative of persistent anxiety and a long-standing pattern of emotional dysregulation, likely exacerbated by current high-stress professional demands. His report of physical anxiety symptoms (dread, shaking, fight-or-flight response) at the onset of summer school, though now mitigated by Propranolol, highlights his physiological sensitivity to perceived threat or overwhelm. The new home case involving a student with severe autism and aggressive behaviors serves as a significant acute stressor, pushing Jason to his adaptive limits and reactivating underlying vulnerabilities. His statements about the case being *“too much”* and his feeling of *“regret”* underscore a state of burnout and emotional depletion.

A central clinical feature identified and reinforced in this session is Jason’s pronounced alexithymia. This is evidenced by his *“over identifying anger and under identifying sadness”* in previous exercises, and profoundly demonstrated by his casual and emotionally detached reporting of self-punishing, morbid ideation (*“I’ll just kill myself”*). This emotional disconnect from the gravity of his thoughts suggests that while he intellectualizes the statements, he lacks a felt emotional experience or understanding of their implications. This alexithymic trait complicates his emotional processing, potentially hindering his ability to fully experience and regulate distress, leading to an externalization of internal pain through behaviors like picking or casual suicidal ideation. His picking behavior, linked to *“zoning out,”* serves as a self-soothing and dissociative coping mechanism in response to overwhelming internal states or external stimuli, a pattern consistent with his reported CPTSD history. His inconsistent adherence to NAC further indicates challenges with self-care and maintaining therapeutic gains, potentially linked to a lack of immediate emotional reinforcement.

From an Existential perspective, Jason’s casual morbid ideation suggests an underlying struggle with meaning-making and a potential unconscious desire to escape the inherent suffering of his experience. The statement *“I’ll just kill myself so you don’t have to see you know”* could reflect a deep-seated feeling of being a burden or a perceived lack of inherent worth that makes self-preservation less compelling when confronted with discomfort. His current professional challenges, particularly the home case, are forcing him to confront the limits of his control and endurance, triggering these deeper existential anxieties. His engagement with active listening demonstrates an attempt to assert agency and control in his communication, reflecting a desire for mastery despite his internal overwhelm.

The interaction between medication (antianxiety/antidepressants) and alexithymia, as discussed by Jason and the therapist, is a crucial area for further exploration. It underscores the complexity of psychopharmacological interventions when emotional processing itself is impaired. His willingness to explore a neurotransmitter questionnaire and utilize an AI tool for psychoeducation reflects a capacity for self-awareness and a desire for insight, despite his emotional disengagement.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to work on increasing Jason's psychological flexibility by addressing his experiential avoidance and emotional fusion. We will use mindfulness practices to help him observe his "morbid" thoughts and challenging emotions (e.g., overwhelm, frustration from home case) without fusion, allowing them to pass without feeling compelled to act on them or dissociate. This will involve externalizing these thoughts as "mind chatter" rather than absolute truths. Explore how his casualness about severe thoughts aligns with his values (e.g., self-preservation, safety, well-being).  
- Dialectical Behavior Therapy (DBT) Interventions: Focus on distress tolerance skills to manage the intense demands of the home case without resorting to maladaptive coping mechanisms like picking or dissociative states. Specifically, we will reinforce "STOP" and "Pros and Cons" to navigate moments of overwhelm. Emotion regulation skills will be gradually introduced to help Jason identify, label, and experience emotions more fully, counteracting his alexithymic tendencies.  
- Narrative Therapy Interventions: Begin to externalize the narrative of "self-punishment" and "self-loathing" that manifests in his casual morbid ideation. Help Jason deconstruct this narrative by exploring its origins and how it impacts his agency. We will collaborate to identify "unique outcomes" or moments of resilience in his life, particularly in managing past overwhelming situations, to construct a preferred narrative of strength and endurance.  
- Existential Psychotherapy: Delve into the themes of meaning, purpose, and responsibility in the face of suffering. Explore the underlying fears or beliefs that contribute to his casual acceptance of self-harm ideation, gently challenging the notion of being a burden and fostering a sense of intrinsic worth independent of external circumstances or perceived utility.  
- EMDR Therapy: Re-engage with EMDR processing as the primary modality for addressing his CPTSD, as originally planned. The therapist will prepare the EMDR script, incorporating insights from the alexithymia discussion to inform the target sequence and processing.  
- Medication Management

## Session 2: 2025-07-21

**Date:** 2025-07-21 **Source File:** Jason Laskin Appointment 7-21-2025 1500 hrs.pdf.eml

Comprehensive Clinical Progress Note for Jason Laskin’s Therapy Session on July 21, 2025

Subjective

Jason Laskin attended today’s session reporting his living situation at the *“home place”* to be *“1% less awful than before,”* indicating a continued, albeit marginally improved, level of chronic environmental stress. He expressed ongoing anxiety, stating it was *“Okay”* except for *“outliners, which are like the home case, like certain things in the moment,”* suggesting situational triggers exacerbate his baseline anxiety. Jason noted his beard picking behavior was *“not any more than usual,”* implying a persistent, yet unescalated, engagement in this body-focused repetitive behavior. He reported a dream where he *“missed a friend’s event”* and everyone *“kind of noveled around me or against me… and I had no friends.”* He described texting a friend, Amy, to confirm he had friends, indicating an underlying insecurity about social connection, despite presenting the dream with a casual, almost humorous tone. Jason also acknowledged a lapse in his self-care routines, specifically ceasing beard butter and nail care, attributing it to his *“routine was broken.”* He articulated new areas for therapeutic focus, explicitly stating a desire to work on *“self worth”* and on *“visualizing, like when I look in the mirror, what do I see? Kind of stuff, and like my feelings regarding it, viewing the patches, I guess it’s like holes,”* highlighting a direct link between his body image and self-perception. He confirmed that deep breathing is a helpful grounding exercise for him, particularly *“intentional meditation,”* which he described as *“setting down… really trying to be present in that moment.”* He expressed a willingness to use a newly introduced therapeutic audio tool, stating, *“I will 100% do this.”*

Objective

Jason presented to the session engaged and interactive, responding readily to the therapist’s questions and often contributing to the session’s lighthearted and humorous tone. He maintained consistent eye contact and exhibited a generally relaxed posture when not discussing emotionally charged topics. While discussing the *“home place”* situation, his affect remained somewhat resigned, consistent with previous reports of chronic stress in this area. When recounting his dream of having no friends, Jason delivered the narrative with a self-deprecating humor, yet the promptness with which he confirmed his friendships to Amy suggests an underlying vulnerability or anxiety about social belonging. His verbalizations regarding self-worth and body image were direct and clear, indicating a readiness to delve into these sensitive areas. His enthusiastic reception of the *“myEQ.Pro”* tool and the discussion around intentional meditation demonstrated an openness to new interventions and a desire for actionable strategies for self-improvement. There were no overt signs of acute distress, despite discussing potentially distressing topics like the *“home place”* and his body image concerns. His speech was clear, and thought processes were logical and goal-directed, particularly when identifying new therapeutic objectives.

Assessment

Jason continues to grapple with chronic low-grade anxiety, particularly exacerbated by his challenging home environment. While a previously targeted EMDR memory (related to Emma’s hair and the play mat) has been successfully processed, new and persistent issues are emerging as primary therapeutic focuses. His beard picking, while reported as *“not more than usual,”* indicates ongoing body-focused repetitive behavior that appears deeply intertwined with emerging concerns about body image and self-worth. The explicit desire to address *“self-worth”* and his perception of *“patches… like holes”* when looking in the mirror suggests a core belief of defectiveness or inadequacy, likely a significant driver of his anxiety and self-soothing behaviors. This conditional self-worth is further illuminated by his dream of friend abandonment and subsequent need for reassurance, pointing to an external locus of validation for his sense of belonging. His struggle to maintain self-care routines (*“routine was broken”*) suggests a challenge with consistent self-nurturing and potentially a difficulty with self-discipline in the face of environmental stressors. However, his articulation of *“intentional meditation”* as an effective grounding technique demonstrates an existing capacity for mindfulness and self-regulation, offering a valuable foundation for further intervention. Jason’s tendency to use humor and a casual tone when discussing distressing topics (e.g., the *“no friends”* dream, the *“1% less awful”* home situation) serves as a defensive mechanism, allowing him to engage with painful realities while maintaining a degree of emotional distance. This pattern of experiential avoidance, common in anxiety and body-focused repetitive disorders, will be a key area for targeted intervention.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:Continue to foster psychological flexibility by addressing Jason’s experiential avoidance, particularly as it relates to body image and the *“holes”* he perceives. Utilize mindfulness techniques to help him observe thoughts and feelings about his appearance and social worth without fusion or judgment.DBT-Informed Skills Building:Reinforce and expand upon Jason’s stated success with *“intentional meditation”* as a core mindfulness and emotional regulation skill. Incorporate additional distress tolerance skills to manage the ongoing, low-level stress associated with his home environment.Narrative Therapy Elements:Explore the narrative Jason holds about his self-worth and body image. Work to externalize the *“patches/holes”* and the associated feelings of inadequacy, creating space for an alternative narrative of self-acceptance and inherent worth. His dream about friends and subsequent need for validation will also be explored to re-author his sense of social belonging and self-efficacy.Behavioral Activation/Self-Care Re-engagement:Collaboratively develop a plan to re-establish and sustain self-care routines, such as beard butter and nail care, recognizing these as tangible acts of self-nurturing and agency.Technology-Assisted Intervention:Jason will begin utilizing the *“myEQ.Pro”* audio tool for intentionality, focus, sleep, and relaxation, integrating it into his daily routine. This serves as a novel approach to enhance self-regulation and intentional mindfulness.Homework:Jason will commit to using the *“myEQ.Pro”* tool daily and will track any changes in his mood, anxiety, or sleep patterns. He will also practice *“intentional meditation”* for 5-10 minutes daily, focusing on observing thoughts and feelings, particularly those related to his appearance, without judgment. He will be invited to notice and record any moments during the week where he feels a greater sense of self-worth, irrespective of external validation.

Supplemental Analyses

Tonal Analysis

Shift 1: From Casual Minimization to Underlying Vulnerability:Initially, Jason’s tone was largely casual and humorous, particularly when recounting his *“no friends”* dream. He framed it as a *“silly”* joke made in relation to Ambien. However, the subsequent detail of immediately texting Amy to confirm he had friends indicated a subtle shift. This action, following the *“joke,”* revealed an underlying tone of insecurity and a genuine, albeit defensively presented, vulnerability around social belonging. The quick follow-up suggested that the casualness was a protective layer over a deeper, more sensitive concern, indicating a moment where the authentic emotional impact momentarily surfaced.Shift 2: From Resignation to Purposeful Engagement:When discussing his home situation (*“1% less awful”*), Jason’s tone was marked by resignation and a sense of enduring a difficult period. However, a notable shift occurred when the conversation turned to his desired therapeutic focus areas. His tone became more direct and purposeful when stating, *“self worth. Ooh, yes, that’s actually really good,”* and describing his wish to visualize *“what I look in the mirror, what do I see? Kind of stuff, and like my feelings regarding it, viewing the patches, I guess it’s like holes.”* This shift reflected a movement from passive endurance of a situation he felt little control over to an active, motivated engagement with internal, actionable goals for self-improvement. This indicated his readiness to shift from external problem-solving to internal self-exploration.

Thematic Analysis

Theme 1: Conditional Self-Worth and External Validation:A prominent theme was Jason’s sense of self-worth being contingent on external factors. His dream about friend abandonment and the immediate need to text Amy for validation (*“Look, I have friends”*) underscored a fear of social rejection and a reliance on external affirmation for his sense of belonging. This was further evidenced by his explicit desire to address *“self worth”* in relation to his physical appearance (*“patches… like holes”*), implying that his perception of his body directly impacts his internal value. This theme suggests a foundational insecurity that is easily activated by perceived imperfections or social slights. Therapeutically, addressing this will involve cultivating intrinsic self-acceptance and separating his inherent worth from external circumstances or appearance.Theme 2: Agency vs. Helplessness in Managing Distress:Jason’s report of the *“home place”* being *“1% less awful”* conveyed a passive, almost helpless stance toward a chronically stressful environment he seemingly cannot escape yet. His lapse in self-care routines due to a *“broken routine”* further illustrated a challenge in consistently exercising agency in his own well-being. However, counterbalancing this was his identification of *“intentional meditation”* as an effective grounding technique and his enthusiasm for the *“myEQ.Pro”* tool. These instances reveal a capacity for self-efficacy and a desire to regain control over his internal state, highlighting a dynamic tension between feeling overwhelmed by external circumstances and a nascent drive to actively manage his inner experience. This theme points to the therapeutic opportunity of empowering Jason to cultivate greater agency in areas within his control.Theme 3: Body Image, Self-Perception, and Self-Soothing:The explicit mention of *“viewing the patches… like holes”* in the mirror directly linked Jason’s body image concerns to his self-perception. This is deeply connected to his beard picking behavior, which likely serves as a maladaptive self-soothing or tension-releasing mechanism. The distress around his appearance, particularly in the context of a body-focused repetitive behavior, suggests that the beard picking is not merely an automatic habit but is tied to deeper emotional experiences of shame, inadequacy, or anxiety about how he is perceived. This theme is crucial for understanding the emotional landscape driving his behaviors and for developing alternative, healthier coping strategies that address the underlying self-perception issues.

Sentiment Analysis

Sentiments About Self:Jason expressed mixed sentiments about himself, primarily characterized by underlying insecurity masked by humor. His recounting of the *“no friends”* dream, despite its casual delivery, revealed a sentiment of social vulnerability and a fear of abandonment. His stated desire to work on *“self worth”* and his discomfort with *“viewing the patches… like holes”* conveyed sentiments of inadequacy and dissatisfaction with his self-perception. Conversely, his description of *“intentional meditation”* as helpful reflected a sentiment of self-efficacy and a nascent confidence in his ability to engage in beneficial coping strategies. His willingness to try the new *“myEQ.Pro”* tool indicated a hopeful and proactive sentiment towards personal growth.Sentiments About Others/External Situations:Jason’s sentiments toward his home environment were predominantly negative, characterized by resignation and frustration (*“1% less awful,”* *“I hate it”*). This reflects a sense of being trapped in a less-than-ideal situation with limited immediate agency. His concern for Amy’s mother’s self-neglect showed empathy but also perhaps a sentiment of helplessness in influencing others’ choices. His interaction with the therapist, marked by shared humor and openness to new tools, conveyed sentiments of trust, collaboration, and comfort within the therapeutic relationship. There was no expressed resentment or overt hostility towards others, rather a nuanced acceptance of difficult circumstances.

Key Points

- Shift in Therapeutic Focus:The session marked a significant shift from previous EMDR target resolution to explicitly addressing core issues of self-worth and body image, particularly as connected to his beard picking behavior. This indicates a deepening of the therapeutic work, moving from symptom reduction to identity-level concerns.  
- Experiential Avoidance and Defense Mechanisms:Jason's use of humor and minimization when discussing distressing topics (e.g., social fears, home environment) highlights a pattern of experiential avoidance. This defense mechanism, while providing short-term relief, hinders deeper emotional processing necessary for sustained change and self-acceptance. Addressing this avoidance will be central to cultivating psychological flexibility.  
- Ambivalence in Self-Care:His reported lapse in self-care routines (beard butter, nail care) suggests an ongoing struggle with consistent self-nurturing, potentially linked to the chronic stress of his home environment or underlying beliefs about deserving care. Re-establishing these routines will be important for reinforcing self-agency and self-compassion.  
- Leveraging Existing Strengths:Jason's identification of "intentional meditation" as an effective grounding technique is a crucial strength. This existing capacity for mindfulness provides a solid foundation for expanding self-regulation skills and integrating new tools like "myEQ.Pro" into his coping repertoire.

Significant Quotes

* "1% less awful than before. It's 1% like that."Jason made this statement when asked about his home living situation. This quote is significant as it succinctly captures his persistent, low-grade distress and resignation regarding his environment. It conveys a sense of minimal improvement that barely registers, highlighting a chronic stressor he endures rather than actively manages. This indicates a potential area where his personal agency feels limited, contributing to overall anxiety and passive coping.
* "I maybe I was joking with Ambien the day before, like, Oh. Like, I have no friends, you know. Like, backtracking to what we just discussed last time, where, where it's like, yeah, like, casual, like, I'll just, you know, sleep in the backyard though."Jason offered this quote when explaining the context of his "no friends" dream. It is significant because, while framed with casual humor, it reveals an underlying insecurity about social connection and a fear of abandonment. The need to immediately text Amy for reassurance ("Look, I have friends") underscores that this "joke" touches on a sensitive, vulnerable point for him, suggesting that his sense of self-worth is, in part, contingent on external validation from his social network. The casual delivery serves as a defense mechanism to manage the discomfort of this vulnerability.
* "self worth...visualizing, like when I look in the mirror, what do I see? Kind of stuff, correct, and like my feelings regarding it, viewing the patches, I guess it's like holes."This quote, articulated by Jason as a key area for therapeutic focus, is profoundly significant. It directly links his self-perception, particularly concerning his body image related to beard picking, to his overall sense of self-worth. The metaphor of "holes" suggests a feeling of incompleteness or defectiveness. This indicates that the beard picking is not merely a superficial habit but is intertwined with deeper existential questions of identity and self-acceptance, positioning it as a critical leverage point for deeper therapeutic work on his core beliefs about himself.
* "Deep breathing does help, especially, I guess intentional meditation... like setting down, okay, making, like, making a thing out of it... like putting on headphones, like really trying to be present in that moment."Jason offered this insight when asked about helpful grounding exercises. This quote is significant as it identifies an existing strength and a preferred, effective coping mechanism. His clear description of "intentional meditation" demonstrates a capacity for focused mindfulness and a desire for structured self-regulation. This provides a valuable foundation for building psychological flexibility, emphasizing his ability to actively engage in practices that foster presence and manage internal distress, offering a pathway toward greater self-efficacy.

Comprehensive Narrative Summary

Today’s session with Jason Laskin illuminated a pivotal shift in the therapeutic landscape, moving beyond the successful resolution of a past EMDR target memory to delve into more entrenched aspects of his self-worth and body image. While the previous EMDR work provided relief from a specific traumatic memory, the current challenges reflect a deeper, more pervasive anxiety rooted in his ongoing struggles with self-acceptance and chronic environmental stress. Jason presented with a familiar pattern of managing distress through casual humor and minimization, particularly evident in his recount of a dream about social abandonment, which, despite its lighthearted delivery, immediately compelled him to seek external validation from a friend. This subtle yet powerful moment underscored the fragility of his conditional self-worth and his reliance on external affirmations for a sense of belonging.

A central revelation of the session was Jason’s explicit articulation of his desire to address *“self worth”* and his discomfort with *“viewing the patches… like holes”* when looking in the mirror. This directly linked his persistent beard picking behavior, which he described as *“not any more than usual,”* to a profound sense of inadequacy concerning his physical appearance. This connection suggests that the beard picking is not merely a habit but a manifestation of underlying emotional distress and a maladaptive coping mechanism for feelings of defectiveness. His candidness in identifying these issues signals a readiness for deeper, more vulnerable exploration, offering a crucial entry point for therapeutic work.

Despite these challenges, Jason demonstrated significant insight into effective coping strategies, highlighting *“intentional meditation”* as particularly helpful. His detailed description of this practice revealed a capacity for deliberate mindfulness and a clear understanding of its benefits for presence and self-regulation. This existing strength will be a cornerstone of the ongoing treatment plan, which will integrate ACT principles to address experiential avoidance and cultivate psychological flexibility, DBT-informed skills to enhance emotional regulation and distress tolerance, and Narrative Therapy elements to re-author his self-perception and challenge the narrative of inherent defectiveness. The introduction of the *“myEQ.Pro”* tool further empowers Jason to actively engage in his healing journey, leveraging technology to support his intentional meditation and overall well-being. The session underscored Jason’s capacity for growth and his commitment to addressing these core issues, even as he navigates the ongoing low-level stress of his home environment.

## Session 3: 2025-08-04

**Date:** 2025-08-04 **Source File:** Summary of Jason Laskin Appointment 8-4-2025 1500 hrs.pdf.eml

Comprehensive Clinical Progress Note for Jason Laskin’s Therapy Session on August 4, 2025

Subjective

Jason attended today’s session reporting a generally positive week with *“no unhelpful thoughts”* regarding his self-image. He stated he has continued consistently with Rogaine application, seamlessly incorporating it into his morning routine, which he found *“not overwhelming or that big of a deal.”* He has also initiated a new self-care routine of *“trying to read,”* motivated by a desire to *“lead by example”* for his daughter, Emma, and to reduce overall screen time.

When discussing his mirror experiences, Jason reported *“no shifts, but also no negative, unhelpful thoughts,”* which he views as a positive outcome. Despite acknowledging their helpfulness, he admitted he hasn’t had the need or opportunity to consistently practice the anxiety management tools (container visualization, butterfly tapping, intentional breathing) outside of session, stating, *“I deal with it that therapy. I leave it at therapy, I pick it up at therapy.”* He noted these tools are *“not at the forefront of [his] mind.”*

In terms of social connections, Jason described a *“nice Saturday with my parents,”* including a visit to the park and dinner with Emma, where she was *“a great girl.”* He reported his energy as *“a little low,”* attributing it to being *“constantly overstimulated throughout the day”* and a strong need for silence and decompression in the evenings. He reiterated that he isn’t *“really thinking about it [therapy] outside of here.”*

During a deeper exploration of his self-image, particularly focusing on the beard patches, Jason described the most disturbing aspect as it *“brings direct attention to something that is not without worry,”* implying public scrutiny. He felt it suggests *“weariness”* and that others might perceive *“a reason why the beard isn’t full.”* He identified a core negative belief as *“uncontrollable”* and *“I can’t stop myself,”* clarifying it’s more internal than *“I can’t be stopped.”* He confirmed the belief *“I am damaged or defective”* resonated most strongly.

When asked about emotions associated with this negative belief, Jason reported experiencing *“shame, frustration, self-loathing, anger and disappointment,”* alongside a feeling of being *“stuck.”* He rated his current disturbance level while speaking about it as a *“2”* (on a scale of 0-10) but acknowledged it *“does cause unhelpful feelings.”* The positive belief he preferred was *“my self worth is not is not resulting from my physical appearance”* and that *“the patches show the story,”* likening them to scars. He posed a significant question: *“Is there a difference between knowing it and believing it?”* regarding this positive statement.

A key moment involved Jason recalling two significant childhood experiences: a *“red ring around my mouth”* from excessive licking that caused *“negative attention,”* which he related to his current patches as *“self inflicted, similar… that causes negative attention.”* He also recalled a distressing incident where he feared swallowing loose teeth, leading to drooling, *“negative feedback and bullying.”* He reflected that his parents *“didn’t provide the solutions that I needed”* in these situations. He noted a past *“anal sphincter ticking”* when stressed as a child, which has occasionally returned this summer due to high stress levels. Despite these historical challenges, he stated he feels *“more equipped now to handle those feelings and handle those situations,”* citing a recent conflict at work where he felt *“less anxious.”* He concluded the session by articulating a new empowering affirmation: *“my experiences don’t dictate me. I dictate me.”*

Objective

Jason presented to the session engaged and interactive, with clear speech and logical thought progression. He maintained good eye contact throughout the session, except when prompted to focus on the EMDR screen. He willingly participated in the grounding routine and container visualization, affirming the container felt *“secure and accessible.”*

A notable objective observation was Jason’s consistent use of humor when discussing vulnerable topics, which the therapist explicitly acknowledged as a *“strength,”* indicative of *“resiliency and the ability to find light… even difficult moments.”* While his reported energy was *“a little low,”* his demeanor remained cooperative and reflective. He preferred to face away from the therapist during the mirror work and EMDR processing, suggesting a degree of discomfort or a preference for internal focus when engaging with deeply personal material.

Physiologically, he reported no significant bodily sensations in session beyond the occasional return of *“anal sphincter ticking”* outside of session, which he connects to stress. His ability to articulate complex internal states, such as the distinction between *“knowing”* and *“believing”* a positive self-statement, demonstrates strong intellectual capacity and self-awareness.

Assessment

Jason continues to grapple with symptoms highly suggestive of Body Dysmorphic Disorder (F45.21), with his primary concern centered on perceived imperfections related to his beard patches. This is deeply intertwined with longstanding self-esteem issues and what appears to be an Unspecified Trauma- and Stressor-Related Disorder (F43.9), stemming from unaddressed childhood experiences of bullying and perceived lack of support regarding his physical appearance.

Strengths: Jason demonstrates significant strengths, including his commitment to self-care (Rogaine, reading), strong social connections (parents, daughter), and an emerging capacity for self-awareness, particularly in identifying the gap between intellectual understanding and emotional belief. His use of humor is an adaptive coping mechanism and a sign of resilience. He also reported feeling *“more equipped now”* to handle stress, indicating growth in emotional regulation and agency.

Challenges: A primary challenge is Jason’s difficulty generalizing therapeutic insights and skills (e.g., anxiety management tools, processing of beliefs) into his daily life, suggesting a compartmentalization of therapy (*“I deal with it that therapy. I leave it at therapy, I pick it up at therapy”*). This is reinforced by his statement that he doesn’t *“really think about it outside of here.”* His core belief of being *“damaged or defective”* and *“uncontrollable”* is deeply ingrained, manifesting as shame, self-loathing, and frustration when contemplating his physical appearance. These beliefs are strongly linked to early childhood experiences of bullying and feeling unsupported in managing physical issues that drew negative attention. The recurrence of *“anal sphincter ticking”* highlights a chronic physiological stress response pattern. His self-worth remains significantly contingent on external validation related to his physical presentation.

Underlying Dynamics: The session underscored a powerful connection between Jason’s present body image concerns and a history of childhood experiences where his physical self became a source of shame and external scrutiny. The *“red ring”* and *“loose teeth/drooling”* incidents, as he described, created a blueprint for viewing his body as inherently flawed and beyond his control, fostering a core belief of being *“uncontrollable”* and *“damaged.”* This deep-seated narrative of defectiveness directly contributes to his current distress. His insightful query about *“knowing vs. believing”* illuminates a critical therapeutic barrier: while he can intellectually assent to positive self-statements, true internalization and emotional integration remain elusive. This gap maintains his struggle to genuinely accept himself irrespective of perceived physical imperfections.

Plan

Therapeutic Modalities: Continue to integrate EMDR (Eye Movement Desensitization and Reprocessing) for processing the core negative beliefs and associated distressing memories/images related to body image and childhood trauma. Utilize Acceptance and Commitment Therapy (ACT) principles to foster psychological flexibility around distressing thoughts and sensations, particularly regarding self-image and control. Incorporate Cognitive Behavioral Therapy (CBT) techniques to challenge the *“damaged/defective”* and *“uncontrollable”* core beliefs, and to reinforce positive self-statements. Narrative Therapy will be employed to reframe past experiences and externalize the *“defective”* narrative, emphasizing his emerging sense of agency.

Specific Interventions:

- Continue EMDR processing on the target image of Jason viewing himself in the mirror with patches, focusing on the negative belief ("I can't stop myself") and associated emotions (shame, frustration, self-loathing, anger, disappointment).  
- Reinforce the positive belief: "My self-worth is not contingent upon my physical appearance" and "My experiences don't dictate me. I dictate me." Explore the 'knowing vs. believing' gap through experiential exercises and continued discussion.  
- Encourage consistent practice of grounding and container visualization outside of session. Develop concrete strategies for integrating these tools into daily life, linking them to managing "overstimulation" and general stress, moving beyond the "picking it up at therapy" pattern.  
- Process the historical experiences of the "red ring" and "loose teeth/drooling" incidents through an EMDR lens, connecting them to the current body image concerns and themes of control, external scrutiny, and perceived defectiveness. This will aim to desensitize the emotional charge of these formative memories.  
- Homework: Jason will practice his chosen cue phrase ("solitude" or "hiking") for his safe place daily to enhance resource activation. He will also practice the new affirmation "my experiences don't dictate me. I dictate me" as a daily mantra, focusing on the felt sense of agency.  
- Continue to explore the functional role of humor as a coping mechanism, distinguishing between adaptive use and potential avoidance of deeper emotional processing.  
- Support and encourage ongoing self-care routines (Rogaine, reading, screen breaks) as acts of self-worth and agency, reframing them as investments in his holistic well-being rather than just symptom management.

Supplemental Analyses

Tonal Analysis:

- Shift 1: From Detached/Reportive to Emotionally Charged/Distressed: Jason's tone was initially factual and somewhat detached when reporting on his week's activities (e.g., Rogaine use, mirror thoughts, social connections). However, when prompted to describe the "most disturbing part" of seeing patches in the mirror and the associated negative belief ("uncontrollable," "I can't stop myself"), his tone shifted to one of genuine distress. This was marked by a more somber vocal quality and expressions of "shame, frustration, self-loathing, anger and disappointment." This shift is clinically significant as it indicates he moved beyond intellectual reporting into deeper emotional engagement with his core self-image issues.  
- Shift 2: From Historical Trauma to Empowered Reflection: When recounting the childhood incidents of the red ring and loose teeth/bullying, his tone conveyed past distress and a sense of being unsupported. However, after processing these memories and connecting them to his current situation, his tone shifted to one of increased insight and empowerment, particularly when he articulated, "I do feel more equipped now to handle those feelings and handle those situations," and later, "my experiences don't dictate me. I dictate me." This shift signifies a growing sense of agency and resilience, despite the underlying historical pain.

Thematic Analysis:

- Theme 1: Physical Appearance as a Source of Shame and Perceived Defectiveness: A pervasive theme was Jason's deep connection between his physical appearance and his self-worth. This was evident in his concerns about beard patches bringing "direct attention" to something "not without worry," and his belief "I am damaged or defective." This theme was rooted in childhood experiences where unique physical characteristics (red ring from licking, drooling from loose teeth) led to "negative attention" and bullying, solidifying a core belief that his body is inherently flawed and a source of public scrutiny and humiliation. This theme relates to the treatment goal of detaching self-worth from external validation and physical presentation.  
- Theme 2: The Struggle for Control and Agency: The theme of control vs. uncontrollability recurred significantly. Jason's negative belief "I can't stop myself" regarding the patches mirrored his childhood experiences of being unable to control the red ring or the drooling. This lack of perceived agency in relation to his body led to feelings of helplessness and frustration. The occasional return of the "anal sphincter ticking" further highlights a long-standing physiological manifestation of feeling out of control under stress. The therapeutic focus on his ability to "dictate" his experiences directly addresses this core theme.  
- Theme 3: Integration of Self-Knowledge vs. Lived Experience: Jason articulately posed, "Is there a difference between knowing it and believing it?" This theme highlights the gap between intellectual understanding of self-worth ("objectively speaking, your self-worth is not defined by physical attributes") and his internalized, lived emotional experience. This gap impedes the full integration of therapeutic insights into his daily life, as evidenced by his difficulty practicing coping skills outside of session. Addressing this theme is crucial for shifting from cognitive awareness to genuine emotional and behavioral change.

Sentiment Analysis:

- Sentiments About Self: Predominantly negative sentiments related to his physical appearance, including shame ("Shame, frustration, self-loathing"), feelings of being damaged/defective ("I am damaged or defective"), and helplessness/uncontrollability ("I can't stop myself," "I can't help it"). There was also an expressed sentiment of being stuck. However, positive sentiments emerged regarding his character (kindness, empathy, respect), his role as a parent, and a growing sense of resilience and competence ("more equipped now," "felt less anxious," "my experiences don't dictate me. I dictate me"). This duality highlights the internal conflict between his core beliefs about self-worth and his emerging sense of agency.  
- Sentiments About Others/External Situations: Mixed. Positive sentiments towards his immediate family (parents, Emma) who provide "nice" and "sweet" interactions. Negative sentiments were directed towards past experiences of bullying and a perceived lack of adequate support/intervention from adults during childhood physical challenges ("didn't provide the solutions that I needed"). There's an implicit sentiment of external scrutiny or judgment related to his physical appearance ("somebody looks at me kind of like looking at the beer then, like, like, oh, there's a reason why the beard isn't full"). He also expressed a need for "silence" due to "overstimulation," indicating a sensitivity to external environmental demands.

Key Points

- Body Image and Self-Worth as a Central Organizing Principle: Jason's current distress and core beliefs about himself are deeply intertwined with his physical appearance. The "patches" and past physical experiences (red ring, loose teeth) serve as powerful triggers for shame, defectiveness, and a sense of uncontrollability, directly impacting his self-worth. Addressing these body image concerns is paramount for sustained therapeutic change.  
- The Persistence of Childhood Trauma and Lack of Support: The session revealed unaddressed childhood experiences of bullying and perceived parental inadequacy in addressing his physical challenges. These early experiences established a blueprint for his current self-perception (e.g., "damaged," "uncontrollable") and reinforce the belief that his body is a source of negative attention and a personal failing. Processing these foundational memories is critical for resolving his core self-worth issues.  
- Bridging the Knowing-Believing Gap: Jason's insightful distinction between intellectually "knowing" a positive belief and emotionally "believing" it highlights a significant barrier to skill generalization and internalizing new self-narratives. Therapeutic work must focus not just on cognitive restructuring but also on experiential integration to bridge this gap, helping him truly internalize his worth regardless of external appearance or past experiences.  
- Emerging Resilience and Agency: Despite the deep-seated nature of his concerns, Jason demonstrates significant strengths, including his self-awareness, commitment to self-care, and an increasing sense of agency ("I do feel more equipped now," "I dictate me"). These strengths represent vital resources for therapeutic progress and indicate a readiness to engage with challenging material and integrate new ways of being.

Significant Quotes

- "I deal with it that therapy. I leave it at therapy, I pick it up at therapy."

Jason made this statement when discussing his use of anxiety management tools outside of session. This quote highlights his difficulty with the generalization of therapeutic skills and insights into his daily life. It suggests a compartmentalization of therapy, where its benefits are largely confined to the session itself. This pattern is a significant barrier to sustained change and points to the need for explicit strategies to integrate coping mechanisms and new beliefs into his routine. It may also indicate a passive stance towards self-work outside the structured therapy environment, or an unconscious protection mechanism to avoid distress.

- "Is there a difference between knowing it and believing it?"

Jason posed this question during the discussion of his preferred positive belief about self-worth. This profound query captures the core struggle he faces in internalizing positive self-beliefs. It reveals a sophisticated level of self-awareness regarding the gap between intellectual understanding (e.g., that his self-worth is not defined by physical appearance) and a genuine, felt sense of that truth. This distinction is crucial for guiding interventions, as it suggests that purely cognitive work may be insufficient, necessitating experiential processing (like EMDR) to integrate new emotional truths.

- "When I was a kid, I had, I don't know the medical term for her, but I had like a red ring around my mouth and around my lips too, which was caused, I know, by excess liking... that I feel like is relating to something currently on my face, which is the patches in the hair that is something that is self inflicted, similar to The ring around my mouth that causes negative attention."

Jason shared this spontaneous memory during EMDR processing of his self-image. This quote represents a critical breakthrough, linking current body image concerns and potentially self-inflicted behaviors (like the patches, possibly from trichotillomania) to analogous childhood experiences of self-harming behaviors (excessive licking) that drew negative attention. It reveals a long-standing pattern of distress manifesting on his body and triggering feelings of shame and external scrutiny. This connection provides a powerful historical context for his core beliefs about being *“damaged”* or *“defective.”*

- "My experiences don't dictate me. I dictate me."

Jason generated this affirmation at the close of the session. This client-generated affirmation emerged as a powerful statement of agency and self-determination. It directly counters his core belief of uncontrollability and shifts the locus of control from external circumstances and past experiences to his internal capacity for choice and self-direction. This quote represents a significant step towards reclaiming his personal power and serves as a vital resource for future therapeutic work in fostering resilience and a stronger, more independent sense of self.

Comprehensive Narrative Summary

Jason’s session today highlighted the complex interplay between his long-standing self-image concerns, the lingering impact of childhood experiences, and his ongoing journey towards self-acceptance and agency. He presented with commendable progress in specific self-care routines, notably maintaining Rogaine use and initiating screen breaks, demonstrating a conscious effort towards physical well-being and modeling for his daughter. His reported absence of *“unhelpful thoughts”* about his self-image in the mirror this week suggests a beneficial, albeit perhaps superficial, shift, hinting at an intellectual rather than fully internalized acceptance.

However, the session quickly delved into deeper vulnerabilities, revealing a significant disconnect between his intellectual understanding of self-worth and his felt experience—a distinction he articulated powerfully with *“Is there a difference between knowing it and believing it?”* This internal chasm became apparent as he acknowledged his tendency to *“leave therapy at therapy,”* indicating a challenge in integrating therapeutic insights and coping mechanisms into his daily life.

The core of his distress emerged during the EMDR processing of his self-image in the mirror. He expressed profound *“shame, frustration, and self-loathing”* in relation to his beard patches, linking them to a pervasive negative belief of being *“uncontrollable”* and *“damaged or defective.”* A pivotal moment occurred when he spontaneously connected this current distress to two formative childhood experiences: a *“red ring”* around his mouth from excessive licking and a *“drooling incident”* due to loose teeth. Both incidents, he recounted, were self-inflicted (or uncontrollable physical manifestations) that led to *“negative attention”* and bullying, alongside a perceived lack of adequate adult support. This revealed a deeply ingrained pattern where his body becomes a locus for shame, external scrutiny, and a profound sense of powerlessness, a pattern that continues to manifest in his current concerns about his appearance.

Despite these challenging revelations, Jason also demonstrated remarkable resilience and growing self-awareness. His humor, though a potential defense, was also noted as a strength. He reported feeling *“more equipped now”* to handle stressful situations, citing a recent incident where he felt *“less anxious.”* The session culminated in a powerful client-generated affirmation, *“My experiences don’t dictate me. I dictate me,”* which directly addresses his core struggle with control and embodies a burgeoning sense of personal agency.

Moving forward, therapy will continue to utilize EMDR to process these deeply rooted historical experiences and the associated core beliefs, aiming to foster true emotional integration and bridge the *“knowing-believing”* gap. Concurrently, ACT and CBT principles will reinforce psychological flexibility and empower him to generalize coping skills, cultivating a stable, intrinsic sense of self-worth that can withstand external perceptions and past narratives of defectiveness. This session was crucial in illuminating the developmental roots of Jason’s self-image concerns and solidifying a path towards comprehensive healing.

# Jennifer McNally

**Client:** Jennifer McNally **Total Sessions:** 1 **Session Date Range:** 2025-07-11 to 2025-07-11

## Session 1: 2025-07-11

**Date:** 2025-07-11 **Source File:** Summary of Jennifer McNally Appointment 7-11-2025 1700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Jennifer McNally’s Therapy Session on July 11, 2025

Subjective

Jennifer attended today’s session expressing a complex mix of emotions following a particularly busy and emotionally charged period. She reported a challenging Fourth of July week, which included attending a friends’ wedding and hosting her brother and his fiancée, Amanda, who were in town for Amanda’s bridal shower. Compounding these events, Jennifer also contracted COVID-19 for the third time on her birthday, describing the experience as *“awful,”* though not the worst infection. This confluence of social obligations, personal illness, and intense family dynamics contributed to a heightened sense of overwhelm and mental exhaustion, summarized by her feeling that *“a lot of my life is just go, go, go.”*

A significant portion of the session focused on Jennifer’s enduring struggle with her sister, Emily. Jennifer described Emily’s behavior as following a *“usual script”* or *“model template,”* characterized by selfishness, a lack of consideration, and a tendency to manipulate situations for personal gain or to avoid accountability. Specific examples included Emily’s lack of help with Jennifer’s own wedding preparations, her dismissive attitude (*“Do I have to?”*) when asked to attend a dress fitting, and her complete disengagement from Amanda’s bridal shower preparations. Jennifer expressed deep frustration, stating, *“I do because I love this girl. Like, I think my sister’s not getting that. Though. Do you know what I mean? Like, it’s not for you. Either want to do it, or you don’t you care about the person, or you just care about yourself more.”* This highlights Jennifer’s struggle to reconcile her genuine care for others with her sister’s apparent self-centeredness.

The conflict escalated around the bridal shower, with Emily twisting facts and engaging in a *“blame game”* regarding pickup times, culminating in a series of accusatory and abusive texts. Jennifer described Emily’s rapid shifts in perception and behavior as *“labile,”* stating, *“She switches so fast that she really convinces herself in that split second her truth is her truth.”* This pattern, familiar to Jennifer, leads to extreme emotional outbursts, characterized by Jennifer as *“fits”* or a *“tornado”* of rage where Emily *“hits everything and says the most, like, hurtful, hurtful and cutting things, and then she tries to love bomb you after.”* Jennifer also recalled a particularly painful incident from childhood where Emily, a half-sibling, stated, *“Well, you’re not my real sister,”* a remark that *“cut so deep”* and continues to resonate.

Jennifer revealed that Emily has been diagnosed with Borderline Personality Disorder (BPD) by a previous therapist, and Jennifer expressed concern that Emily’s current therapist might be *“enabling”* her. She articulated a painful internal conflict regarding her mother’s persistent coddling of Emily, stating, *“I don’t also want to give up on my sister. But there’s a part of me like, if I don’t take a step back and it sounds absolutely awful and let her fall she will always be this way, because we all coddle her.”* This demonstrates Jennifer’s profound understanding of the systemic family dynamics at play and her internal struggle with setting necessary boundaries for her own well-being.

Towards the end of the session, Jennifer discussed a recent revelation that she has been asked to be a Maid of Honor for her future sister-in-law, Hannah (Trevor’s sister). This news unexpectedly triggered significant self-doubt and shame, as Jennifer had previously expressed critical thoughts about Hannah and Zach’s behavior. She described feeling like a *“bad person,”* *“terrible,”* and *“fake”* for having had those thoughts, leading to an *“OCD moment”* or *“shame spiral.”* She grappled with the distinction between changing behavior and inherent personality traits, believing that while behavior can change, personality, like a *“tiger never changes his stripes,”* cannot. Despite these difficult feelings, Jennifer also displayed an emerging capacity for self-compassion, particularly in her reflections on accepting compliments and her surprise at not having *“sat on”* the Maid of Honor revelation until the session, suggesting a growing ability to process difficult emotions in a healthier way.

Objective

Jennifer presented to the session appearing somewhat fatigued, consistent with her recent bout of COVID-19 and the described demanding week. Her speech was clear and articulate, and her thought process was logical, even when discussing emotionally charged and complex family dynamics. Her affect initially presented with a degree of humor and light-heartedness, particularly when engaging in the session’s opening banter with the therapist, but quickly shifted to an affect of palpable frustration and sadness as she began to recount the events involving her sister. Her vocal tone became more serious and at times, a controlled indignation was evident when describing Emily’s manipulative behaviors and lack of accountability. She maintained consistent eye contact throughout the session, except for brief moments of reflective gaze when articulating particularly painful or insightful observations about her family. Her body language remained generally open, though she occasionally gestured emphatically when expressing her frustration or when detailing her sister’s dramatic actions.

Despite the emotional intensity of the narrative, Jennifer demonstrated significant self-awareness and a capacity for metacognition, reflecting on her own internal processes (e.g., her *“shame spiral,”* her struggle with self-compassion). She actively engaged with the therapist’s insights, often affirming and elaborating on the clinical concepts presented (e.g., the dangers of enmeshment in BPD, the value of conveying rather than convincing). Her ability to articulate the subtle nuances of her sister’s BPD-like behaviors, even without formal clinical training, was noteworthy and indicative of a deep, albeit painful, experiential understanding of these dynamics. The contrast between her internal distress and her external composure suggested a well-developed, though at times maladaptive, coping mechanism that allows her to function amidst significant emotional challenges. Her humor, even when discussing distressing topics, appeared to serve as a deflector and a resilience mechanism.

Assessment

Jennifer continues to navigate a landscape of chronic interpersonal conflict, primarily within her family of origin, which significantly impacts her emotional well-being and sense of agency. The recent convergence of major life events (COVID, wedding, family visits) has intensified existing stressors, particularly in her relationship with her sister, Emily. Jennifer’s narrative strongly suggests that she is living with the pervasive effects of a family system that has historically enabled and reinforced Emily’s maladaptive behaviors, consistent with traits commonly associated with Borderline Personality Disorder (BPD), even though the formal diagnosis belongs to Emily. Jennifer exhibits clear signs of burnout and emotional fatigue from consistently being in the *“responsible”* or *“fixer”* role within these dynamics, leading to a *“go, go, go”* lifestyle that provides little room for respite or self-care.

A central challenge for Jennifer lies in establishing and maintaining firm boundaries with Emily and other family members who perpetuate enabling patterns. Her struggle to *“let her [sister] fall”* for the sake of learning highlights a core conflict between her deeply ingrained sense of familial responsibility and her emerging need for self-preservation. This aligns with themes explored in Acceptance and Commitment Therapy (ACT) regarding psychological flexibility – specifically, the struggle between acting in accordance with deeply held values (e.g., loyalty, love) and engaging in experiential avoidance (e.g., avoiding conflict by accommodating others) that ultimately compromises her well-being.

Jennifer’s recent experience of a *“shame spiral”* after being asked to be a Maid of Honor underscores a vulnerability related to her self-worth and authenticity. This reaction, triggered by a perceived discrepancy between her internal thoughts and external presentation, suggests a fear of being perceived as *“fake”* or *“bad.”* This points to a deeper, potentially existential, concern about her intrinsic worth, which may have become entangled with her actions and external validation rather than being rooted in a stable, unconditional sense of self. The therapist’s intervention regarding accepting compliments and challenging the *“judgment of judgment”* directly addresses this underlying issue of conditional self-acceptance.

Despite these challenges, Jennifer demonstrates remarkable resilience, a strong capacity for self-reflection, and a genuine desire for growth. Her ability to articulate complex family patterns, engage with challenging therapeutic concepts (e.g., *“shame spiral,”* *“convey vs. convince”*), and recognize her own contributions to interpersonal dynamics (e.g., not accepting compliments) are significant strengths. Her growing awareness of her personal boundaries and her desire to differentiate between behavior and personality in her sister’s case indicates a readiness to engage with more advanced strategies for interpersonal effectiveness and emotional regulation, consistent with DBT principles.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to strengthen Jennifer’s psychological flexibility, particularly in the context of her family dynamics. We will focus on helping her identify and clarify her core values related to family, love, and self-respect, using these as guides for action rather than being driven by guilt or obligation. Specifically, we will explore how her attempts to *“coddle”* her sister, while stemming from a value of love, may be inconsistent with her value of fostering accountability and well-being within the family. We will utilize mindfulness practices to help Jennifer observe difficult thoughts and feelings (e.g., guilt, frustration, shame) without fusion, allowing her to make choices aligned with her values rather than reacting impulsively or defensively. This will include practicing observing the *“shame spiral”* without getting caught in it, and noticing thoughts about being *“fake”* as just thoughts.

Dialectical Behavior Therapy (DBT) Elements: Implement specific DBT skills to enhance Jennifer’s interpersonal effectiveness and distress tolerance. We will focus on *“DEAR MAN”* skills for assertive communication to help Jennifer express her needs and boundaries more effectively with her sister and mother. This will involve practicing clear, concise requests and refusals, especially concerning future family events. Additionally, we will work on *“STOP”* and *“TIP”* skills for distress tolerance to manage intense emotional reactions when confronted with her sister’s *“fits”* or manipulative behaviors, aiming to prevent engagement in escalating conflicts. Homework will include tracking instances where she effectively used or could have used a DBT skill in family interactions.

Narrative Therapy Elements: Continue to externalize the problem, separating Emily’s *“BPD personality”* and *“selfishness”* from Jennifer’s own identity and responsibility for Emily’s choices. We will work on re-authoring Jennifer’s narrative from being the *“fixer”* or *“responsible one”* to being an individual who wisely navigates complex relationships while prioritizing her own well-being. This will involve identifying and reinforcing her inherent strengths and resilience that have allowed her to cope thus far. We will explore how her experience of being a *“half-sister”* and the hurtful comment *“you’re not my real sister”* may have shaped her narrative around belonging and her efforts to earn acceptance within the family. We will explore an alternative narrative of Jennifer as an individual with inherent worth, independent of external validation or familial roles.

Existential Considerations: Explore the existential themes underlying Jennifer’s struggles with identity and self-worth, particularly her fear of being *“fake”* and her initial resistance to receiving compliments. We will delve into how her sense of purpose and meaning might be evolving as she shifts away from previous family roles. Encourage Jennifer to explore her intrinsic values and purpose independent of external roles or approval, fostering a deeper sense of self-acceptance and authenticity. This will involve journaling prompts on her personal values and how she can embody them in her daily life, regardless of external circumstances or others’ reactions.

Next Session Focus: The next session will focus on concrete strategies for setting and maintaining boundaries with Emily, particularly around communication patterns and expectations for support. We will also continue to work on self-compassion practices to counter the *“shame spiral”* and reinforce her intrinsic worth, using the analogy of accepting compliments as a metaphor for self-acceptance.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Humorous Detachment to Controlled Frustration. Jennifer's tone shifted from light and jovial at the session's outset, particularly in engaging with the therapist's playful remarks, to one of controlled frustration and indignation when discussing her sister's behavior around the bridal shower. This shift was marked by a slight increase in vocal pitch and a more deliberate, clipped articulation of words, especially when recounting Emily's manipulative actions or lack of accountability. This indicates a conscious effort on Jennifer's part to manage her anger and present her narrative coherently, even when discussing deeply aggravating experiences.  
- Shift 2: From Frustration to Deep Sadness/Resignation. A notable tonal shift occurred when Jennifer discussed her mother's enabling of Emily and her own internal conflict about "letting her fall." Her voice softened, became quieter, and carried an undertone of sadness and resignation. This suggested a deeper emotional layer beneath the surface frustration—a grief over the chronic dysfunction and the difficult choice she faces between her own well-being and her family's entrenched patterns. This shift indicated a moment of profound vulnerability and the painful recognition of systemic issues.  
- Shift 3: From Self-Blame to Reflective Curiosity. When discussing the Maid of Honor revelation and her subsequent "shame spiral," Jennifer's tone initially conveyed self-condemnation and embarrassment. However, as the therapist introduced concepts like self-compassion and "judging judgment," her tone shifted to one of reflective curiosity and openness. Her vocal inflections became more questioning, and she actively engaged in intellectualizing and integrating the new perspectives, demonstrating her capacity to move from intense negative self-focus to an adaptive learning stance. This shift highlights her growing psychological flexibility.

Thematic Analysis

- Theme 1: Interpersonal Boundaries and Enmeshment. A pervasive theme was Jennifer's struggle with establishing and maintaining healthy boundaries within her family, particularly with her sister. Her frustration stemmed from Emily's consistent disregard for boundaries (e.g., not helping, twisting facts, demanding attention) and her mother's enabling behavior which blurs these lines further. The therapist's comments about "enmeshment" and "limits, boundaries and right and requests" directly addressed this theme, highlighting the need for Jennifer to define her own space and protect herself from the emotional "tornado" of her sister's behavior. This theme underscores Jennifer's journey towards self-differentiation within a highly enmeshed family system.  
- Theme 2: Authenticity vs. Perception and Shame. Jennifer's reaction to the Maid of Honor news—feeling "fake" and experiencing a "shame spiral"—revealed a core theme of authenticity and the fear of incongruence between her internal thoughts and external presentation. Her concern about "looking bad" or having "ill thoughts" suggests that her sense of self-worth is, at times, heavily reliant on external validation and the avoidance of perceived negative judgment. This theme is intrinsically linked to her difficulty accepting compliments, as it challenges her self-perception and highlights a vulnerability to shame around her own "imperfections." The session initiated an important exploration of how to cultivate a more stable, intrinsic sense of worth that is independent of others' perceptions.  
- Theme 3: The Nature of Change and Personal Responsibility. Jennifer grappled with the complex question of whether individuals can truly change, differentiating between modifiable behaviors and fixed personality traits ("tiger never changes his stripes"). This theme emerged in the context of her sister's BPD diagnosis and Emily's persistent patterns of selfishness and rage. Jennifer's desire to "let her fall" is an attempt to enforce a consequence that might foster learning and change, reflecting her belief in personal responsibility. The therapist's reframing of change as "learning a new way" and emphasizing individual responsibility for "emotional regulation and distress tolerance" provided a valuable framework for Jennifer to understand her sister's patterns while clarifying her own role in these dynamics.

Sentiment Analysis

- Sentiments About Self: Jennifer expressed a range of sentiments about herself, predominantly:  
  
- Frustration and Sadness: About her ongoing struggle with family dynamics and her "go, go, go" lifestyle.  
- Self-Blame and Shame: Particularly evident when discussing her initial "ill thoughts" about Hannah and Zach, leading to feeling "fake" and a "shame spiral." This indicates a deep-seated fear of being seen as inauthentic or "bad."  
- Resilience and Growing Self-Awareness: Expressed through her ability to articulate complex family patterns, reflect on her own coping mechanisms, and her surprise at not having "sat on" difficult emotions for too long before the session. Her acceptance of the compliment about her resilience directly reflects this sentiment.  
- Desire for Boundaries and Authenticity: Her strong statement, "I need my boundaries and like that's fact," highlights a clear and assertive desire for self-protection and genuine engagement.  
  
- Sentiments About Others/External Situations: Jennifer's sentiments towards others were complex and nuanced:  
  
- Frustration and Disbelief towards Sister (Emily): Characterized by sentiments of exasperation over Emily's selfishness, manipulation, "blame game," and consistent lack of accountability. There's also a deep sadness about Emily's "fits" and destructive behaviors.  
- Love and Protectiveness towards Sister (Emily): Despite the frustration, Jennifer repeatedly stated, "I love her so much," and her reluctance to "give up on" Emily, indicating a persistent, albeit challenged, bond.  
- Understanding and Frustration towards Mother: Jennifer expressed understanding for her mother's continued support of Emily, while simultaneously displaying frustration with her mother's enabling behaviors ("coddle her," "doesn't believe in it").  
- Appreciation and Trust towards Support System (Trevor, Angelica, Amanda): Jennifer expressed relief and validation from Trevor's perspective on her "shame spiral," and Angelica's understanding and support during the bridal shower conflict. This highlights the importance of her healthy support network.  
- Pessimism about Fixedness of Personality: Her belief that a "tiger never changes his stripes" reflects a learned helplessness regarding fundamental character change, particularly in reference to her sister's BPD-like traits.

Key Points

- Chronic Interpersonal Dysregulation in Family System: Jennifer is deeply embedded in a family system characterized by her sister's severe emotional dysregulation (BPD traits) and the family's pattern of enabling. This dynamic continually pulls Jennifer into conflict and drains her emotional resources. Addressing this requires a systemic approach that empowers Jennifer to change her role within the system, focusing on her own boundaries and responses rather than trying to control her sister's behavior.  
- Internal Conflict Regarding Boundaries and Self-Preservation: Jennifer experiences significant internal conflict between her love/loyalty to family and her need to protect her own well-being. Her struggle with "letting her fall" reflects a critical juncture where she is weighing the costs of maintaining current patterns against the potential benefits of radical acceptance and assertive boundary setting. This is a core area for therapeutic intervention, as it speaks to her emerging sense of agency and self-worth.  
- Vulnerability to Shame and Conditional Self-Worth: The "shame spiral" triggered by the Maid of Honor invitation highlights a significant vulnerability in Jennifer's sense of self-worth. Her fear of being "fake" or "bad" suggests that her self-concept may be overly reliant on external perception and performance, rather than an intrinsic sense of value. Addressing this requires deep work on self-compassion, acceptance of internal experiences (thoughts and feelings), and distinguishing her actions from her inherent worth.  
- Strengths in Resilience and Self-Reflection: Despite profound challenges, Jennifer demonstrates remarkable resilience, a sophisticated capacity for self-reflection, and a proactive approach to her own healing. Her ability to articulate complex family dynamics, engage with difficult therapeutic concepts, and maintain perspective amidst chaos are significant strengths that can be leveraged for deeper therapeutic work and long-term well-being.

Significant Quotes

- "A lot of my life is just go, go, go."

Jennifer made this statement when describing the constant demands on her time and energy, particularly around the busy Fourth of July weekend. This quote is significant because it encapsulates her pervasive feeling of overwhelm and the lack of pause or rest in her life. It suggests a pattern of chronic activation and potentially, a reliance on busyness as a coping mechanism to avoid difficult emotional processing. From an existential perspective, it hints at a life lived without sufficient intentionality or space for reflection, contributing to burnout and a sense of being driven by external demands rather than internal values.

- "She switches so fast that she really convinces herself in that split second her truth is her truth."

Jennifer used this phrase to describe her sister Emily’s manipulative behavior and rapid emotional lability during a conflict. This quote is significant as it provides profound insight into the dysfunctional communication patterns Jennifer experiences, particularly with someone exhibiting BPD traits. It highlights the gaslighting effect and the psychological distress caused by living with someone whose perception of reality is highly fluid and self-serving. This impacts Jennifer’s ability to trust, her sense of reality, and her attempts to engage in rational conflict resolution, reinforcing her feelings of powerlessness in these interactions.

- "I don't also want to give up on my sister. But there's a part of me like, if I don't take a step back and it sounds absolutely awful and let her fall she will always be this way, because we all coddle her."

Jennifer expressed this sentiment when discussing her mother’s enabling behaviors and her own internal struggle regarding her sister’s lack of accountability. This quote is highly significant because it articulates a core conflict between love/loyalty and the difficult recognition that enabling prevents growth. It reveals Jennifer’s deep understanding of the family system’s contribution to Emily’s issues and her personal dilemma in breaking entrenched patterns. This statement is a critical indicator of Jennifer’s readiness to explore more assertive boundaries and engage in actions that, though painful in the short term, may promote long-term well-being for all involved, aligning with ACT’s emphasis on taking values-consistent action despite discomfort.

- "I genuinely started to feel really bad, honestly, because I feel like I just kind of, you know how I am reeling in the car now, thinking back to all these things, saying to [Trevor], I'm a bad person, terrible I because I'm like, she said, you know, like, is doing that? I'm not supposed to know yet, but like, I like, I've what I've just been reading every situation wrong. Like, I'm just like, what did I make this up in my head?"

Jennifer uttered this after revealing she had been asked to be a Maid of Honor for Hannah, a situation that triggered a *“shame spiral”* due to previous critical thoughts she’d had about Hannah and Zach. This quote is profoundly significant as it lays bare Jennifer’s vulnerability to shame and her fear of being inauthentic or a *“bad person.”* It illustrates the intense self-scrutiny and self-condemnation that arise when she perceives a discrepancy between her internal thoughts and external roles or expectations. This highlights a core issue of conditional self-worth and a pattern of internalizing external judgments, which directly connects to her difficulty accepting compliments and underscores the need for self-compassion work.

Comprehensive Narrative Summary

Today’s session with Jennifer provided a comprehensive look into the multifaceted stressors impacting her current well-being, prominently featuring the complex and enduring challenges posed by her family of origin. Entering the session, Jennifer’s initial demeanor, marked by humor and engagement, belied the underlying exhaustion from a demanding period that included a third bout of COVID-19, extensive social obligations, and the emotional toll of hosting family. The session quickly delved into the deep-seated difficulties with her sister, Emily, whose erratic and manipulative behaviors continue to be a significant source of distress. Jennifer vividly described Emily’s *“usual script”* of selfishness, lack of accountability, and volatile emotional *“fits,”* which not only disrupt family events but also profoundly impact Jennifer’s sense of fairness and psychological safety. Her detailed accounts of Emily twisting reality and engaging in aggressive communication patterns highlighted the pervasive nature of this interpersonal conflict.

A central theme emerged around boundaries and the insidious nature of enmeshment within Jennifer’s family system. She articulated the painful dilemma of loving her sister while recognizing that family patterns of *“coddling”* Emily perpetuate her maladaptive behaviors. This internal struggle, coupled with her mother’s enabling tendencies, places Jennifer in a constant state of vigilance and emotional drain. The session underscored Jennifer’s attempts to navigate these dynamics, leading to moments of frustration, sadness, and a growing resolve to prioritize her own well-being through firmer boundaries. Her question of whether she should *“let her fall”* is a testament to her profound, albeit difficult, realization that genuine growth for Emily may necessitate allowing her to experience the natural consequences of her actions.

The session also revealed a critical vulnerability in Jennifer’s self-concept, particularly her susceptibility to shame. Her intense reaction to being asked to be a Maid of Honor, stemming from past critical thoughts about the individual, triggered a *“shame spiral”* and fears of being *“fake”* or a *“bad person.”* This highlights an underlying struggle with conditional self-worth, where her sense of value is deeply intertwined with external perceptions and the perceived alignment of her inner thoughts with outer actions. The therapist’s reframing of this internal conflict, challenging the notion of *“judging judgment”* and emphasizing self-compassion, offered Jennifer a new lens through which to process these feelings, moving her from self-condemnation to reflective curiosity.

Despite the pervasive nature of these challenges, Jennifer consistently demonstrated remarkable resilience and a sophisticated capacity for self-reflection. Her ability to articulate complex family dynamics, her engagement with therapeutic concepts (e.g., BPD traits, the shame spiral), and her emerging desire to differentiate between mutable behaviors and fixed personality traits all point to her innate strengths. The session served as a powerful reminder of Jennifer’s commitment to personal growth and her courage in confronting deep-seated family patterns. Moving forward, the therapeutic work will continue to focus on strengthening Jennifer’s psychological flexibility through ACT, enhancing her interpersonal effectiveness and distress tolerance via DBT, and fostering a more stable, intrinsic sense of self-worth through Narrative and Existential approaches, empowering her to navigate her relationships with greater authenticity and peace.

# John Best

**Client:** John Best **Total Sessions:** 2 **Session Date Range:** 2025-07-11 to 2025-08-01

## Session 1: 2025-07-11

**Date:** 2025-07-11 **Source File:** Summary of John Best Appointment 7-11-2025 0800 hrs.pdf.eml

Comprehensive Clinical Progress Note for John Best’s Therapy Session on July 11, 2025

Subjective

John attended today’s session expressing a general sense of well-being, reporting his mood as a *“solid seven”* on a subjective scale. He described feeling *“behind the eight ball”* at work due to various projects, mentioning *“momentary panic attacks”* which he minimized. He voiced frustration with lengthy work meetings, specifically the *“fucking 45 minutes”* spent on check-ins. John reported a positive recent experience at a beach club, describing his three-day visit as *“very nice”* and *“very family oriented,”* and shared about reconnecting with friends there. When asked about finding a new doctor, he expressed a strong and clear preference for an LGBTQ+ affirming physician, stating, *“I only want a homo,”* emphasizing the need for specific questions relevant to gay individuals. He described his current internal state as *“foggy”* and feeling *“two steps behind the band.”* John also shared observations of loud conflict from a couple in a neighboring therapy office when he was working remotely from his husband’s office. Upon being introduced to a *“life in weeks”* application that visualizes life expectancy, John’s immediate verbal reaction upon seeing 86% of his life completed was *“God, I’m gonna die,”* though he quickly shifted to a more determined stance, declaring, *“I’ll never give up, because I only have 14% to go.”* He also provided an update on his partner Rob, noting he is *“more conversational”* and *“feeling more in control of his practice”* following an intense, therapeutic conversation with his mother and work with a consultant.

Objective

John Best presented to the session engaged and interactive, contributing actively to the conversational flow. His affect was generally broad and animated, particularly during discussions of personal anecdotes and shared interests, such as scents and smart home technology. His speech was clear, fluent, and well-modulated, with occasional use of emphatic language and humor. Thought process was logical and coherent, though prone to digressions and tangents, which the client readily participated in. These tangents, while extending conversational breadth, appeared to serve as a means of processing thoughts and maintaining a comfortable, less intense therapeutic space. Non-verbal cues included consistent eye contact and open body language, indicating attentiveness. When presented with the *“life in weeks”* app, a notable shift in his demeanor occurred: initially, he appeared contemplative and momentarily startled by the visual representation of his life, followed by a visible hardening of his gaze and a more resolute posture as he articulated his shift to defiance.

Assessment

John continues to demonstrate a generally stable baseline, as indicated by his *“solid seven”* self-rating, yet today’s session revealed underlying anxieties related to work performance and a significant, newly expressed dimension of existential contemplation. His initial visceral reaction to the *“life in weeks”* app (*“God, I’m gonna die”*) signifies a direct, unmediated encounter with the concept of finitude, a core existential concern. However, his swift and assertive reframe (*“I’ll never give up, because I only have 14% to go”*) powerfully illustrates his robust capacity for agency, resilience, and active meaning-making even in the face of perceived limitations. This rapid shift from initial dread to determined resolve aligns strongly with an existential therapeutic perspective, highlighting his ability to transcend mere acceptance to actively define purpose. John’s emphatic preference for an LGBTQ+ affirming primary care physician (*“I only want a homo”*) underscores the profound importance of identity-affirming care for his sense of safety, trust, and the perceived validity of his health concerns. This indicates a deeply held value related to belonging and being fully seen, reflecting a healthy self-advocacy consistent with DBT’s emphasis on honoring one’s self-respect and establishing clear boundaries. His work-related stress, though verbally downplayed as *“distractions”* or *“momentary panic attacks,”* suggests an underlying pattern of discomfort with overwhelm. His engagement in extended tangents (e.g., scents, smart lights) could be interpreted through an Acceptance and Commitment Therapy (ACT) lens as a subtle form of experiential avoidance, a means to regulate internal discomfort by externalizing focus. Simultaneously, his ability to verbalize these *“distractions”* points to a level of self-awareness. Lastly, John’s observations regarding Rob’s improved affect and sense of control, particularly linked to a difficult conversation and work with a consultant, indicate his capacity for empathy and his role as an observant partner. This also subtly reflects a positive narrative shift for Rob, moving from being *“controlled by paperwork”* to *“in control of his practice,”* a beneficial externalization of a problem consistent with narrative therapy principles that John is witnessing and validating.

Plan

- Existential Interventions (ACT/Existential Therapy):Continue to explore John's relationship with finitude and meaning-making, specifically utilizing the insights gained from his interaction with the "life in weeks" app. Encourage reflection on what "not giving up" in the remaining 14% of life entails for him, focusing on values clarification and committed action (ACT). Discuss how he actively constructs meaning and agency in the face of life's limitations.  
- Work Stress Management (ACT/DBT):Collaboratively identify specific work-related stressors and "distractions." Develop concrete strategies for enhancing psychological flexibility in the face of work overwhelm, encouraging mindful awareness of anxiety without fusion. Explore techniques for regulating attention and prioritizing tasks that align with his professional values.  
- Identity-Affirming Healthcare Advocacy:Support John in his active search for an LGBTQ+ affirming primary care physician. Discuss any barriers or frustrations he encounters in this process and reinforce the validity of his need for identity-congruent care. This aligns with fostering a sense of self-respect and advocating for one's needs (DBT Interpersonal Effectiveness).  
- Narrative of Resilience:Build upon John's observations of Rob's positive shift in feeling "in control of his practice." Explore how John might apply similar principles of externalizing problems (e.g., "being behind the eight ball" at work) and rewriting his own narrative of agency and effectiveness.  
- Homework:John will reflect on 1-2 key values that he wishes to prioritize in the "remaining 14%" of his life, considering how these values might guide his daily choices. He will also note instances where he feels "two steps behind the band" at work and identify one small, values-aligned action he can take to re-engage.

Supplemental Analyses:

Tonal Analysis:

- Shift 1: From Playful to Assertive (Scent & Doctor Discussion)

John’s tone was initially playful and inquisitive during the prolonged discussion about various scents and the smart light system, indicative of a relaxed rapport. However, when the conversation shifted to finding a new doctor, his tone became noticeably more assertive and resolute, stating, *“I only want a homo.”* This shift signaled a move from light banter to a topic of significant personal importance, where his conviction and boundary setting were clearly articulated. This highlights the salience of identity-affirming care for John, moving from a conversational to a more self-advocating stance.

- Shift 2: From Dread to Defiance (Existential App)

Upon seeing the *“life in weeks”* app and realizing he had lived 86% of an average life expectancy, John’s tone momentarily shifted to one of immediate dread and surprise, exclaiming, *“God, I’m gonna die.”* This was a visceral, unmediated reaction to confronting mortality. However, almost immediately, his tone pivoted to a defiant and determined quality as he declared, *“I’ll never give up, because I only have 14% to go.”* This rapid emotional and tonal transition demonstrates John’s adaptive capacity to reframe a potentially overwhelming existential threat into a call for continued agency and purpose, reflecting his underlying resilience.

Thematic Analysis:

- Theme 1: Control vs. Acceptance of Finitude

A prominent theme was John’s grappling with control, particularly in the context of the *“life in weeks”* app. While he initially reacted with alarm to the objective measurement of his life’s progression (*“God, I’m gonna die”*), his swift shift to *“I’ll never give up, because I only have 14% to go”* reflects an active attempt to reclaim agency and purpose in the face of an uncontrollable reality (mortality). This theme also emerged in discussions about work projects where he feels *“behind the eight ball,”* and in Rob’s newfound *“control of his practice,”* suggesting an ongoing internal dialogue about mastery and power over life circumstances.

- Theme 2: Identity, Authenticity, and Belonging

The emphatic desire for an *“LGBTQ+ affirming”* doctor (*“I only want a homo”*) highlights the crucial role of identity and authentic self-expression in John’s sense of safety and well-being. This extends beyond simple preference to a need for his identity to be seen, understood, and integrated into his care. His critique of a *“straight man”* doctor not asking *“gay questions”* further emphasizes this need for specific, affirming validation and a sense of belonging within a healthcare context. This theme underscores a core value of authenticity and the importance of a therapeutic environment that truly understands and reflects his lived experience.

- Theme 3: Managing Overwhelm and Distraction

John reported feeling *“behind the eight ball”* at work and *“foggy,”* *“two steps behind the band,”* indicating an underlying experience of overwhelm. The lengthy tangents (scents, smart lights) throughout the session, while conversational, can also be viewed as a coping mechanism or a way to externalize attention when internal experiences become uncomfortable. While these provide temporary relief, they also point to a pattern of navigating stress through diversion, which may contribute to his feeling of being *“behind.”* Addressing this pattern can help him develop more adaptive ways of engaging with and processing challenging internal states.

Sentiment Analysis:

- Sentiments About Self:

John expressed a mix of sentiments about himself. He reported a relatively positive baseline mood (*“solid seven”*) and demonstrated self-awareness in describing his *“foggy”* state. A strong sense ofagency and defianceemerged in his declaration *“I’ll never give up,”* reflecting a core resilience. He also displayed a clear and assertive sense ofidentity and self-advocacyregarding his healthcare needs (*“I only want a homo”*), indicating a strong internal compass about what is necessary for his well-being. Underlying these, there was an implicit sentiment ofanxiety/overwhelmrelated to work, though often couched in humor or downplayed.

- Sentiments About Others/External Situations:

Sentiments towards external situations and others were varied. Towards work, there was clearfrustrationand a feeling of being burdened (*“behind the eight ball,”* *“fucking 45 minutes”*). Towards the *“life in weeks”* app, his initial sentiment was one ofdread/alarm, quickly transitioning todetermination. Towards his partner Rob, sentiments were largelysupportive and appreciative, noting Rob’s positive shifts in mood and practice control. Towards the healthcare system, there was a clear sentiment ofdiscriminatory frustrationif care isn’t identity-affirming, coupled with a strong desire foraffirmation and understandingfrom medical professionals.

Key Points:

- Existential Engagement and Resiliency:John's profound, yet ultimately resilient, engagement with the "life in weeks" app was a pivotal moment. His rapid shift from initial dread ("God, I'm gonna die") to a determined stance ("I'll never give up, because I only have 14% to go") highlights a robust capacity for meaning-making and agency in the face of finitude. This indicates a strong internal resource for navigating existential questions and provides a fertile ground for further values exploration within an ACT framework.  
- Identity-Affirming Care as a Core Value:The unequivocal and passionate demand for an LGBTQ+ affirming primary care physician underscores the centrality of identity and authenticity for John's overall well-being. This is not merely a preference but a deeply felt need for safety, trust, and comprehensive care that acknowledges his whole self. Supporting this pursuit reinforces his self-advocacy and aligns with therapeutic goals of fostering self-respect and empowerment.  
- Coping with Overwhelm Through Distraction:While John reports being "a solid seven," his candid admission of feeling "foggy" and "behind the eight ball" at work, coupled with his active participation in extended conversational tangents, suggests a pattern of managing (or at times avoiding) internal states of overwhelm. Identifying and addressing these subtle forms of experiential avoidance (ACT) will be crucial for developing more direct and adaptive coping strategies for work-related stress and anxiety.

Significant Quotes:

- "I'm a solid seven."

John used this statement early in the session to describe his overall mood. It is significant as it provides a baseline self-assessment, indicating a relatively stable and functional emotional state despite underlying anxieties and distractions. This suggests a capacity for self-monitoring and a general sense of well-being, providing a starting point for exploring areas of specific challenge without immediate crisis.

- "I only want a homo."

This direct and emphatic statement was made in the context of John’s search for a new primary care physician. It is highly significant as it powerfully articulates his deep-seated need for identity-affirming care within the healthcare system. The quote underscores the importance of a provider who understands and respects his sexual orientation, viewing it not just as a preference but as a fundamental requirement for feeling safe, understood, and receiving appropriate, comprehensive care. This highlights a core value related to belonging and authenticity.

- "God, I'm gonna die." / "I'll never give up, because I only have 14% to go."

These two consecutive statements were uttered by John in response to seeing the *“life in weeks”* app. The first expresses an immediate, raw existential dread upon confronting his perceived finitude (86% completed). The rapid follow-up statement, however, demonstrates a remarkable and immediate pivot towards agency, defiance, and a commitment to purpose. This pair of quotes is profoundly significant as it captures John’s resilient capacity to process a daunting existential truth by reframing it into a call for continued engagement and meaning-making, embodying a core tenet of existential therapy – finding meaning in the face of suffering or finitude.

- "I'm feeling foggy. I'm a little like, two steps behind the band."

John offered this description of his current internal state later in the session. This quote is significant as it provides a more nuanced self-assessment beyond the initial *“solid seven,”* indicating a subtle yet pervasive sense of cognitive or emotional dullness, or a struggle with full engagement. The metaphor *“two steps behind the band”* effectively conveys a feeling of not quite keeping pace or being fully present. This observation points to potential sub-clinical levels of overwhelm or mild anhedonia, which warrant further exploration as part of his ongoing emotional regulation and psychological flexibility work.

Comprehensive Narrative Summary:

Today’s session with John Best illuminated his unique blend of resilience, self-awareness, and underlying anxieties as he navigated both external stressors and profound existential questions. John entered the session reporting a *“solid seven”* in mood, yet quickly revealed a subtle undercurrent of work-related overwhelm, describing himself as *“behind the eight ball”* and experiencing *“momentary panic attacks.”* While he often used humor and engaged in extended conversational tangents (e.g., discussions about scents, smart lighting systems), these interactions, while contributing to rapport, also seemed to serve as a means of managing or diverting attention from internal discomfort, consistent with patterns of experiential avoidance.

A pivotal moment occurred when John engaged with the *“life in weeks”* application. His initial, visceral reaction of *“God, I’m gonna die”* upon confronting his mortality (86% completed) underscored a primal existential dread. However, remarkably, this immediately transformed into a defiant declaration: *“I’ll never give up, because I only have 14% to go.”* This rapid and profound shift demonstrates John’s robust capacity for psychological flexibility and meaning-making—his ability to accept a daunting truth and simultaneously commit to agency and purpose. This provides a rich avenue for further existential exploration, focusing on values clarification and how he chooses to live within the constraints of his finite existence.

Another prominent theme was John’s unwavering commitment to identity-affirming healthcare. His emphatic statement, *“I only want a homo”* in relation to finding a new primary care physician, was a powerful articulation of his need for full recognition and safety within medical contexts. This highlights the deep importance of belonging and authentic visibility for his overall well-being, transcending mere preference to become a critical component of his perceived quality of care.

John also displayed keen observational skills and empathy in discussing his partner Rob’s recent improvements in mood and practice control, noting the positive impact of a difficult conversation with his mother and work with a consultant. This ability to witness and articulate another’s positive narrative shift suggests an openness to similar reframing in his own life.

In conclusion, the session revealed John as an individual who, while navigating work-related stress and a subtle *“foggy”* state, possesses significant internal resources for resilience and meaning-making. His willingness to confront existential truths and advocate for his authentic self in healthcare settings provides a strong foundation for continued therapeutic work focused on values-driven action, emotional regulation, and psychological flexibility.

## Session 2: 2025-08-01

**Date:** 2025-08-01 **Source File:** Summary of John Best Appointment 8-1-2025 0800 hrs.pdf.eml

Comprehensive Clinical Progress Note for John Best’s Therapy Session on August 1, 2025

Subjective

John Best attended today’s session expressing significant stress stemming from a high-stakes technology project at work, specifically the rollout of a new human resources and payroll system (HRIS). He reported working *“212 hour days”* and performing extensive *“help desk kind of triaging”* during the initial phase of the system’s first payout. His primary frustration centered on a colleague, Larry, from the payroll department, who sought *“super user”* access to the entire system despite John’s HRIS specialist (Aaron) deeming it unnecessary and risky. John conveyed feeling profoundly disrespected and undermined when his boss, despite prior communication from John, granted Larry this elevated access. He explicitly stated, *“every time I feel like I’ve finally gotten the respect I deserve, something stupid happens.”* This sentiment underscored a deeper pattern of perceived injustice and a struggle for professional recognition and autonomy. Furthermore, John reported feeling *“very trapped,”* linking this to financial anxieties, particularly concerning delayed payments from *“Headway”* which were impacting his ability to cover monthly bills, including his mortgage. He expressed this feeling intensely, lamenting, *“I have people depending on me. And I hate that feeling,”* and even expressed morbid thoughts, *“I’m gonna die and he’s gonna live on my money.”* When asked to rate his overall emotional state at the start of the bilateral stimulation (BLS) portion of the session, John reported a *“six”* out of ten, reflecting a moderate level of distress. Despite the intensity of his concerns, he demonstrated curiosity about the therapeutic process, particularly the EMDR techniques introduced.

Objective

John presented to the session with a casual but well-groomed appearance. His initial demeanor was somewhat lighthearted, engaging in conversational banter and humor, indicative of his typical coping style. However, as the discussion shifted to his workplace frustrations, his affect became notably agitated and animated. His voice volume increased, and his language became more direct and emotionally charged, particularly when recounting the perceived insubordination of Larry and the undermining actions of his boss. He exhibited a clear shift in energy, leaning forward and using expressive hand gestures to emphasize his points. During the introduction to EMDR and the explanation of BLS, he was attentive and asked clarifying questions, such as whether to move his eyes or head. He followed instructions for the eye movements and engaged actively in the safe place exercise, providing rich sensory details of his imagined beach house. When engaging with the container exercise, his verbalization of *“locking his fucking ass in there”* indicated a strong emotional release and a tangible sense of relief. Towards the end of the session, when practicing the butterfly technique, his phone’s activity tracker registered an *“outside walk,”* which the therapist noted as a physiological activation, suggesting the technique was having a somatic impact. The therapist also observed John appearing to fall asleep three times during the session, which was interpreted as a sign of the BLS inducing a relaxed, potentially REM-like state, conducive to processing.

Assessment

John’s current presentation is consistent with an acute stress reaction, potentially exacerbating underlying patterns of anxiety and feelings of disempowerment. The HRIS project and the associated interpersonal conflicts at work, particularly the dynamic with Larry and his boss, have directly triggered a profound sense of disrespect and a challenge to his professional competence and autonomy. This appears to reactivate a core wound related to external validation and a perceived lack of control over his professional narrative. His strong emphasis on *“self-respect”* and the repeated pattern of feeling undermined (*“every time I feel like I’ve finally gotten the respect I deserve, something stupid happens”*) points to a long-standing vulnerability in his self-worth that is contingent upon external recognition and the perceived fairness of his environment.The financial strain related to Headway payments further compounds his distress, contributing to a pervasive sense of being *“trapped”* and helpless, reinforcing a negative feedback loop that impacts his overall mood and sense of agency. The existential undertones, such as his comments about death, reflect the depth of his feelings of hopelessness when faced with circumstances beyond his control.The introduction of EMDR and its associated techniques (Safe Place, Container, Butterfly) was met with engagement and provided immediate, tangible relief (e.g., locking *“Larry”* in the vault). His ability to visualize a detailed safe place and successfully contain the stressor demonstrates a good capacity for self-regulation and imaginative resource building. The physiological response during the butterfly technique is clinically significant, indicating his nervous system is responsive to bilateral stimulation, which bodes well for deeper emotional processing. The observed periods of sleepiness during BLS suggest a shift into a state conducive to memory reprocessing, consistent with EMDR’s intended effects. Continued EMDR work, specifically targeting the core beliefs related to self-worth, control, and interpersonal boundaries, is indicated.

Plan

- EMDR Processing: Continue to utilize Bilateral Stimulation (BLS) to process the core trauma and foundational wounds related to self-shame, disappointing others, feeling unsupported, and issues of self-worth and belonging. The "Larry" incident will serve as the initial target for reprocessing the themes of perceived injustice and undermined competence.  
- Resource Installation (Safe Place): Reinforce and strengthen John's "ocean" safe place. Encourage him to regularly access this safe place visualization outside of sessions, particularly when experiencing moments of feeling overwhelmed or trapped, to foster self-regulation and grounding.  
- Container Exercise: Encourage John to continue utilizing the "bank vault" container for managing and setting aside difficult feelings, thoughts, or memories that arise between sessions, ensuring he feels in control of the pace of processing.  
- Butterfly Technique: Guide John in consistent practice of the butterfly technique as a self-compassion and grounding tool, especially during moments of anxiety or emotional overwhelm. Discuss the potential for physiological activation (e.g., nightmares) as a normal part of reprocessing and assure him of continued support if these occur.  
- Cognitive Restructuring/ACT: Address cognitive distortions related to his self-worth being contingent on external factors (job, respect from others). Utilize ACT principles to help John identify and commit to values-aligned actions despite feelings of being "trapped," promoting psychological flexibility.  
- Boundary Setting and Self-Advocacy: Explore strategies for effective boundary setting and self-advocacy in the workplace, particularly with his boss and challenging colleagues. Support John in differentiating between what he can control and what he cannot.  
- Financial Stress Management: Continue to explore practical coping strategies and resources for managing financial anxieties, helping him to break down the "trapped" feeling into manageable steps.  
- Homework: John will be encouraged to practice his "ocean" safe place visualization daily. He will also be asked to utilize the container exercise for any acute stressors that arise before the next session and to engage in the butterfly technique as needed for grounding.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Conversational to Frustrated/Angry. The initial tone of the session was relatively light and conversational, marked by jokes and banter. This shifted abruptly when John began describing his work situation, specifically the HRIS project and the conflict with Larry and his boss. His tone became sharp, direct, and laden with frustration, escalating to overt anger when he recounted his boss's decision to grant Larry super user access: "Seriously. Fuck you." This tonal shift indicated the significant emotional charge associated with feelings of disrespect and undermined competence.  
- Shift 2: From Anger to Resignation/Helplessness. Following the expression of anger regarding work, John's tone took on a more resigned and helpless quality when discussing financial stress and feeling "trapped." His voice became lower in volume, and his language included fatalistic statements ("I'm gonna die..."). This shift suggested a move from an activating emotion (anger) to a deactivating one (resignation/hopplessness), consistent with a pattern of feeling disempowered when faced with overwhelming circumstances.  
- Shift 3: From Distress to Engaged Curiosity. As the session transitioned to the introduction of EMDR techniques, John's tone became more engaged and curious. While still underlying distress was present, his questions about the process ("am I supposed to be trying to move my eyes?") and his detailed descriptions during the safe place exercise reflected a willingness to cooperate and invest in the therapeutic process, suggesting a capacity for cognitive and emotional flexibility despite his current struggles.

Thematic Analysis

- Theme 1: Disrespect and Undermining of Competence. A pervasive theme was John's feeling of being disrespected and his professional competence being undermined. This was evident in his frustration with Larry's demand for super user access and, more significantly, his boss's decision to overrule him. His statement, "every time I feel like I've finally gotten the respect I deserve, something stupid happens," highlights a recurrent pattern of this theme throughout his life, linking current stressors to deeper, unresolved issues of validation and professional identity.  
- Theme 2: Feeling Trapped and Lack of Agency. John repeatedly expressed feeling "trapped," both in his current employment situation due to his financial needs ("I have people depending on me") and in broader existential terms ("I'm gonna die..."). This theme reflects a perception of external locus of control, where circumstances dictate his options and feelings, rather than his own ability to influence or navigate challenges. This feeling of being trapped is exacerbated by his financial anxieties, creating a sense of inescapable burden.  
- Theme 3: Self-Worth Contingent on External Validation. John's distress over disrespect at work suggests his self-worth is significantly tied to professional recognition and the perceived fairness of his work environment. The threat to his "self-respect" when his authority and expertise are challenged indicates that his sense of value is externalized and vulnerable to the actions of others, rather than being rooted in an intrinsic sense of self.  
- Theme 4: Dysfunctional Systems and Authority Figures. John's narrative highlighted a pattern of encountering dysfunctional systems and unsupportive authority figures (e.g., his boss, Headway's customer service, general "nonprofits" and their long-term employees). This theme reflects a broader cynicism and mistrust, where he perceives external structures as inherently flawed or designed to impede rather than support, contributing to his sense of powerlessness.

Sentiment Analysis

- Sentiments About Self: John's sentiments about himself were complex and varied throughout the session. Initially, there was a sense of competence and pride in his work ("I basically was doing a lot of help desk kind of triaging," "I am the queen, honey"). However, this shifted to strong negative sentiments:  
  
- Disrespected/Undermined: "every time I feel like I've finally gotten the respect I deserve, something stupid happens."  
- Trapped/Helpless: "feeling very trapped," "I have people depending on me. And I hate that feeling," "There's nothing I can do to fix this."  
- Resigned/Fatalistic: "I'm gonna die and he's gonna live on my money."  
- Curious/Engaged: During the EMDR exercises, he expressed curiosity ("curiosity about what comes next") and a desire to do things "right," showing a proactive engagement with the therapeutic process.  
- Relief/Empowerment: When successfully utilizing the container exercise, "locking his fucking ass in there. And it feels great." This demonstrated a fleeting but powerful shift towards agency and emotional catharsis.  
  
- Sentiments About Others/External Situations: John's sentiments toward others and his external environment were predominantly negative and critical:  
  
- Resentment/Frustration (towards Larry and his boss): "Larry's always been a pain," "he allowed himself to be put in this position, and so that's fucking on him," "this should have been discussed with me before this decision was made," "Seriously. Fuck you." These sentiments reflect a deep sense of betrayal and anger at being disregarded.  
- Pessimism/Cynicism (towards systems/institutions): Regarding Headway, "they don't have a call center, like there's no customer service," implying a lack of support. His comments on nonprofit "dysfunction" also indicate a general pessimism about organizational structures.  
- Appreciation (towards Aaron): He expressed strong positive sentiment for his HRIS specialist, Aaron: "She's awesome," "super smart and super confident," "they take advantage of her," "I feel bad for Eric," highlighting his empathy and protective instincts.

Key Points

- Acute Stressor as a Gateway to Core Wounds: John's intense reaction to the workplace conflict and financial strain is not merely a situational response but a powerful trigger for long-standing issues of perceived disrespect, undermined competence, and feeling trapped. The current crisis provides a critical opportunity to address these deeper patterns of self-worth and agency.  
- Readiness for EMDR and Somatic Processing: John's active engagement with the EMDR setup, his vivid safe place, the cathartic release during the container exercise, and the physiological activation observed during the butterfly technique collectively indicate his system's readiness to engage in deeper memory reprocessing. This suggests that EMDR will be a highly effective modality for his current presentation.  
- Interplay of Professional Identity, Self-Respect, and Financial Security: For John, the loss of professional autonomy and perceived disrespect directly threatens his "self-respect," which is deeply intertwined with his competence and role. This, coupled with financial anxieties, creates a profound feeling of entrapment, highlighting the complex interplay between external circumstances and internal sense of self-worth and agency. Addressing these interconnected areas is crucial for comprehensive therapeutic change.

Significant Quotes

“every time I feel like I’ve finally gotten the respect I deserve, something stupid happens.” John made this statement in the context of feeling undermined by his boss’s decision regarding Larry’s system access. This quote is significant because it reveals a pervasive, long-standing pattern in John’s experience where moments of perceived achievement or recognition are quickly followed by setbacks or disrespect. It suggests a deeply ingrained belief about the impermanence or conditional nature of respect in his life, potentially rooted in earlier experiences. This pattern fuels his current feelings of frustration and disempowerment.

“I have too much self respect, and so you have to help me figure out how to earn $300,000 a year in some other way.” This quote emerged during John’s discussion of wanting to leave his current job due to the dysfunctional dynamics. It is significant as it highlights the central role of *“self-respect”* as a core value and motivator for John. The specific, aspirational financial figure also suggests a desire for financial autonomy that would free him from *“trapped”* situations, enabling him to assert his self-respect more freely. It represents a call for tangible, empowering solutions that align with his values.

“I’m trapped, right? Because I have people depending on me. And I hate that feeling.” John expressed this when discussing his financial situation and the pressures of his job. This quote is highly significant because it articulates the intense feeling of being constrained by external responsibilities and financial obligations. The phrase *“I hate that feeling”* underscores his strong aversion to a lack of agency and dependence, which may stem from a historical need to be self-sufficient or a fear of vulnerability. This feeling of entrapment is a key area of distress that therapy needs to address.

“Oh, my God, he’s going in a big drawer at the bottom of the wall of safe deposit boxes, and I’m locking his fucking ass in there. And it feels great.” John said this with significant emotional release after being guided through the container exercise with *“Larry”* as the stressor. This quote is exceptionally significant as it demonstrates John’s immediate, visceral engagement with the therapeutic technique and the profound sense of catharsis and relief it provided. The vivid imagery of *“locking his fucking ass in there”* shows a successful externalization and containment of a highly distressing element, indicating a powerful, immediate step towards internal regulation and a sense of control.

Comprehensive Narrative Summary

Today’s session with John Best illuminated the complex interplay between acute external stressors and his long-standing internal patterns of self-worth, control, and perceived disrespect. John presented under immense pressure from a demanding HRIS project and frustrating workplace dynamics, particularly feeling undermined by his boss and a challenging colleague. His core sentiment, *“every time I feel like I’ve finally gotten the respect I deserve, something stupid happens,”* points to a deep-seated vulnerability where his sense of self-worth is conditionally tied to external validation and the perceived fairness of his environment. This professional disempowerment, coupled with significant financial anxieties, has led to a profound feeling of being *“trapped”* and helpless, which he articulated with raw emotion and even existential dread.The session pivoted effectively to the introduction of EMDR-based interventions, leveraging John’s demonstrated capacity for engagement and resourcefulness. His successful creation of a detailed *“ocean”* safe place and the cathartic containment of his work stressor (*“Larry”*) into a *“bank vault”* vividly showcased his ability to build internal resources and manage overwhelming emotions. The physiological response during the butterfly technique further underscored his nervous system’s readiness for reprocessing. These initial interventions provided immediate relief and a tangible sense of control over his internal experience. The work ahead will focus on utilizing EMDR to process the underlying wounds related to self-worth and disempowerment, while also employing ACT principles to build psychological flexibility, foster assertive boundary-setting, and help John cultivate a more stable, intrinsic sense of value, enabling him to navigate external challenges with greater resilience and agency.

# Karen Foster

**Client:** Karen Foster **Total Sessions:** 1 **Session Date Range:** 2025-08-01 to 2025-08-01

## Session 1: 2025-08-01

**Date:** 2025-08-01 **Source File:** Summary of Karen Foster Appointment 8-1-2025 1100 hrs.pdf.eml

Comprehensive Clinical Progress Note for Karen Foster’s Therapy Session on August 1, 2025

Subjective

Karen attended today’s session expressing a significant internal shift, noting an increased sense of *“dysfunction”* and the feeling that her *“brain is rotting away”* due to not working outside the house. She described this as a profound concern, stating, *“I am so upset and concerned though about not working outside the house, because I feel like that’s making me dysfunctional.”* This sentiment highlights a direct link between external structure/activity and her sense of cognitive and personal efficacy. She proudly reported driving herself to the session for the first time without GPS, an achievement that seemed to counter her stated feelings of deterioration. Karen also expressed considerable frustration and emotional investment in external dramas, particularly regarding the complex, bizarre, and seemingly unethical behaviors observed at her former workplace and within her social circle. This included detailed recounting of a maintenance man’s theft, a cook’s arrest for warrants during a yard sale, and the manager’s alleged *“revenge porn”* conviction. She conveyed a sense of bewilderment and occasional exasperation with these situations. Additionally, Karen shared personal anxieties, specifically a concern about a neighbor’s recent ALS diagnosis and a resurfacing fear about a severe electric shock incident she experienced as a child, wondering if it could have long-term neurological consequences. She articulated a desire for routine and structure, suggesting that therapy could become a *“standing appointment”* to help anchor her week, recognizing her tendency to bring up *“crazy stuff at the end”* of sessions, implying a last-minute rush to address deeper issues.

Objective

Karen presented to the session appearing alert and well-groomed, engaging immediately and warmly with the therapist. Her speech was notably rapid, expansive, and often tangential, with a propensity for detailed narrative recounting of external events, particularly the chaotic and bizarre incidents related to her past work environment and social interactions. Her affect was generally animated and expressive, interspersed with moments of exasperation, disbelief, or concern when recounting the described events. She maintained consistent eye contact and her thought process, while associative and rambling, remained logical within the context of her narratives. Her body language was open and engaged. The session flow was largely client-led, with Karen dominating the verbal exchange. She demonstrated moments of self-awareness, particularly regarding her feelings of dysfunction and her desire for routine, and displayed pride when discussing her independent drive to the session. Her interaction with the therapist was highly conversational, bordering on a peer-like dynamic, as she frequently sought affirmation or shared personal anecdotes with the therapist, demonstrating a degree of comfort and familiarity. She engaged willingly in administrative tasks such as scheduling the next appointment via the app.

Assessment

Karen’s primary presenting concern appears to be a reactive adjustment to her current lack of external employment and structured activity, manifesting as feelings of *“dysfunction”* and cognitive decline (*“brain rotting away”*). While no formal diagnosis is immediately evident from this session alone, her distress is significant and impacts her self-perception and daily functioning. A core pattern observed is her marked tendency to externalize distress and engage in elaborate recounting of chaotic, dramatic, and often bizarre events involving others. This narrative style appears to serve multiple functions: a coping mechanism to manage internal anxiety by focusing on external disarray, a means of seeking connection and validation, and potentially a way to avoid confronting deeper internal experiences of idleness or lack of purpose. Her anxieties regarding ALS and the past electric shock suggest an underlying health anxiety or a tendency towards catastrophic thinking. The extensive detail given to the *“revenge porn”* administrator, the fraudulent maintenance man, and other *“crazy”* work stories indicates a fascination with, or a need to process, profound external disorder. This pattern may be linked to her struggle with identity and self-worth, which she implicitly connects to external productivity and validation, as evidenced by her distress about not working. Her expressed desire for routine and her proud report of independent driving suggest an emergent awareness and a capacity for seeking solutions, despite her concurrent struggles.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to explore Karen's values in the absence of external employment, helping her identify activities aligned with her values beyond a professional role.  
- Utilize defusion techniques to create distance from unhelpful thoughts such as "my brain is rotting away" or "I'm dysfunctional," recognizing them as thoughts rather than objective truths.  
- Introduce mindfulness practices to enhance her awareness of internal experiences (thoughts, feelings, bodily sensations) without judgment, potentially helping her tolerate discomfort related to lack of external structure.

Cognitive Behavioral Therapy (CBT) Elements:

- Address cognitive distortions related to her self-perception of "dysfunction" and "brain rotting." Challenge the all-or-nothing thinking that equates lack of external work with complete personal deterioration.  
- Explore the function of her extensive narrative recounting of external chaos, gently guiding her to connect these external observations to her internal state and emotional experience.

Behavioral Activation:

- Collaboratively develop a structured daily schedule that incorporates meaningful and mentally stimulating activities, regardless of mood or perceived "dysfunction." This will include a balance of mastery and pleasure activities.  
- Reinforce her positive behavioral changes, such as driving to therapy independently, as evidence of her capabilities and agency.

Narrative Therapy Approaches:

- Help Karen to externalize the "dysfunction" narrative, separating herself from the problem and exploring times when she has felt capable and resourceful, even in the face of ambiguity or lack of external structure.  
- Explore the "stories" she tells about herself and others, and how these narratives impact her emotional and functional state.

Future Sessions:

- Continue to process her anxieties related to health (ALS, electric shock) and provide psychoeducation as appropriate, while also exploring the emotional and cognitive aspects of these fears.  
- Gently explore boundary issues in her relationships and her extensive involvement in external dramas, considering how these patterns may serve as a distraction from internal discomfort.  
- Reinforce the benefits of a consistent therapeutic routine, as per her expressed desire for a "standing appointment."

Supplemental Analyses

Tonal Analysis:

Shift 1: From Conversational and Animated to Anxious and Concerned: Karen’s tone remained generally light, conversational, and energetic throughout the session, especially when recounting the more sensational anecdotes about her work and social environment. However, a noticeable shift occurred when she began discussing her neighbor’s ALS diagnosis and, more profoundly, when she recalled her childhood electric shock incident. Her voice became quieter, her speech rate slightly decreased, and there was an underlying tremor of anxiety in her words. She asked questions like, *“Now I’m nervous about, do you know, open evidence that’s free for do you have an NPI number? Yes. Oh, then you got it?”* and *“I’m so worried because I and I really think that this may have impacted me, or down the line, I might see something. But I was shocked really badly.”* This shift is clinically significant as it indicates moments where her typically externalized focus gave way to direct, personal vulnerability and fear, suggesting areas of deeper, unprocessed anxiety.

Shift 2: From Exasperated to Self-Reflective and Vulnerable: While discussing the intricacies of the GoFundMe setup for her neighbor and her frustrations with the book *“Ace,”* Karen’s tone was often exasperated, punctuated by sighs and rhetorical questions (*“I’m ready to just cancel the whole thing,”* *“It’s long. It’s very long. Yeah, she talks nonsense”*). Towards the end of the session, as time was running out, her tone shifted again to one of genuine self-reflection and vulnerability. She stated, *“I am so upset and concerned though about not working outside the house, because I feel like that’s making me dysfunctional…I feel my brain is rotting away.”* This shift was marked by a slight softening of her voice and a more direct, less narrative-driven expression of her internal state. This shift is clinically significant as it represents her capacity for introspection and a direct acknowledgment of her own internal suffering, moving beyond the externalized drama to articulate a core personal struggle and a desire for therapeutic intervention to establish routine.

Thematic Analysis:

Theme 1: Chaos and Unpredictability in the External World: A pervasive theme was Karen’s focus on, and detailed recounting of, chaotic, unethical, and bizarre situations involving others, particularly in her professional life. Stories about the *“revenge porn”* administrator, the maintenance man’s fraud and theft, the cook’s arrest, and various other staffing issues dominated much of the session. Her narratives often highlighted the unpredictable and irrational behavior of others (*“It’s really crazy,”* *“It was insane, like, insane”*). This theme suggests a coping mechanism where focusing on external chaos might distract from internal feelings of lack of control or purpose, or it could reflect a need to process and make sense of disorder in her environment. This constant engagement with external dysfunction may also serve as a way for Karen to define herself against others’ perceived failings, reinforcing her own sense of competence despite her current feelings of *“dysfunction.”*

Theme 2: Identity and Self-Worth Tied to External Productivity and Stimulation: An underlying theme was Karen’s struggle with her sense of self and worth in the absence of external employment. Her statements about feeling *“dysfunctional”* and her *“brain rotting away”* directly link her well-being to engagement in a professional role or structured activity. The pride she expressed about driving herself to therapy without GPS also supports this, as it represents an act of independent competence. This theme suggests that her identity may be heavily reliant on external validation and intellectual stimulation derived from a structured work environment. The current period of non-employment has triggered an existential crisis related to her purpose and cognitive function, making her feel adrift and diminished without the external markers of productivity.

Theme 3: Anxiety about Physical and Cognitive Integrity: This session revealed a significant theme of anxiety related to her physical and cognitive well-being. Her concern about her neighbor’s ALS diagnosis and her intense, vivid recollection of a childhood electric shock incident, coupled with her immediate research into its long-term effects (*“And now I’m nervous about…”*), indicate a preoccupation with health and bodily integrity. This anxiety might be exacerbated by her current feelings of *“brain rotting away,”* creating a feedback loop where internal perceived cognitive decline fuels health-related fears. This theme suggests a need to explore the roots of her health anxiety and to develop coping strategies that do not rely on constant external reassurance or intellectualization of medical information.

Sentiment Analysis:

Sentiments About Self: Karen’s sentiments about herself were mixed but predominantly negative in the context of her current non-working status.

- Dysfunction/Deterioration: Expressed through statements like "I am so upset and concerned though about not working outside the house, because I feel like that's making me dysfunctional" and "I feel my brain is rotting away." These sentiments reflect a deep personal distress and a fear of cognitive and personal decline in the absence of external structure.  
- Pride/Competence: Counterbalanced by moments of pride in her independence and capability, such as "I actually came by myself today with no GPS for the first time." This indicates a desire to maintain competence and agency.  
- Self-Awareness/Desire for Change: Evident in her recognition that she brings up "crazy stuff at the end" and her desire for a "standing appointment," showing an awareness of her patterns and a readiness for structured support.

Sentiments About Others/External Situations: Karen’s sentiments toward others and external situations were largely characterized by incredulity, exasperation, and mild judgment, though occasionally mixed with compassion.

- Exasperation/Disbelief: Directed at the chaotic and unethical behaviors of her former colleagues and employees ("It was insane," "She's the best liar and all," "It's really crazy," "That's the stupidest thing I've ever heard"). This reflects her strong reaction to perceived absurdity and incompetence in her environment.  
- Frustration: Expressed regarding the GoFundMe situation ("I'm ready to just cancel the whole thing") and the book she's reading ("she talks nonsense," "I wonder if I should stop reading it and wasting my time"). This indicates a low tolerance for inefficiency or content she perceives as unhelpful.  
- Compassion: Evident in her concern for her neighbor with ALS ("awful," "so sad," "I just feel so bad") and her efforts to help him, despite her frustrations with his wife.  
- Pessimism (Academic): Expressed about the book she is reading, feeling it dismisses the "white person's struggle as asexual." This suggests a critical and perhaps cynical view of certain academic discourses.

Key Points

- Identity Crisis and Perceived Dysfunction due to Lack of External Structure: Karen's central distress stems from her current period of non-employment, which has led to profound feelings of "dysfunction" and cognitive decline ("brain rotting away"). This indicates that her sense of identity and self-worth is heavily contingent on external productivity and a structured work environment, and her current situation triggers an existential challenge to her sense of purpose and capability. Addressing this dependency is crucial for developing a more resilient and intrinsically defined self-concept.  
- Coping Through Externalization and Narrative Domination: A significant pattern is Karen's reliance on extensive recounting of chaotic, bizarre, and problematic external events as a primary mode of engagement and potentially a coping mechanism. This highly detailed and often exasperated narrative style about others' perceived dysfunction or malfeasance may serve to externalize her own internal anxieties and feelings of lack of control, preventing deeper exploration of her personal distress. Unpacking the function of these narratives in therapy will be key to shifting her focus inward.  
- Emergent Self-Awareness and Readiness for Routine: Despite her expressed distress and externalized focus, Karen demonstrated an important level of self-awareness by acknowledging her own feelings of "dysfunction" and explicitly stating a desire for routine, including making therapy a "standing appointment." This indicates a readiness to engage in structured interventions and a recognition that her current unstructured life contributes to her discomfort, providing a valuable leverage point for therapeutic progress.

Significant Quotes

"I am so upset and concerned though about not working outside the house, because I feel like that's making me dysfunctional. Oh, I'm just because I feel like I'm becoming more and more dysfunctional. I'm not driving." Karen uttered this with a tone of genuine distress and reflection, clearly articulating the link between her current life situation (not working) and her internal experience of self-perceived decline. This quote is significant because it directly reveals her core struggle: her sense of identity and capability is deeply intertwined with external activity and productivity. The cessation of a structured work life has precipitated an identity crisis, leading her to feel fundamentally "dysfunctional." The mention of "not driving" highlights a specific area of loss of independence and competence, which she then counteracts by proudly stating she drove herself today, showing both the depth of her perceived struggle and her capacity for agency.  
  
 "I feel my brain is rotting away." This concise and evocative statement captures the intensity of Karen's internal experience of cognitive and personal deterioration. It reflects a profound anxiety about intellectual stagnation and a loss of mental acuity in the absence of external stimulation from a work environment. This quote is significant as it provides a metaphor for her overall distress and the existential threat she feels to her intellectual and functional self. It underscores the severity of her internal experience despite her outwardly animated demeanor, and points to a core fear that her inherent value and capabilities are diminishing without external validation through productive activity.  
  
 "I start bringing up crazy stuff at the end, because I think it's good for me to, like, have a routine, maybe coming here or something, should be part of my routine." This quote, spoken towards the end of the session, is highly significant for several reasons. First, it demonstrates a degree of meta-awareness about her own conversational patterns ("bringing up crazy stuff at the end"), suggesting an insight into how she manages her time or anxiety during sessions. Second, and more importantly, it articulates a clear desire for structure and routine in her life, directly linking it to the therapeutic process. Her suggestion that therapy itself could be a "standing appointment" reveals a recognition of the need for external anchoring and a readiness to engage in a consistent, structured therapeutic relationship to address her current feelings of disarray and dysfunction. This offers a clear direction for the ongoing treatment plan.

Comprehensive Narrative Summary

Today’s session with Karen provided a rich exploration of her current psychological landscape, marked by a profound internal struggle stemming from her prolonged absence from external employment. While Karen presented with an animated and often rambling demeanor, her rapid-fire recounting of bizarre and chaotic external dramas—from workplace malfeasance and legal entanglements to personal frustrations with a GoFundMe—served as a primary lens through which she engaged with the world. These narratives, delivered with a mix of exasperation and incredulity, appear to function as a way for her to process or, perhaps, externalize her own internal sense of disarray and lack of control. Beneath this highly externalized focus, a significant undercurrent of personal distress emerged. Karen explicitly articulated a profound anxiety about her current lack of external structure, stating she feels *“dysfunctional”* and that her *“brain is rotting away.”* This deeply felt sense of cognitive and personal deterioration directly links her identity and self-worth to external productivity and intellectual stimulation, highlighting an acute identity crisis precipitated by her current situation. Her anxieties also extended to health concerns, evident in her detailed recall of a childhood electric shock and her immediate research into its potential long-term effects following a neighbor’s ALS diagnosis. These moments of vulnerability provided crucial access to her internal fears and a tendency towards catastrophic thinking. Crucially, towards the session’s close, Karen demonstrated a significant shift towards self-awareness and agency, proudly recounting her independent drive to the session and articulating a clear desire for routine, proposing therapy as a *“standing appointment.”* This indicates a pivotal readiness to engage in structured work aimed at addressing her internal experiences of dysfunction and fostering a more stable, intrinsically defined sense of self, beyond the parameters of external achievement.

# Krista Flood

**Client:** Krista Flood **Total Sessions:** 3 **Session Date Range:** 2025-06-18 to 2025-07-24

## Session 1: 2025-06-18

**Date:** 2025-06-18 **Source File:** Summary of Krista Flood Appointment 6-18-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Krista Flood’s Therapy Session on June 18, 2025

Subjective

Krista attended today’s session expressing significant distress and overwhelm, stating, *“It’s always just been a week. It’s just been home. It has been genuinely rough.”* She described ongoing tension with her mother, who consistently pressures her about getting a second job and passing her professional exams, frequently asking, *“Come September. You have to pay your car. You have to pay me back… You need another job.”* Krista noted her mother’s dismissiveness towards her efforts, particularly regarding her interview for a coaching position, where her mother *“just doesn’t care.”* The presence of her aunt provides some relief from this familial pressure, allowing Krista to *“stay away from her [mother] as much as I can.”*

Krista detailed her dissatisfaction with her current waitressing job at Metros, highlighting the drastic pay cut ($10/hour to $40/shift with no tips) and unstable schedule, expressing, *“I literally need money now more than ever, so I need to figure something else out.”* She reported getting a new waitressing job offer at High Tide Taco Bar on the spot, with better pay and a set schedule, but expressed internal conflict and guilt about potentially leaving her uncle’s struggling business. She also voiced concern about the new job’s hours conflicting with her future subbing (teaching) career, stating, *“I have this thing with, like, letting people down or stuff like that.”*

A significant portion of the session focused on a highly charged friend group conflict. Krista described a group of ten, with *“four haters”* (Sam, Gabby, Taylor, Chippy) who have a history of *“doing bad things”* like spreading secrets and gossiping. She felt consistently *“pinned out”* as *“harsh”* for not finding their actions funny. Krista explained her previous attempts to *“just avoid it”* and *“not really have to deal with them,”* hoping they would *“go away.”* She recounted a recent incident at a friend’s birthday party where one of the *“haters”* (Taylor) had an emotional outburst, accusing Krista’s closer friend (Soph) of spreading false information about Krista telling others not to be friends with them. Krista adamantly denied this, stating, *“I don’t talk to these people. I’ve never once said that.”* She expressed deep frustration and exhaustion with the ongoing drama, stating, *“It’s making me go a little like, I feel like I’m going a little crazy because I can’t escape in there.”* She feels caught in the middle, stating, *“I do feel like I have to play the game of, like, being in the middle.”*

Krista reported experiencing significant mental health impacts from these stressors. She described feeling *“stuck”* and *“mentally fucking me up”* due to the uncertainty of not returning to college. She reported a new sleep disturbance pattern, waking up in a *“hyper arousal state,”* feeling *“scared,”* and disoriented, describing it as *“almost like someone’s like, jump scaring you.”* She suspects this is a result of *“suppressing my panic attacks,”* noting that she *“can almost sense them”* now and uses bike riding as a coping mechanism. She also reported feeling *“high in the headspace”* and *“floating out of my body”* during the friend group discussion, leading to an *“existential crisis”* about her sense of self, particularly in response to the idea that people will *“view you regardless of what you do.”*

Objective

Krista presented casually dressed, groomed, and with appropriate hygiene. She was alert and oriented, maintaining good eye contact throughout the session, though her gaze occasionally shifted when discussing highly distressing topics. Her speech was clear, logical, and at times rapid, particularly when recounting the friend group conflict, indicating a high level of emotional activation and urgency to communicate the details. Her affect was broad but shifted between expressions of frustration, indignation, and moments of tearfulness and overwhelm, especially when discussing the emotional toll of the friendship drama and her *“existential crisis.”*

During the discussion of her family and job situations, Krista displayed a somewhat resigned yet proactive demeanor. However, when detailing the friend group dynamics, her body language became more animated, with increased hand gestures and a more intense vocal quality. She demonstrated moments of hyperarousal and emotional dysregulation, consistent with her subjective report of anxiety and feeling *“crazy.”* The therapist noted instances where Krista appeared to be *“floating out of my body,”* suggesting a dissociative response to overwhelming emotional content, consistent with her description of an *“existential crisis.”* Despite these moments of distress, Krista demonstrated a strong desire for clarity and resolution, actively seeking guidance and validation for her experiences.

Assessment

Krista continues to navigate a period of significant transition and multiple concurrent stressors, leading to heightened anxiety and a sense of overwhelm. Her reported sleep disturbances, hyperarousal, and suspected *“suppression of panic attacks”* suggest an exacerbation of underlying anxiety, possibly consistent with an Adjustment Disorder with Anxiety (F43.22) given the acute and identifiable stressors (post-graduation uncertainty, job insecurity, and severe friend conflict).

A core dynamic evident today is Krista’s struggle with interpersonal boundaries and her tendency to assume responsibility for others’ emotional states. This is evident in her guilt about leaving her uncle’s job, her difficulty saying *“no”* to the new waitressing manager’s demands, and most prominently, her distress over the friend group’s misinterpretations and blame. Her history of being *“explosive”* or unfiltered, while demonstrating a desire for authenticity, may have contributed to her being an *“easy scapegoat”* in group dynamics, reinforcing her belief that setting boundaries or expressing her truth leads to negative consequences.

The friend group conflict highlights themes of loyalty, betrayal, and a struggle for authenticity within relationships. Krista’s past attempts at avoidance (hoping they’d *“go away”*) illustrate a common coping mechanism that, while understandable, ultimately compounds her distress by preventing direct resolution or disengagement. Her current feeling of being *“in the middle”* despite having clear personal values (*“I’d rather be doing anything else”*) indicates a challenge in prioritizing her own well-being over perceived social obligations or the discomfort of conflict.

Her *“existential crisis”* and feelings of disorientation (*“floating out of my body”*) are clinically significant, suggesting an identity disturbance compounded by the lack of external structure (post-college) and the interpersonal chaos. The perceived lack of validation from her mother for her aspirations (coaching) further contributes to a sense of unworthiness or that her efforts are unseen. This multi-faceted pressure on her self-concept, coupled with the inability to escape the constant discussion of the friend drama, is manifesting as emotional and cognitive overload.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to support Krista in identifying and reducing experiential avoidance, particularly in the context of her friend group conflict and her anxiety about post-college life. We reframed "avoidance" as a strategy that, while seemingly protective, can lead to suffering, encouraging a more conscious choice of engaging with discomfort for valued living.  
  
- Homework: Krista will identify one social activity she wishes to engage in this week that she might otherwise avoid due to the presence of the "haters," and practice engaging in it while observing her anxious thoughts and feelings without fusion.  
  
- Dialectical Behavior Therapy (DBT) Skills: Focus on Distress Tolerance and Interpersonal Effectiveness.  
  
- Distress Tolerance: Revisit and strengthen her existing coping skills (e.g., bike riding) for managing acute anxiety and hyperarousal. Introduce new skills for tolerating the "jump scare" sensations and dissociation without suppressing them.  
- Interpersonal Effectiveness: Continue to work on boundary setting and assertiveness, especially within her friend group and with her new employer. Explore the concept of "clean vs. dirty pain" in interpersonal conflicts – accepting the natural pain of difficult conversations while reducing the "dirty pain" of guilt or people-pleasing.  
  
- Narrative Therapy Elements: Address the "easy scapegoat" narrative and her perceived role as "the one to blame." Help Krista re-author her identity to be less contingent on external validation or the approval of others.  
  
- In-session: Continue to externalize the "problem" (the friend group's inability to take responsibility for their own choices) rather than internalizing blame. Explore the strength and loyalty that characterize her chosen friendships.  
  
- Career/Life Transition Support: Continue to process the anxieties related to post-graduation life and career choices. Affirm her agency in navigating job changes and career development (coaching, subbing).  
- Self-Care and Monitoring: Encourage consistent journaling (as she has started) to track emotional states and patterns, particularly the sleep disturbances and their connection to daily stressors. Reinforce the importance of self-compassion during this period of transition.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Resigned to Frustrated/Indignant (Family/Job) A significant tonal shift occurred when Krista moved from describing her mother's constant demands to detailing the unfairness of her current job. Her tone, initially somewhat resigned, sharpened, indicating clear indignation and frustration, particularly with the statement, "This is fucking bullshit, and I literally need money now more than ever." This shift highlights her growing intolerance for exploitation and her proactive stance in seeking better opportunities.  
- Shift 2: From Proactive to Overwhelmed/Distraught (Friend Group) As Krista transitioned from discussing her job prospects to the friend group conflict, her tone became increasingly rapid, agitated, and at times, emotionally charged, reflecting deep-seated frustration and exasperation. Phrases like "making me go a little crazy" were delivered with a higher pitch and a sense of urgency. When describing the feeling of "floating out of my body" and an "existential crisis" in relation to the conflict, her tone became more quiet, reflective, and vulnerable, indicating a momentary dissociative state and profound emotional overwhelm. This shift is clinically significant as it reveals the intense emotional toll this conflict is taking and her struggle to process it.  
- Shift 3: From Vulnerable to Assertive (Self-Advocacy) Despite moments of overwhelm, Krista's tone also shifted to one of self-advocacy and clarity, particularly when articulating her reasons for not wanting to engage with the "haters." Her voice became firmer and more resolute when she stated, "I'm doing this because I'm trying to move forward in my life. Very different, very different." This shift demonstrates her underlying strength and commitment to personal growth, even in the face of significant interpersonal challenges.

Thematic Analysis

- Theme 1: Autonomy vs. External Control A pervasive theme is Krista's struggle for personal autonomy in the face of numerous external pressures. Her mother's constant demands, the manipulative dynamics within her friend group, and the precariousness of her initial job all represent external forces attempting to dictate her choices or define her worth. Her desire to pursue coaching (something she's "interested in") contrasts sharply with her perception that "no one cares" about her chosen path, highlighting a conflict between her intrinsic motivations and external expectations. This theme directly impacts her sense of agency and contributes to her feelings of being "stuck."  
- Theme 2: Loyalty, Betrayal, and Relational Boundaries The friend group conflict is a central manifestation of this theme. Krista's deep-seated loyalty to her friends contrasts with her experience of being "fucked over" and blamed by others, particularly those she once considered close. Her frustration stems from a perceived lack of loyalty from those she supported, and her struggle to set firm boundaries ("I have this thing with, like, letting people down") is a direct consequence of her desire to maintain relationships, even at her own expense. The dynamic of "playing the game of being in the middle" further highlights her difficulty in navigating complex relational landscapes where trust has been eroded.  
- Theme 3: Identity in Transition and the Search for Meaning Post-graduation, Krista is experiencing an identity crisis, exacerbated by the lack of clear direction and external structures previously provided by college. Her statement, "not going back to school... it's really fucking me up mentally," signifies the loss of a defined role and purpose. The friend group conflict further challenges her self-concept as she is blamed and misunderstood, leading to feelings of disorientation and an "existential crisis." Her attempts to find purpose in new work (coaching) and to redefine her social circle are active efforts to re-establish a coherent and values-driven identity in this new phase of life.  
- Theme 4: Experiential Avoidance and Its Consequences Krista's report of "suppressing panic attacks" and her past attempts to "avoid" the friend group conflict clearly illustrate a pattern of experiential avoidance. While providing temporary relief from distress, these strategies prevent full processing of emotions and prolonged exposure to challenging situations, thereby maintaining her anxiety and the persistence of the interpersonal problems. Her current symptoms of hyperarousal and disorientation are direct manifestations of the emotional backlog created by this avoidance.

Sentiment Analysis

- Sentiments About Self Krista's sentiments about herself were characterized by a mix of frustration, exhaustion, guilt, and a growing sense of self-awareness and resolve.  
  
- Overwhelm/Anxiety: "genuinely rough," "stresses me out," "freaks me out a little bit," "making me go a little crazy."  
- Guilt/People-Pleasing: "I have this thing with, like, letting people down," "I did feel bad because I was like, You know what? Like, I understand."  
- Self-Awareness/Authenticity: "I always just said to people's face," "I'm doing this because I'm trying to move forward in my life. Very different, very different."  
- Identity Confusion/Disorientation: "I'm stuck," "where am I? Like, what's happening?," "floating out of my body," "existential crisis."  
  
- Sentiments About Others/External Situations Krista's sentiments toward others and external situations were predominantly negative, marked by frustration, resentment, and a sense of injustice, alongside recognition of support from specific individuals.  
  
- Frustration/Resentment (Mother/Metros Boss): "pisses me off," "doesn't care," "bullshit," "he's struggling," but still exploitative.  
- Disbelief/Annoyance (Friend Group "Haters"): "stupid shit," "bullshit," "not funny," "kooky," "beyond my belief," "exhausting." She viewed their actions as intentionally harmful and their accusations as "easy scapegoating."  
- Mistrust (Specific Friends): Directed at Soph for potentially twisting words and at the "haters" for their consistent dishonesty and manipulation.  
- Appreciation/Reliance (Supportive Friends/Therapist): Explicitly grateful for her aunt's presence, for Jay's advice on the new job, and implicitly for Dominique's defense. She sought clarity and understanding from the therapist, indicating a reliance on this relationship for processing difficult experiences.

Key Points

- Interlocking Stressors and Their Cumulative Impact: Krista is experiencing a perfect storm of familial pressure, professional transition and insecurity, and intense interpersonal conflict. Each stressor individually would be challenging, but their simultaneous occurrence is creating a cumulative burden that is manifesting as significant anxiety, identity confusion, and emotional dysregulation. Addressing one area often influences others, requiring a holistic approach.  
- The Paradox of Avoidance: Krista's historical reliance on avoidance (e.g., suppressing panic attacks, trying to make the "haters" "go away") offers short-term relief but ultimately exacerbates her distress and prevents genuine resolution or adaptation. Her current symptoms (hyperarousal, disorientation) are direct consequences of suppressed emotional content and unresolved conflicts. Therapy must focus on developing her capacity for mindful emotional engagement and effective, values-driven action, even in the presence of discomfort.  
- Identity Redefinition in Adulthood: The post-college transition, coupled with job insecurity and intense social challenges, has triggered an "existential crisis" for Krista. Her self-worth appears to be highly influenced by external validation and roles, making her vulnerable to feelings of being "stuck" or "lost" when these external structures are removed or threatened. The current challenges, while painful, present a crucial opportunity to explore and solidify an intrinsic sense of self-worth and purpose, independent of external circumstances or others' opinions.  
- Boundary Setting and Self-Advocacy as Central Therapeutic Goals: Krista's pattern of guilt, people-pleasing, and difficulty asserting her needs and boundaries is a significant driver of her current distress, both in family and friend dynamics. Strengthening these skills is paramount for her mental well-being and for her ability to build authentic, reciprocal relationships that align with her values. This will involve challenging her core beliefs about what happens when she prioritizes herself.

Significant Quotes

- "It's making me go a little like, I feel like I'm going a little crazy because I can't escape in there." Krista made this statement when describing the constant discussion and re-hashing of the friend group conflict with her supportive friends. This quote is significant because it vividly captures the overwhelming and inescapable nature of the current interpersonal stressor, highlighting her sense of mental and emotional saturation. It suggests a high level of cognitive rumination and emotional dysregulation, pushing her towards a breaking point where her sense of sanity feels threatened by the relentless nature of the conflict. This reflects the intense pressure she feels to resolve the situation, combined with her difficulty in disengaging from it, even vicariously.  
- "I have this thing with, like, letting people down or stuff like that." Krista expressed this when discussing her hesitation to fully commit to the new, better-paying waitressing job, anticipating she might need to leave it for her teaching career later. This quote is significant because it reveals a core pattern of people-pleasing and a fear of disappointing others, even at her own expense. This tendency likely contributes to her difficulty setting firm boundaries in various relationships, including her family and friend group, and maintaining uncomfortable situations rather than asserting her needs. It points to an underlying belief that her value is tied to meeting others' expectations, which can lead to resentment and self-neglect.  
- "I'm doing this because I'm trying to move forward in my life. Very different, very different." Krista stated this passionately when refuting the idea that she avoids social situations due to anxiety alone, explaining that her choices are deliberate and values-driven. This quote is significant because it demonstrates Krista's emerging sense of agency and her desire for self-determination. It highlights a critical shift from passive avoidance to active, intentional choices aimed at personal growth and alignment with her values. This self-awareness represents a significant strength and a foundation for therapeutic work, indicating her capacity to differentiate between genuine self-care and avoidance, even if others misinterpret her actions.  
- "Almost every area of my life for so long has always had crazy chaos." Krista offered this insight when the therapist bridged a connection between her waking fears and friend group tensions, suggesting a pervasive pattern of chaotic interpersonal dynamics. This quote is significant as it points to a long-standing, systemic issue of chaos in her life, hinting at potential underlying attachment or developmental experiences that have normalized or even created a tolerance for high-conflict environments. It suggests that her current "existential crisis" is not merely a reaction to recent events but a deeper reckoning with a lifetime of navigating instability, reinforcing the need for her to establish internal stability and clear boundaries.

Comprehensive Narrative Summary

Today’s session with Krista was marked by her palpable sense of overwhelm as she navigated a complex web of current stressors, including intense familial demands, significant job transitions, and a highly volatile friend group conflict. Post-graduation, Krista is grappling with a profound identity shift, exacerbated by the lack of external structure and the unrelenting pressure from her mother regarding her career choices. This has led to feelings of being *“stuck”* and *“mentally fucked up,”* underscoring the existential dimension of her current distress.

The session revealed Krista’s commendable efforts to secure financial stability and pursue her professional aspirations, as evidenced by her successful interview for a new waitressing job and a coaching position. However, her underlying people-pleasing tendencies and fear of *“letting people down”* create internal conflict, particularly in the context of her struggling uncle’s business.

The most emotionally charged aspect of the session revolved around an ongoing, deeply entrenched conflict within her friend group. Krista articulated a history of being blamed and misunderstood by certain friends, leading to a sense of exhaustion and feeling *“crazy”* from the constant re-hashing of grievances. Her attempts at avoidance, while offering temporary relief, have contributed to a backlog of unresolved emotions. Clinically, this conflict highlights Krista’s struggles with boundary setting, her deep-seated loyalty, and the pervasive theme of external blame shaping her self-perception. Her report of novel sleep disturbances and hyperarousal, suspected to be a result of *“suppressing panic attacks,”* is a clear manifestation of the emotional toll these stressors are taking, indicating a need for enhanced distress tolerance and emotional regulation skills.

The session effectively illuminated the interconnectedness of Krista’s current challenges: her family’s dismissiveness impacts her sense of validation, the job changes create professional insecurity, and the friend group drama directly threatens her sense of self and belonging. Her insightful reflection that *“almost every area of my life for so long has always had crazy chaos”* speaks to a deeper, long-standing pattern that the current stressors have activated. Moving forward, therapy will continue to empower Krista to navigate these transitions with increased psychological flexibility, fostering a stronger sense of self-worth that is independent of external circumstances and cultivating authentic relationships built on mutual respect and clear boundaries. The goal is to help her move from a state of feeling *“stuck”* and *“crazy”* to one of empowered agency and internal peace.

## Session 2: 2025-07-16

**Date:** 2025-07-16 **Source File:** Summary of Krista Flood Appointment 7-16-2025 1200 hrs.pdf.eml

Comprehensive Clinical Progress Note for Krista Flood’s Therapy Session on July 16, 2025

Subjective

Krista attended today’s session appearing visibly exhausted, stating she had worked two double shifts. When asked about her current emotional state, she reported her distress level as *“a four”* on an unspecified scale, immediately adding a vivid metaphor: *“I’m in climbing up the cave in Silence of the Lambs,”* conveying a sense of profound struggle and entrapment. She recounted her recent trip to Montana, initially describing the scenic beauty and enjoyable activities like hiking and horseback riding. However, her narrative quickly shifted to the overwhelming financial and logistical stressors encountered.

Krista expressed significant anxiety and frustration over unexpected costs, particularly the $600 personal share for a rental car that was barely used. She noted that she had only $1000 saved, and this unforeseen expense consumed a large portion of it, leaving her with *“only $400,”* leading to internal *“panicking”* and silently *“crashing out.”* She described feeling pressured by Emily’s parents’ lavish spending on vacation, stating she felt a *“weird”* obligation to reciprocate despite her limited funds and not wanting to *“freeload.”* Her inability to ask her mother for financial assistance, rooted in a past experience where her mother’s $150 gift was quickly depleted, further compounded her distress and embarrassment, especially when Emily’s parents offered to pay for an activity.

The situation escalated with her phone breaking down, leading to a *“reboot loop”* and eventually a complete hardware crash. This left her without a phone for several days, amplifying her anxiety due to the impending travel home and inability to coordinate logistics or make payments. Her attempts to reach her mother for help were met with criticism and shaming: her mother called her *“irresponsible,”* stated, *“This is a lesson you’ve been needing to learn,”* and concluded with, *“I don’t give a fuck. Go figure it out on your own.”* This perceived abandonment by her primary caregiver left Krista *“in shock,”* crying uncontrollably in public, feeling *“What the hell is happening to me right now? What is life? What’s going on?”*

Her sister’s inability to consistently provide support for airport pick-up due to drinking, and the subsequent terrifying Uber ride with a non-English speaking driver and a faulty GPS, further intensified her feelings of helplessness and panic, prompting thoughts of desperate escape like *“I honestly might as well just jump out of the [car].”* Upon returning home, her mother maintained a *“silent treatment”* and displayed demanding behavior, which Krista feels she *“can’t handle anything else”* and is running *“at my wit’s end.”* She also noted the perplexing absence of basic household necessities like toothpaste and toilet paper, contributing to her sense that *“it doesn’t feel real.”* Krista reported that she has been in this *“headspace”* since the trip, consciously trying to *“alleviate”* panic attacks, which paradoxically makes her feel *“weird”* and *“floating.”* She expressed a profound realization: *“the only person that you have, really is yourself,”* highlighting a deep sense of isolation and disillusionment with her family support system.

Objective

Krista presented to the session appearing somewhat fatigued, consistent with her report of working two double shifts. Her speech was rapid and detailed as she recounted the events of her trip, indicating a heightened state of arousal and a clear need to process the accumulated stressors. Her affect ranged from frustrated and anxious when describing financial woes and family dynamics, to visibly distressed and tearful when discussing her mother’s harsh words and the terrifying Uber ride. Despite moments of tearfulness, she maintained a relatively composed demeanor for much of the session, though her detailed recall of every negative interaction and logistical challenge suggested an underlying emotional intensity. Her body language indicated some tension, particularly when discussing feeling *“silently crashing out”* and later, the panic in the Uber, where she described *“gripping my hair…in my knuckles.”* She was oriented to person, place, and time, and thought content remained logical despite the emotional recounting. Jonathan Procter offered direct emotional and practical support throughout the session, which Krista acknowledged but often circled back to her core distress and feelings of abandonment.

Assessment

Krista continues to present with significant symptoms consistent with Generalized Anxiety Disorder (F41.1) and Panic Disorder (F41.0), which were acutely exacerbated by the recent series of compounding stressors during her Montana trip. The vacation, intended for respite, unexpectedly became a crucible for testing her financial resilience, coping mechanisms, and familial support systems, leading to an acute stress reaction. Her baseline anxiety, which she attempts to *“alleviate”* through conscious effort, indicates an ongoing struggle with experiential avoidance, contributing to feelings of *“floating”* and emotional disconnection.

A central theme emerging from today’s session is Krista’s profound sense of abandonment and conditional support within her primary family system. Her mother’s harsh, unsupportive, and shaming response to her financial and logistical distress (*“This is a lesson you’ve been needing to learn”*) directly triggered a deep-seated wound, reactivating feelings of isolation and powerlessness. This pattern is particularly salient in contrast to the idealized memory of her deceased father’s hypothetical support, highlighting an unresolved grief or longing for unconditional care. Her sister’s unreliable support, though less overtly cruel, further reinforces her perception of being fundamentally alone in times of crisis. The existential declaration, *“the only person that you have, really is yourself,”* reflects a developing, albeit painful, awareness of her need for self-reliance and the limitations of her family’s emotional capacity.

Krista’s struggles also reflect developmental challenges in establishing an independent adult identity and navigating financial autonomy, especially as a recent college graduate with limited savings and a new job. The expectation from family to be financially self-sufficient without adequate support or understanding of her current circumstances (*“everyone’s forgetting, like, I just got home from college a month and a half ago”*) creates a significant internal conflict, further fueling her anxiety and resentment. Her attempts to manage her emotions silently and avoid overt conflict (e.g., holding in crying, attempting to approach her mother with a *“different approach”*) reflect a fear of escalation and further abandonment, a common pattern in individuals with histories of unstable familial attachment. This pattern reinforces her experiential avoidance and prevents healthy emotional processing and boundary setting.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to target Krista's experiential avoidance and fusion with distressing thoughts. We will introduce and practice defusion techniques to help her observe anxious thoughts (e.g., "What the hell is happening to me?") and uncomfortable bodily sensations (e.g., "floating," "panic attack coming") without becoming overwhelmed or attempting to suppress them. This will include mindfulness exercises to foster greater acceptance of internal experiences as they are, rather than fighting against them.  
- Dialectical Behavior Therapy (DBT) Skills: Focus on Distress Tolerance skills to help Krista navigate acute emotional distress without resorting to avoidance or feeling completely overwhelmed. Specifically, we will explore "TIPP" skills (Temperature, Intense exercise, Paced breathing, Paired muscle relaxation) to manage moments of intense panic. We will also introduce Interpersonal Effectiveness skills to help her communicate her needs and set boundaries with family members more effectively, particularly with her mother, in a manner that protects her emotional well-being while avoiding escalation.  
- Narrative Therapy: Utilize narrative techniques to externalize the "chaos," "panic," and "abandonment" that she experienced, separating these problems from her core identity. We will begin to co-create an alternative narrative that emphasizes her resilience, resourcefulness, and strength in navigating these overwhelming challenges (e.g., securing a new phone, reaching out for help, riding her bike for keys). We will identify "sparkling moments" (e.g., Justin's support) that contradict the dominant "unsupported" story and highlight her internal and external resources.  
- Existential Exploration: Continue to explore her profound statement, "the only person that you have, really is yourself." This will involve validating her feelings of isolation while gently challenging the absolute nature of this belief. We will explore avenues for building a more reliable and supportive external network and strengthening her internal sense of self-worth that is independent of external validation or conditional family support.  
- Practical Coping Strategies: Collaboratively develop a safety plan for future travel or emergency situations, including alternative contact methods, emergency funds, and backup phone plans. Encourage continued focus on financial literacy and stability through budgeting and seeking steady employment, acknowledging her current developmental stage.  
- Homework: Krista will practice a 5-minute mindfulness exercise daily, focusing on observing anxious thoughts and sensations without judgment. She will also identify one instance where she effectively advocated for herself or displayed resilience during the trip to bring to the next session.

Supplemental Analyses

Tonal Analysis

Krista’s tonal shifts throughout the session provided a rich landscape of her emotional experience.

Shift 1: From Enthusiasm to Subdued Anxiety: Initially, Krista’s tone was relatively light and enthusiastic when describing the beautiful aspects of the Montana trip (e.g., *“so awesome,”* *“really beautiful”*). However, as she transitioned to recounting the unexpected financial burdens, her tone became more subdued, hushed, and laced with palpable anxiety. Words were delivered more quickly, sometimes overlapping, indicating internal *“panicking”* she was trying to conceal from Emily and her parents, but clearly present in her voice. This shift highlighted her internal conflict between enjoying the vacation and the intense financial stress she was experiencing.

Shift 2: From Frustration to Desperate Plea: When describing the phone breakdown and her attempts to contact her mother, Krista’s tone sharpened, expressing frustration and disbelief at her mother’s refusal to answer. This escalated into a desperate, pleading tone when she finally connected with her mother, conveying a sense of vulnerability and urgency (*“Please, please. This is not the time.”*). The subsequent shift to profound shock and then open despair, marked by a choked, tearful quality, when recounting her mother’s harsh words (*“I don’t give a fuck”*) underscored the deep relational wound being activated. This shift was clinically significant as it revealed the intensity of her emotional abandonment and the immediate impact of her mother’s rejection.

Shift 3: From Panic to Resignation: During the description of the terrifying Uber ride, Krista’s tone became rapid, high-pitched, and breathless, reflecting her escalating panic and fear for her safety (*“Where is this man taking me?”*). This was interspersed with quiet, resigned crying as she described her internal state of hopelessness and feeling *“just murder me.”* The shift from active terror to a passive, suicidal ideation (*“jump out of the I give up”*) indicated the overwhelming nature of the situation and her profound sense of powerlessness. This tonal fluctuation highlighted her struggle between activating her internal resources for survival and succumbing to overwhelming despair.

Thematic Analysis

Several significant themes emerged and re-emerged throughout Krista’s narrative, illuminating her core struggles.

Theme 1: Financial Precarity and the Burden of Adulting: A pervasive theme was Krista’s acute financial stress and the heavy burden of recent independence. Her anxiety over the $600 rental car, her careful monitoring of her $400 remaining funds, and her inability to contribute equally to vacation expenses (*“not freeloading”*) underscored a deep-seated financial insecurity. This was compounded by her family’s apparent lack of understanding of her post-college financial reality (*“everyone’s forgetting, like, I just got home from college… I don’t have a savings”*). This theme connects to her developmental stage, where the expectations of adult financial responsibility clash with her actual resources and experience, generating significant anxiety.

Theme 2: Familial Abandonment and Conditional Love: The most potent theme was her profound experience of abandonment and conditional support from her mother and, to a lesser extent, her sister. Her mother’s shaming and critical response during a crisis, coupled with the *“silent treatment”* upon her return, conveyed a message of unworthiness and being left to fend for herself. The contrast with her deceased father’s perceived unconditional support further emphasized this void. This theme speaks to deep-seated attachment wounds and the ongoing impact of a dysfunctional family system that fails to provide consistent emotional and practical support, leaving Krista feeling *“unsafe”* and *“unstable.”*

Theme 3: Loss of Control and Helplessness: Throughout her narrative, Krista repeatedly encountered situations where she felt a profound loss of control. This ranged from unexpected financial demands, a malfunctioning phone, being unable to drive the rental car she paid for, and crucially, the terrifying experience in the Uber where she literally didn’t know where she was being taken. This theme highlights her vulnerability and her attempts to regain a sense of agency in overwhelming circumstances, often leading to internal panic and despair when external control proves elusive.

Theme 4: Identity Confusion and Existential Disorientation: Underlying the immediate crises was an emergent theme of identity confusion and existential disorientation. Her statement, *“What the hell is happening to me right now? What is life? What’s going on?”* reflects a breakdown in her sense of predictability and meaning. The realization, *“the only person that you have, really is yourself,”* though factually true in her acute isolation, points to a deeper struggle with defining her self-worth and finding stability in a world that feels *“crazy”* and *“unreal”* (e.g., the bizarre toothpaste incident). This theme underscores the existential challenge of constructing meaning and self in the face of chaos and perceived abandonment.

Sentiment Analysis

Krista’s sentiments were overwhelmingly negative, reflecting her intense distress and frustration, with intermittent flashes of gratitude and appreciation.

Sentiments About Self: Predominantly characterized by feelings of **panic**, **anxiety**, and **helplessness**. Expressions such as *“crashing out silently,”* *“I’m so effed right now,”* and *“I’m freaking out”* indicated extreme internal distress. She also conveyed **embarrassment** and **shame** (e.g., when Emily’s parents offered to pay, and when her mother called her *“irresponsible”*). Underlying these were feelings of **vulnerability**, **exhaustion**, and a profound sense of **being alone** (*“the only person that you have, really is yourself”*).

Sentiments About Others/External Situations: Her sentiments towards family members were complex but leaned heavily towards **frustration**, **anger**, **disappointment**, and **disbelief**. She expressed **anger** towards her mother for her harsh words and silent treatment (*“I’m pissed,”* *“What the fuck is happening right now?”*), and **disappointment** with her sister’s unreliability (*“I couldn’t believe she would have picked me up from the airport and drank”*). There was also **resentment** towards Emily’s lack of understanding (*“you’re giving me the egg. Why are you crying about a phone?”*). Her feelings about external circumstances like the rental car cost and the phone breaking were characterized by **injustice** (*“silly decision,”* *“sick about this”*) and **frustration**. A notable exception was her profound **gratitude** and **comfort** regarding Justin’s care and empathy.

Key Points

- Compounding Stressors and Acute Distress: The Montana trip, intended for relaxation, rapidly devolved into a series of escalating financial, logistical, and interpersonal crises. These cumulative stressors triggered an acute stress reaction, pushing Krista to her "wit's end" and reactivating core anxieties and feelings of panic.  
- Reactivation of Familial Abandonment Wounds: Her mother's harsh, shaming, and unsupportive response to her phone crisis and travel dilemma served as a powerful trigger, reactivating deep-seated attachment wounds related to perceived abandonment and conditional love within her family system. This dynamic is a critical area for ongoing therapeutic work.  
- Struggle with Adult Identity and Financial Autonomy: As a recent college graduate, Krista is navigating the complex transition to independent adulthood, including financial self-sufficiency. Her family's seemingly unrealistic expectations and lack of understanding regarding her current financial reality contribute significantly to her anxiety and feelings of inadequacy.  
- Experiential Avoidance as a Central Coping Mechanism: Krista's attempts to "alleviate" panic attacks and her tendency to "silently crash out" indicate a reliance on experiential avoidance as a primary, albeit ultimately ineffective, coping strategy. Addressing this avoidance is crucial for fostering emotional processing and building more adaptive coping skills.  
- Resilience Amidst Overwhelm: Despite feeling profoundly overwhelmed and helpless, Krista demonstrated significant resilience by actively seeking solutions (contacting T-Mobile, calling her sister repeatedly, ultimately securing a new phone and ride home) and expressing her distress in session rather than completely shutting down. This inherent strength is a vital resource for therapeutic progress.

Significant Quotes

* "I'm in climbing up the cave in Silence of the Lambs." Krista used this powerful metaphor early in the session to describe her current internal state. This quote is significant because it vividly captures her feeling of being trapped, struggling, and isolated in a dark, confined space, conveying a deeper sense of psychological entrapment and distress beyond a simple numerical rating.
* "My heart felt my asshole, holy shit, I'm so fucked right now." This visceral statement expressed Krista's immediate and extreme emotional and physiological reaction upon realizing the unexpected $600 rental car expense. It highlights the intensity of her financial anxiety and the profound sense of being overwhelmed and unprepared for such a significant, unforeseen burden. This quote encapsulates the abrupt shift from vacation excitement to financial panic.
* "You're so irresponsible. I can't believe this. I'm not helping you, you, you. This is what I'm talking about with you. This is why I tell you to save for a rainy day. You're an adult. You have to figure this out on your own. Hangs up." Krista recounted her mother's words verbatim. This extended quote is profoundly significant as it epitomizes the emotional abandonment and harsh criticism she experienced from her primary caregiver during a moment of profound vulnerability. It reveals the conditional nature of her mother's support and directly illuminates the deep relational wounds being reactivated, leading to Krista's intense emotional breakdown.
* "What the hell is happening to me right now? What is life? What's going on?" Spoken while she was crying uncontrollably outside Best Buy, this quote captures Krista's profound sense of disorientation, confusion, and existential crisis. It signifies a moment where the accumulation of stressors led to a breakdown in her ability to make sense of her reality, pushing her into a state of acute psychological distress and questioning the very fabric of her existence and support systems.
* "I'm just silently crying, and he's telling me, calling me Angel, asking me if I speak Spanish. I'm like, No, I'm less than your he's like, Angel in Spanish. I'm like, yes, okay, sitting there, ellingo." This quote highlights the surreal and terrifying absurdity of Krista's Uber ride experience. The juxtaposition of her internal, silent panic with the driver's incomprehensible and repetitive questions about her name and language ("Angel, Angel, Angel") underscores her profound sense of isolation, powerlessness, and vulnerability in a situation where she could not communicate or control her surroundings. It captures the unique horror of feeling utterly alone and misunderstood while in a vulnerable situation.
* "the only person that you have, really is yourself." This poignant statement reflects Krista's painful but significant realization about her support system. It underscores her deep sense of isolation and the perceived lack of reliable emotional and practical backing from her family. Clinically, this reveals a core belief about her independence and isolation, which, while born out of pain, also holds the potential for fostering greater self-reliance and agency in her life.

Comprehensive Narrative Summary

Today’s session with Krista was a raw and emotionally charged unpacking of her recent trip to Montana, which, instead of offering respite, became an intense crucible for her pre-existing anxiety and deep-seated familial wounds. Krista arrived visibly exhausted, immediately signaling a profound internal struggle with the metaphor of *“climbing up the cave in Silence of the Lambs.”* Her narrative unfolded rapidly, revealing a cascade of compounding stressors: unexpected financial burdens from a rental car, the constant pressure to keep up with lavish spending, and the pervasive anxiety of not wanting to *“freeload”* while struggling with limited funds as a recent college graduate.

The breaking of her phone served as a catalyst, plunging her into a profound sense of helplessness and isolation. Her subsequent attempts to seek support from her mother were met with a shocking display of verbal cruelty and abandonment, leading to Krista’s public breakdown. This interaction exposed the fragile and conditional nature of her family’s support, particularly her mother’s, and reactivated deep-seated feelings of being *“irresponsible”* and fundamentally unloved in times of need. The terrifying, disorienting Uber ride, during which she felt completely out of control and unable to communicate, further amplified her panic and led to profound, albeit fleeting, thoughts of self-harm, underscoring the extreme psychological pressure she was under. Her subsequent experience of her mother’s *“silent treatment”* upon returning home solidified her feelings of being unheard and unvalued.

Krista’s recounting highlighted key themes of financial precarity, familial abandonment, and a profound struggle with her burgeoning adult identity. Her declaration, *“the only person that you have, really is yourself,”* while indicative of a painful realization, also marks a crucial turning point towards recognizing her own inherent resilience and the need to cultivate a stronger sense of self-reliance. While overwhelmed, her active efforts to resolve issues (e.g., getting a new phone, coordinating travel) demonstrate an underlying capacity for agency. Clinically, this session provided invaluable insight into the core wounds of conditional love and abandonment, which will be central to our ongoing work. Our therapeutic approach will leverage ACT to address her experiential avoidance and foster acceptance of difficult emotions, DBT to build distress tolerance and interpersonal effectiveness for navigating complex family dynamics, and Narrative Therapy to re-story her experience as one of resilience rather than victimhood, ultimately supporting her in building a more stable and intrinsically validated sense of self.

## Session 3: 2025-07-24

**Date:** 2025-07-24 **Source File:** Summary of Krista Flood Appointment 7-24-2025 1200 hrs.pdf.eml

Comprehensive Clinical Progress Note for Krista Flood’s Therapy Session on July 24, 2025

Comprehensive Clinical Progress Note for Krista Flood’s Therapy Session on July 24, 2025

Subjective

Krista attended today’s session expressing a profound sense of being overwhelmed, stating, “I don’t even know where to start anymore.” She described significant distress stemming from multiple acute stressors, prominently featuring a recent explosive conflict with her mother over a Yeti cup. Krista recounted losing her temper, “crashing out” and screaming at her mother, noting, “I haven’t lost it like that in, like, months, months, like a year even.” She attributed this outburst to accumulated “upset and bothered by her [mother], especially recently.” This incident triggered vivid memories of past emotional abuse and manipulation by her mother, including forced entry into her room with keys, physical aggression (pulling her hair), and theatrical victimhood (feigning a fall down stairs). Krista recalled feeling “horrible” and waking with anxiety from a dream in which she slapped her mother, then sobbed apologetically as her mother’s figure shifted.

Krista reported ongoing, pervasive financial stress, linking it to a “big red, shining balloon that’s always just in the way everything,” a metaphor for its omnipresent influence. This anxiety is deeply rooted in her parents’ historical financial conflicts and her father’s past legal troubles involving credit card abuse and bankruptcy. She expressed a strong fear of replicating her father’s perceived irresponsibility, stating, “It makes me sick, because I don’t want to be like him.” Her mother’s relentless pressure to find a third job and enter a teaching career, despite Krista’s recent graduation and certification, fuels this financial anxiety, leading her to feel inadequate. She detailed an incident where her mother, during a grocery trip, suggested discussing Krista’s “unreasonable” responsibilities with her therapist, perceived as a manipulative attempt to undermine Krista’s autonomy. Current job search challenges, particularly with a prospective teaching position due to bureaucratic hurdles, add to her stress, as she worries about appearing “unprofessional” in her first “real job.” She also expressed financial insecurity from her current part-time job, which is not meeting promised earnings, and is contemplating resigning, adding to her stress about financial stability.

Interpersonally, Krista described complex and frustrating friendship dynamics, specifically a recent conflict where a mutual friend verbally abused another friend, and the larger friend group failed to intervene or hold the perpetrator accountable. She expressed exasperation with her friends’ “going in circles, in circles” without resolving the conflict or supporting one another. Furthermore, Krista disclosed developing “icks” towards a close roommate, stemming from perceived financial disparities and a lack of understanding regarding financial boundaries, particularly after a recent trip where Krista felt pressured to cover costs and later struggled to be reimbursed. She conveyed a feeling of being “at odds” in the relationship, struggling to communicate her discomfort without causing offense.

Internally, Krista reported “high, high levels of stress” and anxiousness, leading to “derealization” episodes, though she is now able to “stop them” by recognizing their onset. She finds solace and grounding in long journaling sessions, which help her “come back to being grounded the most.” She also voiced an overarching sense of being “all over the place” as a recent college graduate, caught between a desire to “put all my dreams at the forefront” and societal/parental expectations to “get your ducks in a row.”

Objective

Krista presented to the session casually dressed and appeared well-groomed. Her speech was notably rapid, particularly when discussing emotionally charged topics such as family conflicts, past trauma, and financial stressors, indicating a high level of internal arousal and an underlying sense of urgency. Occasional expletives (e.g., “fucking annoyed,” “f you”) punctuated her narrative, serving to emphasize the intensity of her frustration and anger. While generally maintaining eye contact, she would occasionally avert her gaze when recounting particularly distressing memories involving her mother’s past abuse, suggesting lingering discomfort or a defensive posture. Her thought processes were logical and coherent, though her narrative frequently transitioned between current stressors and historical family patterns, highlighting the interconnectedness of her present distress with long-standing issues. The detailed accounts of her emotional reactions, including her “crashing out” and descriptions of derealization, underscore her ongoing struggle with emotional dysregulation. Despite the evident distress, Krista maintained a collaborative stance throughout the session, actively engaging in the therapeutic process and demonstrating a strong desire to understand and address her challenges.

Assessment

Krista continues to present with symptoms consistent withAdjustment Disorder with Mixed Anxiety and Depressed Mood (F43.25), significantly exacerbated by her multifaceted acute stressors including ongoing family conflict, financial precarity, career navigation, and interpersonal challenges. Her reported emotional “crashing out” (anger outbursts) and episodes of derealization underscore a significant struggle with emotional dysregulation and distress tolerance.

A critical underlying dynamic is the pervasive **enmeshment and dysfunctional boundaries within her family system**, particularly with her mother. The seemingly minor “Yeti cup” incident served as a potent trigger, reactivating deeply ingrained patterns of emotional abuse, manipulation, and boundary violations experienced throughout her childhood. Her mother’s historical behaviors (e.g., invasive entry into her room, physical aggression, gaslighting through feigned injury, and the “therapist” comment) indicate a pattern of coercive control and disregard for Krista’s autonomy. Krista’s dream of slapping her mother followed by guilt and apology suggests a profound internal conflict regarding her repressed aggression and difficulty processing justified anger towards her primary attachment figure, hindering healthy individuation.

The **chronic financial anxiety** Krista experiences is not merely a practical concern but a core organizing principle of her distress. It is deeply intertwined with her developmental history, marked by her parents’ contentious financial relationship and her father’s legal troubles. This history has cultivated a profound fear of financial instability and a powerful drive to avoid replicating her father’s perceived irresponsibility, creating a “money balloon” that obstructs her peace of mind. Her mother’s relentless financial demands and criticisms contribute to a sense of inadequacy and worthlessness, suggesting that Krista’s self-worth is, in part, conditional upon external financial success and a strong desire to differentiate from perceived parental “failures.” This acute financial stress is precipitating an **identity crisis**, particularly as she navigates career choices and questions her “path,” struggling between intrinsic desires and external expectations of security and success.

Interpersonally, Krista exhibits difficulties in **asserting and maintaining healthy boundaries**. Her “ick” feelings towards her roommate regarding financial discrepancies highlight a sensitivity to perceived exploitation and a fear of being indebted, likely stemming from her family’s transactional dynamics. Her tendency to either avoid conflict (with friends, or suppressing “icks”) or erupt in anger (with mother) indicates a deficit in effective interpersonal communication and distress tolerance skills. The friendship conflict also illuminates her strong sense of loyalty and justice, juxtaposed with disillusionment when others fail to meet her expectations of support, suggesting a need to adjust expectations and practice acceptance of others’ limitations.

While Krista demonstrates growing self-awareness through journaling and recognizing derealization onset, her primary coping mechanisms still involve forms of emotional suppression or explosion, rather than integrated emotional processing. Her current state reflects an individual at a critical juncture, attempting to forge her own identity and path amidst persistent family patterns and acute adult stressors.

Plan

- Dialectical Behavior Therapy (DBT) Skills Integration:Continue to focus on enhancing Krista's Distress Tolerance and Emotion Regulation skills. Specifically, she will practice the “STOP” skill (Stop, Take a step back, Observe, Proceed mindfully) when experiencing intense emotional triggers, particularly in interactions with her mother. We will also introduce “DEAR MAN” from Interpersonal Effectiveness to structure direct communication when setting boundaries with her mother and addressing financial discrepancies with her roommate, emphasizing clear expression of needs while maintaining self-respect and relationship effectiveness.  
- Acceptance and Commitment Therapy (ACT) Framework:  
  
- Values Clarification:Further explore and solidify Krista’s core values regarding career, financial independence, and personal growth, working to differentiate these from external (parental, societal) expectations. This will involve identifying how her “dreams” align with her authentic self versus the “logical side” dictated by others.  
- Cognitive Defusion:Utilize defusion techniques to help Krista observe “should” statements and catastrophic thoughts about her career path or financial future (e.g., “I should be having a teaching job by now,” “I don't want to be like him”) without becoming entangled or fused with them.  
- Mindfulness Practice:Encourage continued engagement in long journaling, leveraging it as a formal mindfulness practice for grounding, emotional processing, and cultivating psychological flexibility.  
  
- Narrative Therapy Elements:  
  
- Externalization of Problems:Collaborate with Krista to externalize the “money balloon” and the “fear of being like dad” as external entities that influence her, rather than inherent flaws. This reframing will empower her to take an agentic stance in addressing these influences.  
- Rewriting Dominant Narratives:Explore and highlight alternative narratives of resilience and competence by revisiting past challenges she has successfully navigated (e.g., cheer finances, navigating college despite family chaos). This aims to counter the pervasive narrative of helplessness and inadequacy.  
  
- Psychoeducation and Boundary Setting:Provide comprehensive psychoeducation on enmeshment, emotional manipulation, and the importance of healthy boundaries within family systems. Develop specific, actionable strategies for asserting and maintaining boundaries with her mother (e.g., redirecting conversations, disengaging from arguments, clear “no” statements).  
- Career and Financial Planning:Continue to support Krista in navigating her career transition and job search challenges, including addressing bureaucratic hurdles and developing strategies for communicating effectively with prospective employers. Collaboratively brainstorm practical steps for improving her financial stability and making informed decisions about her current and future employment.

Supplemental Analyses

Tonal Analysis:

Shift 1: From Controlled Frustration to Explosive Anger (09:11:14 - 09:12:14)

Initially, Krista’s tone was one of rapid, exasperated complaint when describing her mother’s refusal to let her use the Yeti cup (“Oh, wait, I need that. Like, I’m put that next to my tea… I need the Yeti, like, you’re not doing anything today, just let me use it.”). This shifted abruptly to explosive anger, with “crashing out” and “screaming” (“Give me the cup! I have to go! I’m not doing this right now!”). This escalation was triggered by her mother’s perceived obstinacy and refusal to acknowledge Krista’s legitimate need to prepare for work, directly echoing historical patterns of her mother’s invalidation and control. The sudden loss of emotional control, noted as uncharacteristic for “months, months, like a year even,” is clinically significant as it represents a breakthrough of deeply suppressed anger and resentment stemming from prolonged experiences of her boundaries being disregarded and her needs dismissed within the family system.

Shift 2: From Resigned Exasperation to Anxious Vulnerability (09:20:01 - 09:25:01)

When discussing her mother’s relentless financial demands and the suggestion to involve the therapist, Krista’s tone shifted from angry frustration (“Oh my God. I was like, I’m like, I just want you to know I’ve been out of college for two months”) to a quieter, more resigned, yet anxious pitch. This was particularly evident when she recounted her mother’s manipulative suggestion of therapy and her own internal monologue about feeling “stuck” (“I question a lot of things about my path, what I’m doing… I’ve always had an issue with, like, financial whatever, because it’s always been something that’s hung over my head since I was a kid.”). This shift reflects a profound sense of powerlessness and existential angst in the face of her mother’s persistent enmeshment and her own deeply ingrained financial anxieties. The resignation is interwoven with palpable anxiety, as she feels trapped between overwhelming external pressures and an internal desire for autonomy, highlighting a core conflict between duty and self-direction that leaves her feeling perpetually vulnerable.

Shift 3: From Distressed Narrator to Reflective Fear (09:28:35 - 09:29:51)

While initially recounting her father’s financial troubles and arrest with a narrative, factual tone, Krista’s voice became more subdued and reflective when articulating her personal connection to this history. There was a noticeable softening and slight hesitation as she stated, “it makes me sick, because I don’t want to be like him.” This tonal shift indicated a transition from merely reporting events to expressing a deep-seated fear and vulnerability about her own identity and potential to replicate undesirable family patterns. The quiet, reflective quality of her voice in this moment is clinically significant as it provides direct access to the core identity struggle she is experiencing, connecting her current financial stress not just to practical concerns but to a fundamental fear of who she might become.

Thematic Analysis:

Theme 1: Enmeshment and Dysfunctional Family Boundaries

A dominant and pervasive theme throughout the session was the profound lack of boundaries and enmeshment within Krista’s family, particularly in her relationship with her mother. This was starkly evident in the mother’s invasive behaviors (e.g., the Yeti cup conflict, breaking into her room with keys in high school, incessant financial demands, the manipulative suggestion of joint therapy) and Krista’s intense struggle to assert her needs and protect her personal space. The “crashing out” and subsequent guilt reveal the severe emotional dysregulation that results from a lifetime of having her autonomy undermined and her emotional expressions invalidated. This theme highlights how historical patterns of coercive control and emotional manipulation continue to destabilize Krista’s sense of self and hinder her ability to establish healthy interpersonal distance and self-assertion. It directly contributes to her anxiety and difficulty with interpersonal effectiveness, as she has not learned healthy ways to differentiate or assert herself within this highly volatile system.

Theme 2: Financial Anxiety and Conditional Self-Worth

Money emerged as a significant source of chronic anxiety and a battleground for control and self-worth, extending beyond practical concerns into Krista’s identity. Her upbringing, marked by her parents’ contentious financial relationship and her father’s “abusing the credit card” and subsequent arrest, has deeply instilled a pervasive fear of financial instability and a powerful drive to “not be like him.” Her mother’s constant questioning of her financial efforts and career choices (“What am I doing? I’m not doing everything I can. I should be having a teaching job by now.”) fuels this anxiety, making her feel inadequate despite her recent achievements. This theme suggests that Krista’s self-worth is, in part, conditional upon external financial success and avoiding the perceived failures of her parents. This is further complicated by her “ick” towards her roommate, revealing how financial disparities trigger her deep-seated anxieties and fears of being exploited or indebted, linking her current struggles to her family-of-origin patterns regarding financial transactions and relationships.

Theme 3: Autonomy vs. External Expectations (Existential Dilemma)

A recurring tension was Krista’s strong desire for personal autonomy and self-direction (“I want to put all my dreams at the forefront. I want to be able to do these days, and be spontaneous and and live my life the way I want to live it”) clashing with the heavy weight of external expectations. These expectations primarily stem from her mother’s dictates (“You should be doing this. You should be doing that.”) and broader societal norms around career and financial stability. This internal conflict manifests in her career indecision (teaching vs. other dreams), her social interactions (struggling to assert boundaries with friends), and her overall sense of being “stuck” or “all over the place.” This theme has clear existential dimensions, as Krista grapples with establishing her own path, meaning, and identity independent of the scripts handed down by her family and culture, highlighting a struggle to reconcile her authentic self with external pressures.

Sentiment Analysis:

Sentiments About Self:Krista’s expressions about herself were predominantly negative, characterized by profound frustration, self-blame, and a sense of being overwhelmed and inadequate.

- Overwhelm/Disorientation:Evident in statements like “I don't even know where to start anymore” and “I’m always all over the place.” This reflects her current state of emotional and cognitive disorganization due to multiple stressors.  
- Self-Criticism/Guilt:Expressed through “I don't like being explosive like that, and also just takes so much energy,” and “I’m just so angry at myself, because you’re angry.” This indicates an internalization of her emotional dysregulation as a personal failing.  
- Anxiety/Vulnerability:Highlighted by “my anxiousness and my sex and anxiousness have been so high these past few weeks” and her descriptions of derealization. This demonstrates her internal struggle with heightened physiological and psychological distress.  
- Identity Confusion:Though not explicitly stated as “I don’t know who I am,” her statements like “I question a lot of things about my path, what I'm doing” and feeling “stuck” between dreams and expectations strongly imply a sentiment of uncertainty regarding her future self and path.

Sentiments About Others/External Situations:Krista’s sentiments toward others and external circumstances were largely negative, reflecting deep-seated resentment, mistrust, and disillusionment.

- Resentment/Frustration towards Mother:Characterized by statements such as “I’ve just been so upset and bothered by her, especially recently,” “She’s just talking the ear off,” and “F you like, what do you want me to do?” These sentiments convey a profound and active resentment towards her mother’s controlling and critical behavior, indicative of a long-standing pattern of emotional invalidation.  
- Mistrust/Disillusionment with Friends:Evident in “they go in circles, in circles,” “I can’t believe they didn’t stand up,” and “I can’t keep having this conversation. It’s actually driving me crazy.” This reveals her disappointment in her friends’ lack of loyalty and inability to resolve conflict effectively, reinforcing a pattern of being let down in peer relationships.  
- Wariness regarding Financial Interactions:Expressed through “I don’t know if I believe that [my roommate’s mom will transfer money],” and recalling past experiences where friends did not reimburse. This reveals a deep-seated suspicion and vigilance around financial transactions, stemming from her past family experiences of financial manipulation and irresponsibility.  
- Pessimism about Systems/Authority:Illustrated by her description of “The Office of the professions in New York State is ridiculous. It’s ridiculous,” and her current job not being “a stable thing.” This highlights her frustration with bureaucratic obstacles and unstable work environments, contributing to her overall sense of powerlessness and external locus of control.

Key Points

- Reactivation of Complex Family Trauma:Krista’s recent “crashing out” and recalled childhood memories indicate that current family stressors are reactivating deeply ingrained patterns of emotional abuse, boundary violations, and manipulation by her mother. This suggests unresolved trauma and a need to process past experiences to foster healthier emotional regulation and interpersonal patterns. The dream of slapping her mother and subsequent guilt further highlights the presence of unexpressed anger and the difficulty she faces in asserting her needs against a primary attachment figure.  
- Identity Diffusion and Existential Conflict Amidst Transitions:As a recent college graduate, Krista is navigating a critical developmental stage compounded by acute financial stress and career uncertainty. Her intense fear of “being like him” (her father) and her “ick” toward her roommate’s financial behavior point to a vulnerable self-concept deeply tied to financial responsibility and a need to differentiate from perceived familial failures. The tension between her desire to “put all my dreams at the forefront” and the “logical side” dictated by external expectations represents an existential struggle to forge an authentic identity and life path, independent of the scripts handed down by her family or societal pressures. This crisis presents a significant opportunity to build a more stable, intrinsic sense of self-worth.  
- Pervasive Financial Anxiety as a Core Organizer:Financial stress is not merely a practical concern for Krista but a deeply rooted and pervasive anxiety (“big red, shining balloon”) that shapes much of her experience. It links directly to her family history, her sense of identity, and her fears of inadequacy and being taken advantage of. This requires a nuanced therapeutic approach that addresses both practical financial coping strategies and the underlying emotional and historical patterns that maintain this anxiety, enabling her to gain a greater sense of agency and security.  
- Chronic Interpersonal Boundary Challenges:Krista consistently struggles with establishing and maintaining healthy boundaries, evident in her volatile interactions with her mother and her passive-aggressive responses or eventual “icks” in peer relationships. This difficulty in asserting her needs and protecting her emotional space often leads to either explosive anger or withdrawal, rather than effective and respectful communication. Addressing this core skill deficit is paramount for her emotional well-being, as it will enable her to navigate complex relationships with greater confidence and reduce the energy drain from suppressed resentment.

Significant Quotes

- “I don't even know where to start anymore.” Krista made this statement at the beginning of the session, reflecting her overwhelming sense of being “all over the place” and the multitude of stressors she is attempting to manage. This quote is significant because it encapsulates her current state of emotional and cognitive disorganization, a common feature in acute stress. It also suggests a feeling of being lost or directionless in the face of so many competing demands and unresolved issues, underscoring the complexity of her current experience.  
- “I don't like being explosive like that, and also just takes so much energy, and then I'm just angry for a long time.” Krista expressed this after recounting her “crashing out” incident with her mother, indicating her self-awareness regarding her emotional regulation challenges. This quote is significant because it reveals her internal conflict: she understands the negative impact of her anger outbursts (energy drain, prolonged negative affect) yet struggles to manage them, especially when deeply triggered. This points to a need for more effective emotional regulation strategies beyond suppression or explosion, as her current methods are unsustainable.  
- “It makes me sick, because I don't want to be like him [her father], in a sense.” Krista said this when discussing the pervasive financial anxiety linked to her father’s past troubles and her parents’ financial conflicts. This quote is significant because it highlights a core existential and identity-related fear. Her father’s past actions have created a deep-seated aversion to mirroring his perceived irresponsibility, and this fear is now profoundly influencing her financial decisions and career trajectory. It underscores how family patterns, particularly perceived negative ones, can heavily shape an individual’s self-concept and life choices.  
- “I question a lot of things about my path, what I'm doing.” Krista made this statement while discussing her feelings of being “stuck” between her personal “dreams” and the external “logical side” of societal and parental expectations for her career. This quote is significant because it captures her current identity crisis as a recent college graduate. It reflects a profound period of self-reflection and uncertainty about her life’s direction and purpose. This questioning is amplified by the financial pressures and family expectations, highlighting the tension between pursuing authentic desires and conforming to external pressures for security and validation.  
- “My anxiousness and my sex and anxiousness have been so high these past few weeks. It's not really doing, it's it's doing, but it's not doing enough.” Krista expressed this when discussing her use of supplements and her ability to prevent full-blown panic attacks. This quote is significant because it vividly illustrates the persistent, high level of anxiety she is experiencing, even with current coping mechanisms. While she has developed some self-awareness and strategies to mitigate acute distress, the underlying chronic anxiousness remains overwhelming, indicating a need for deeper therapeutic intervention to address the root causes of her heightened arousal and emotional dysregulation.

Comprehensive Narrative Summary

Today’s session with Krista was a comprehensive exploration of the acute and chronic stressors impacting her well-being, revealing how current challenges serve as potent reactivators of deeply ingrained familial patterns and personal vulnerabilities. Krista entered the session expressing an overwhelming sense of disarray, characteristic of a young adult navigating significant life transitions compounded by complex family dynamics. The “Yeti cup” incident, though seemingly trivial, quickly unraveled into a powerful illustration of her ongoing struggle with her mother’s intrusive behavior, emotional manipulation, and profound disregard for boundaries. Krista’s explosive “crashing out” and subsequent guilt highlights the fragile nature of her emotional regulation when confronted with historical patterns of invalidation and control, suggesting unresolved anger and a suppressed need for autonomy.

A central theme that emerged was the pervasive and deeply rooted financial anxiety, metaphorically described as a “big red, shining balloon.” This anxiety is not merely a practical concern but a core organizer of her experience, intrinsically linked to her parents’ tumultuous financial history, her father’s past legal troubles, and her fierce determination to “not be like him.” This fear of financial irresponsibility and inadequacy, coupled with her mother’s relentless pressure, is fueling an acute identity crisis. As a recent graduate, Krista finds herself caught between external expectations of immediate financial security and a profound internal desire to pursue her own “dreams” and define her own “path,” leading to a significant existential dilemma about who she is and who she wants to become.

Interpersonally, Krista’s narrative showcased chronic difficulties in establishing healthy boundaries, evident in both her family and peer relationships. Her “ick” towards her roommate regarding financial discrepancies, alongside her frustration with friends’ inability to support each other, reveals a sensitivity to perceived exploitation and a deep-seated desire for integrity in relationships. Her coping mechanisms, while including effective strategies like journaling for grounding and recognizing derealization onset, still point to an underlying struggle with processing intense emotions, often resulting in either emotional suppression or reactive outbursts.

Overall, the session underscored Krista’s immense internal pressure to perform, conform, and avoid perceived failure, stemming from a childhood where boundaries were consistently violated and emotional expression was likely punished or manipulated. Her current state reflects a critical juncture where the confluence of developmental tasks and unresolved family issues presents both significant distress and a powerful opportunity for profound personal growth. The therapeutic focus will continue to center on empowering Krista to build robust emotional regulation and interpersonal effectiveness skills, while simultaneously exploring and strengthening her authentic sense of self and values, enabling her to navigate life’s complexities with greater agency and internal coherence.

# Kristi Rook

**Client:** Kristi Rook **Total Sessions:** 2 **Session Date Range:** 2025-07-10 to 2025-07-24

## Session 1: 2025-07-10

**Date:** 2025-07-10 **Source File:** Summary of Kristi Rook Appointment 7-10-2025 0930 hrs.pdf.eml

Comprehensive Clinical Progress Note for Kristi Rook’s Therapy Session on July 10, 2025

Subjective

Kristi Rook attended today’s session exhibiting significant distress and a rapid pace of speech, primarily focused on the ongoing challenges with the school district regarding her son Bobby Cerise’s special education needs, as well as recent incidents involving her au pair, Fabio. She immediately launched into a detailed account of Fabio’s recent driving mishaps, including scuffing their new minivan and damaging a rearview mirror, stating, *“He hit it, and then when he turned, it can open the entire right side of the car, so at least it’s the same side as the scoff but the kids was a car. That’s awful.”* She expressed exasperation, noting, *“This is a driving problem again,”* which connected to a previous scuffing incident and a parking ticket. Kristi described Fabio as starting to cry when confronted, which she seemed to manage with a maternal reassurance (*“you’re safe”*).

The core of her distress, however, centered on her son Bobby’s medical and educational needs. She articulated her frustration with the school district’s perceived stonewalling and dishonesty, particularly regarding Bobby’s Occupational Therapy (OT) services. Kristi recounted a recent IEP meeting where she felt compelled to bring her lawyer. She reported feeling *“shaking inside”* during the meeting but maintained a *“clear, assertive, but professional”* demeanor. She passionately expressed her outrage at the district’s actions, crying as she stated, *“how do you go to sleep at night, taking ot away from a kid like this?”* and lamenting, *“I’m heartbroken that we have to fight so hard for him.”* She emphasized Bobby’s understanding of his diagnoses (DCD, apraxia) as his *“superpower,”* yet acknowledged his pain: *“My poor baby boy is telling us he still wants and needs ot he’s upset that he keeps getting hurt on the playground because of his clumsiness, his reading frustrates him when he’s fatigued.”*

Kristi expressed a profound sense of overwhelm, stating, *“I’m gonna go mental”* and *“I don’t think I can keep up this PT.”* She mentioned taking Adderall and having a drink before the meeting, which she felt gave her *“this inner strength of intellect over emotion.”* This suggests a reliance on external coping mechanisms to manage intense pressure. She also expressed a desire for Fabio to receive therapy, indicating her belief in its efficacy for others.

Objective

Kristi presented to the session appearing energetic and well-groomed, though her rapid-fire speech and animated gestures indicated a high level of internal activation. She was alert and oriented, with clear speech, but her thought process was often tangential, frequently veering from one topic to another before returning to the primary concerns (school district, au pair). Her affect was notably reactive and wide-ranging; she shifted from controlled frustration and indignation when discussing the school district’s actions to overt anger, then to genuine tears when articulating her son’s struggles and the broader injustice faced by children with special needs. Despite expressing internal *“shaking,”* she verbally reported maintaining an outwardly professional and assertive demeanor during the IEP meeting. Her engagement in the session was high, characterized by her leading the narrative and actively seeking validation and input from the therapist, particularly regarding strategies for dealing with the school district. The mention of using Adderall and alcohol to achieve *“intellect over emotion”* suggests a conscious effort to override emotional responses, which was only partially successful given the emotional breakthroughs observed in session.

Assessment

Kristi continues to present with symptoms indicative of significant adjustment difficulties stemming from the chronic stressors associated with advocating for her son’s complex medical and educational needs, compounded by recent interpersonal challenges with her au pair. Her intense emotional reactivity, coupled with a conscious effort to intellectualize and control her feelings, points to a pattern of hyper-vigilance and a struggle for control in an environment she perceives as chaotic and unjust. The school district’s perceived resistance to providing Bobby with necessary services (Developmental Coordination Disorder, apraxia, focal cortical dysplasia, ADHD) is a major stressor that has reactivated her sense of moral outrage and protective instincts as a mother. Her deep involvement in community work and fierce advocacy for her children appear to be central to her identity and self-worth, making any perceived threat to her children’s well-being a direct assault on her core self. Her perfectionistic tendencies, acknowledged through her comment about herself and Dave, lead to high self-imposed pressure, particularly in situations where external factors (Fabio’s competence, school bureaucracy) are beyond her direct control. The desire for Fabio to receive therapy, coupled with her own expressed need to *“go mental”* and inability to *“keep up,”* suggests an underlying awareness of the need for support, despite her outward presentation of strength and intellect. Her use of substances (Adderall, alcohol) to achieve emotional control further highlights the intensity of her internal experience and her current coping limitations.

Plan

- Psychoeducation and Emotional Regulation: Continue to provide psychoeducation on the physiological and psychological impacts of chronic stress and the importance of healthy emotional regulation. Explore alternative coping strategies to manage her overwhelm and frustration beyond relying on "intellect over emotion," potentially including grounding techniques or brief mindfulness exercises.  
- Advocacy Support and Boundaries: Validate Kristi's fierce advocacy for Bobby while collaboratively exploring strategies for managing the emotional toll of this battle. Discuss setting realistic boundaries with the school district and identifying opportunities to delegate or disengage from certain aspects to prevent burnout. Reinforce that her worth as a mother is not contingent on her ability to single-handedly "win" every battle.  
- Interpersonal Skills (Au Pair): Support Kristi in navigating the challenges with her au pair, Fabio. Explore structured communication techniques and setting clear expectations (e.g., visual checklists for tasks) to reduce misunderstandings and frustration. Follow up on the potential for Fabio to seek therapy, providing support as appropriate within ethical boundaries.  
- Self-Care and Restorative Practices: Emphasize the critical importance of self-care and rest, given her statement of "I'm gonna go mental" and "I don't think I can keep up." Collaboratively brainstorm specific, achievable self-care activities she can integrate into her demanding schedule.  
- Family Systems Perspective: Briefly explore the impact of her significant stress and advocacy efforts on the overall family system and dynamics, including her relationship with Dave and the children's perceptions of the situation.  
- Referral/Collaboration: Continue to support her in collaborating with her lawyer and medical professionals regarding Bobby's needs, serving as a supportive resource for her during this complex process.  
- Next Session: Focus on processing the emotional weight of the IEP meeting and developing a more sustainable self-care plan to manage the ongoing demands.

Supplemental Analyses

Tonal Analysis

Shift 1: From Detailed Narration to Indignant Anger. Kristi’s tone shifted from a rapid, factual recounting of events (Fabio’s driving, IEP meeting procedures) to a sharp, indignant anger when discussing the school district’s perceived incompetence and deceit. This shift was particularly noticeable when she spoke about the OT lying or the district canceling meetings without cause. Her voice gained volume and intensity, signaling a deep moral outrage and frustration at the systemic barriers she faces. This tonal change suggests that while she attempts to maintain *“intellect over emotion,”* her core values regarding honesty and justice are intensely activated by perceived transgressions.

Shift 2: From Anger to Heartbroken Vulnerability. Following her expressions of anger, Kristi’s tone softened, becoming more hushed and laden with emotion as she spoke about her son, Bobby. When she recounted Bobby telling her he still needed OT and describing his clumsiness and frustration, her voice wavered, and she began to cry. This shift revealed the profound emotional toll of her advocacy, exposing the deep love and sorrow beneath her assertive exterior. This vulnerability is clinically significant as it highlights the emotional core that is often defended by her intellectualization and strategic thinking.

Shift 3: From Emotion to Strategic Determination. After expressing her heartbreak, Kristi’s tone quickly re-shifted to one of strategic determination, particularly when discussing her lawyer’s actions and the plan to publicly share information about the school district. Her voice became firm and resolute again, devoid of the earlier emotional inflection. This final shift demonstrates her active coping mechanism of returning to a problem-solving, action-oriented mode as a way to manage overwhelming feelings and reassert a sense of control.

Thematic Analysis

Theme 1: Systemic Injustice and Fierce Advocacy. A predominant theme was Kristi’s battle against a perceived unjust and unsupportive school system. Her detailed accounts of the IEP meeting, the district’s perceived lies, and their attempts to delay services highlight her role as a relentless advocate for her son’s needs. She views the school’s actions not just as bureaucratic hurdles but as fundamental violations of children’s rights, evidenced by her question, *“How do you guys go to sleep at night, taking ot away from a kid like this?”* This theme underscores her commitment to community and justice, viewing her fight as part of a larger effort to protect all children.

Theme 2: Trust and Deception. Kristi exhibited a strong focus on truth-telling and a deep-seated distrust of those she perceives as dishonest, particularly within the school district and in relation to her au pair. Her repeated emphasis on *“I hate liars”* and her determination to *“smoke out”* buried emails indicate a low tolerance for perceived deceit and a need for transparency. This theme likely influences her interpersonal dynamics and contributes to her hyper-vigilance in situations where trust is challenged.

Theme 3: Control Versus Chaos and Perfectionism. The session revealed Kristi’s struggle to maintain control in a series of chaotic situations, from managing multiple neurodivergent children and an incompetent au pair to navigating a resistant school system. Her self-identification as a *“perfectionist”* and her detailed efforts to manage every aspect (e.g., checking camp bags at 2 AM, meticulously planning legal action) illustrate her desire for order and predictability. The repeated *“driving problems”* with Fabio symbolize the external chaos that continually challenges her attempts at control, leading to significant stress and feelings of overwhelm.

Theme 4: Identity Through Caregiving and Community. Kristi’s identity appears deeply intertwined with her roles as a mother and a community volunteer. Her passion for helping her children and advocating for others (e.g., Apraxia awareness events) provides her with purpose and validation. The *“heartbreak”* she experiences when her children’s needs are not met, or when systemic failures impede their progress, directly impacts her sense of self-efficacy and well-being. This theme highlights the profound emotional investment she has in her roles and the personal cost of the ongoing struggles.

Sentiment Analysis

Sentiments About Self: Kristi expressed a complex mix of sentiments about herself, reflecting her internal struggle. She conveyed significant overwhelm and exhaustion (*“I’m gonna go mental,”* *“I don’t think I can keep up this PT”*), suggesting her coping resources are stretched thin. At the same time, she demonstrated a strong sense of agency and resilience, viewing herself as *“assertive”* and *“professional”* in the face of adversity, possessing *“inner strength of intellect over emotion.”* However, underlying these more active sentiments were feelings of deep heartbreak and disappointment (*“I’m heartbroken that we have to fight so hard for him,”* *“I’m broken with disappointment”*), revealing the profound emotional impact of her circumstances on her well-being.

Sentiments About Others/External Situations: Kristi’s sentiments towards others and external systems were predominantly negative and critical, reflecting her experience of being in a constant battle. She expressed strong anger and frustration towards the school district (*“Why is that a problem here?”*), particularly regarding perceived deception and lack of empathy (*“I hate liars,”* *“how do you guys go to sleep at night?”*). This extended to her au pair, Fabio, showing frustration with his competence and honesty. In contrast, she held high admiration and trust for her lawyer, Dr. Pilar, and Dr. Zaleski, who provided effective support or accurate information. Her sentiments also included deep empathy and solidarity with other parents and children facing similar struggles (*“I’m crying for all children that are going through this”*), highlighting her broader humanitarian concerns.

Key Points

- Chronic Stress and Overwhelm: Kristi is experiencing significant, pervasive stress stemming from multiple, compounding factors, primarily the protracted battle with the school district for her son Bobby's complex special education needs, and ongoing challenges with her au pair. This chronic stress is impacting her emotional and possibly physical well-being, leading to feelings of being "mental" and unable to "keep up."  
- Advocacy as a Core Identity: Her role as a fierce advocate for her children and community is central to Kristi's identity and sense of purpose. While a strength, this intense dedication leaves her highly vulnerable to emotional distress when faced with perceived injustice or systemic failure, as seen in her "heartbreak" and "broken disappointment."  
- Intellectualization as a Defense: Kristi consciously employs "intellect over emotion" as a primary coping mechanism to navigate distressing situations. While effective in maintaining composure and strategic thinking during high-stakes interactions (like the IEP meeting), this defense can also impede the healthy processing of painful emotions, potentially contributing to internal "shaking" and eventual emotional breakthroughs in session.  
- Trust and Control Issues: A recurring theme is Kristi's struggle with trust, particularly towards authority figures and those in her immediate support system (au pair, school district). This is coupled with a need for control, which is constantly challenged by unpredictable events and external forces, exacerbating her stress and frustration.

Significant Quotes

- "How do you go to sleep at night, taking ot away from a kid like this?" Kristi posed this question during her emotional recounting of the IEP meeting. This quote is significant because it encapsulates her deep moral outrage and profound empathy for children with special needs. It highlights her belief that the school district's actions are not merely bureaucratic but ethically reprehensible, and it reveals the personal and emotional toll this ongoing battle is taking on her as a mother and advocate. The question transforms her personal struggle into a universal plea for justice and compassion.  
- "My poor baby boy is telling us he still wants and needs ot he's upset that he keeps getting hurt on the playground because of his clumsiness, his reading frustrates him when he's fatigued. I'm heartbroken that we have to fight so hard for him." This series of statements profoundly illustrates the direct, personal impact of Bobby's condition and the systemic barriers on both him and Kristi. It humanizes the clinical diagnoses, showing the everyday struggles Bobby faces, and directly conveys Kristi's deep parental pain and frustration. The quote reveals the vulnerable core beneath her otherwise assertive and intellectualized presentation, demonstrating the immense emotional labor involved in her role as a primary caregiver and advocate.  
- "I'm gonna go mental." Kristi uttered this statement when discussing the accumulation of various stressors in her life, particularly the demands of managing her children's therapies and the school battle. This quote is significant because it is a direct, unfiltered expression of her extreme overwhelm and distress. It suggests that her current coping mechanisms are reaching their limits, indicating a heightened risk of burnout and a pressing need for interventions that support her emotional and mental well-being. It serves as a stark warning about the intensity of her internal experience.

Comprehensive Narrative Summary

Today’s session with Kristi Rook offered a raw and detailed insight into the profound emotional and practical challenges she is navigating as a mother advocating for a child with complex needs within a resistant system. Kristi presented with a rapid-fire, highly descriptive narrative, initially focused on the frustrating and costly mishaps involving her au pair, Fabio. While she managed Fabio’s emotional distress with a degree of maternal composure, it became evident that these incidents, particularly his dishonesty and incompetence, further strained her already stretched resources and added to her pervasive sense of chaos.

The core of Kristi’s current distress, however, unequivocally lies in her ongoing, fierce battle with the school district over her son Bobby’s special education services. Her recounting of the recent IEP meeting, where she brought her lawyer, was marked by an intense oscillation between a highly intellectualized, strategic recounting of legal violations and deeply felt expressions of anger and heartbreak. While she consciously employed *“intellect over emotion”* as a coping mechanism, moments of profound vulnerability broke through—her voice quivering, tears welling, as she spoke of Bobby’s struggles and the injustice of fighting for a child’s basic needs. Her passionate query, *“How do you guys go to sleep at night, taking ot away from a kid like this?”*, encapsulated her moral outrage and deep empathy, revealing the personal cost of her relentless advocacy.

Kristi’s self-identification as a *“perfectionist”* and her meticulous efforts to control and manage every detail highlight a core pattern. The relentless, unpredictable nature of her current stressors—Bobby’s complex health issues (DCD, apraxia, focal cortical dysplasia, GI issues), the au pair’s shortcomings, and the bureaucratic stonewalling—continuously challenge her attempts at order, leading to feelings of being overwhelmed to the point of *“going mental.”* Her reliance on substances for emotional control further underscores the intensity of her internal experience and the strain on her natural coping reserves. This session underscored that Kristi’s fight is not merely a practical one; it is a deeply personal and existential struggle for justice, truth, and her children’s well-being, deeply intertwined with her sense of identity as a caregiver and community member. The therapeutic focus must therefore encompass not only external strategies for navigating these challenges but also robust internal strategies for emotional regulation and sustainable self-care to prevent burnout.

## Session 2: 2025-07-24

**Date:** 2025-07-24 **Source File:** Summary of Kristi Rook Appointment 7-24-2025 0930 hrs.pdf.eml

Comprehensive Clinical Progress Note for Kristi Rook’s Therapy Session on July 24, 2025

Subjective

Kristi Rook attended today’s session expressing significant distress and an overwhelming sense of burden, immediately stating, *“Today’s really bad,”* despite her visible attempt to *“wear that smile.”* She reported increasing her Lexapro dosage to 20mg, perceiving it as *“maxed out”* in her efforts to manage her escalating anxiety and depressive symptoms. The session was dominated by a complex web of family crises and legal battles, primarily centered around her brother’s recent arrest and ongoing destructive behavior. Kristi vividly described her brother’s history of *“violations,”* *“craziness,”* and *“destruction,”* characterized by a profound lack of empathy, which she directly attributed to *“antisocial personality disorder.”* She detailed his financial exploitation of their parents, stating he *“mooches off them”* and lives in her father’s house despite their strained relationship, further exacerbating her parents’ marital stress.

A major stressor involved her brother’s alleged insurance fraud, specifically logging into her sister-in-law’s insurance *“78 times”* during her IVF and pregnancy. Kristi conveyed intense anger and a sense of betrayal, describing this as *“fucking serial killer shit.”* She expressed deep frustration with the legal system, particularly her brother’s probation officer, who *“doesn’t see this”* and doesn’t conduct drug tests, indicating a profound sense of systemic injustice and powerlessness. Her frustration extended to her own attorney, whom she felt *“needs to grow a set of balls”* and wasn’t aggressive enough in pursuing the school district. She openly articulated a desire to *“go fucking viscerally attack mode”* and *“take this bitch down,”* referring to a school administrator she believes is covering up critical information related to her special needs son, Bobby, including *“deceit, lying, and FERPA denial.”*

Kristi also reported significant grief related to the recent, sudden death of *“Uncle Huey/Superman”* (Austin), describing it as *“fucking nuts and gut wrenching”* and *“awful,”* highlighting its devastating impact on the family, especially Bobby, who is grappling with questions like *“who’s gonna teach me how to surf this summer?”* She described her husband, Dave, as *“afraid”* she might *“get arrested or she’ll get deported”* in relation to their new au pair, Ludovica, whom Kristi is desperately trying to bring into the country. She described their current au pair, Fabio, as *“not working”* and *“barely functions with the girls,”* adding to her immense caregiving load. Kristi’s focus on Ludovica’s arrival (*“my biggest objective is to get Ludovica into this country”*) underscored her hope for relief and a potential return to work, indicating a yearning for a semblance of her former identity and agency.

Objective

Kristi presented to the session alert and oriented, with clear speech and generally logical thought progression, despite frequent topic shifts that she herself attributed to her *“ADHD.”* Her overall presentation conveyed a pervasive sense of urgency and overwhelm. While she verbalized being *“bad”* and trying to maintain a brave face, her affect was often intense, fluctuating between an almost frantic recounting of events and sudden, sharp bursts of anger, particularly when detailing the perceived injustices from her brother and the school district. There were also moments of profound sadness and anguish when discussing Austin’s death and its impact on her children, suggesting a brittle emotional containment.

She engaged openly with the therapist, sharing detailed narratives and expressing her immediate emotional responses, often interrupting herself or jumping between topics due to the sheer volume of stressors she was attempting to convey. She apologized for being late and for consuming time, indicating a high degree of conscientiousness despite her overwhelmed state. Her report of increasing her Lexapro medication and her attempts to use ChatGPT to organize her thoughts for legal letters reflect a proactive but potentially dysregulated approach to managing her myriad crises. Kristi also participated in informal conversations about coffee and her dog, offering momentary breaks from the intensity of her primary concerns, which highlights her underlying capacity for connection and moments of lighter engagement despite the gravity of her situation.

Assessment

Kristi continues to present with symptoms consistent with a recurrent Major Depressive Disorder and Generalized Anxiety Disorder, exacerbated by a constellation of acute and chronic family, legal, and caregiving stressors. Her pervasive sense of overwhelm, increased medication reliance, emotional dysregulation (oscillating between suppression and explosive anger), and reports of anhedonia (binge-watching TV, drinking) align with depressive and anxiety features. The extensive recounting of her brother’s narcissistic and antisocial behaviors, combined with her intense focus on justice and accountability, suggests a deep-seated trauma response related to a perceived lack of control and pervasive betrayal within her family system. Her distress around her brother’s unchecked behavior and the school district’s alleged malfeasance highlights a core theme of perceived injustice and powerlessness that reactivates past relational wounds.

Her efforts to manage these crises (e.g., intense legal advocacy, au pair arrangements) reflect significant underlying strengths in agency and protectiveness, yet her expressed desire to *“viscerally attack”* and *“take down”* individuals points to a potentially dysregulated coping strategy, where externalized aggression serves as a defense against internal feelings of vulnerability and frustration. This pattern suggests a struggle with emotional regulation and a tendency towards an external locus of control in managing complex interpersonal conflicts. The impending arrival of the new au pair, Ludovica, represents a significant source of hope for Kristi, as it promises relief from her caregiving burden and a potential re-entry into a professional identity, which appears deeply linked to her sense of self-worth and agency. The profound grief over Austin’s death, articulated through both her own and Bobby’s struggles, underscores a significant unresolved emotional burden impacting the entire family system. Kristi’s deep personal investment in these external battles and her perception of herself as the primary solver indicate a potential over-functioning pattern within her family dynamics, contributing to her chronic state of being overwhelmed.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to guide Kristi in identifying her core values (e.g., family protection, justice, personal agency, well-being) amidst the overwhelming chaos. We will explore how her *“fight”* response and the pursuit of external control, while understandable, may sometimes conflict with these values or lead to increased suffering. Introduce concepts of *“psychological flexibility”* to help Kristi observe her intense emotions (anger, frustration, overwhelm) without being entirely consumed by them, allowing for more skillful and value-aligned responses rather than purely reactive ones. This will involve developing her capacity for defusion from self-critical thoughts or catastrophic predictions about the future. We will explore how her drive to *“take down”* perceived adversaries, while fueled by a desire for justice, may also be a form of experiential avoidance of the underlying pain of powerlessness and injustice.

Dialectical Behavior Therapy (DBT) Interventions: Focus on strengthening distress tolerance and emotional regulation skills. Given the intensity and chronic nature of her stressors, we will identify and practice healthier coping strategies beyond increasing medication or avoidance behaviors (e.g., binge-watching, drinking). We will work on applying *“Wise Mind”* principles to balance her highly emotional reactions with rational problem-solving, particularly in her interactions with the school district and legal team. Boundary work, specifically differentiating between healthy assertion and aggressive reactivity, will be a key focus, especially given her struggle with enmeshed family dynamics and her tendency to over-function. Review the concepts of *“boundaries vs. limits vs. requests”* (as she shared with her friend) in the context of her own family.

Narrative Therapy Elements: Support Kristi in externalizing the pervasive *“chaos”* and *“injustice”* that she experiences as overwhelming forces. Encourage her to identify and amplify *“unique outcomes”* or moments of agency and resilience amidst her struggles, such as her successful advocacy for her son or her proactive approach to securing the new au pair. We will begin to re-author her narrative from one of a victim of circumstance to an empowered individual navigating complex challenges, recognizing her strengths and resources. Exploring the narrative surrounding her brother’s *“antisocial personality disorder”* can help her reframe the dynamic and explore ways to protect herself and her family from its destructive influence, rather than remaining trapped in a reactive loop.

Existential and Grief Work: Dedicate space to process the profound grief associated with Austin’s death, not only for herself but also for her children, particularly Bobby. Explore the existential themes of meaning-making in suffering and how to navigate profound loss and injustice. Help Kristi identify and connect with intrinsic sources of meaning and self-worth that are not solely contingent on her ability to control external circumstances or achieve *“justice”* through aggressive means. Discuss the interplay between her perceived burden of responsibility and her yearning for relief, and explore how to find balance in a life marked by significant challenges.

Practical Support and Psychoeducation: Continue to provide psychoeducation regarding Antisocial Personality Disorder to help Kristi understand the dynamics she is facing and develop more realistic expectations and self-protective strategies. Collaborate on developing a sustainable self-care plan to mitigate burnout, considering her current overwhelming schedule. Coordinate with her prescribing physician for medication management review, ensuring optimal therapeutic benefit and addressing any concerns about dosage. Encourage and support her efforts to advocate for her son within the educational system, offering a space for processing frustration and strategizing effective communication.

Supplemental Analyses

Tonal Analysis

Shift 1: From Overwhelmed to Righteously Indignant/Aggressive. Kristi’s tone frequently shifted from a rapid-fire, almost breathless recounting of her overwhelming responsibilities and anxieties (e.g., *“I’m on I’m up to 20 Lexapro maxed out,”* *“Dave’s gonna die”*) to a sharp, assertive, and at times aggressive tone when discussing her brother’s actions or the school district’s alleged misconduct. This shift was particularly evident when she spoke about her attorney needing to *“grow a set of balls”* and her stated intention to *“go fucking viscerally attack mode”* and *“take this bitch down.”* This tonal shift suggests that while she experiences significant internal distress, she also mobilizes intense outward anger as a defense mechanism and a means to assert control in situations where she feels profoundly powerless and wronged. This aggression serves as an activating force, temporarily shifting her from a more passive state of overwhelm to a proactive, albeit potentially dysregulated, fight response.

Shift 2: From Proactive/Competent to Grief-Stricken/Vulnerable. A notable tonal shift occurred when Kristi moved from discussing her strategic plans (e.g., securing the new au pair, devising legal arguments) to addressing Austin’s death. Her voice softened, slowed, and became imbued with a palpable sense of sorrow and horror. Phrases like *“fucking nuts and gut wrenching,”* *“awful, honey,”* and describing her friend *“wailing, crying, laying on the grounds”* conveyed a profound depth of grief and vulnerability that contrasted sharply with her otherwise determined or angry tone. This shift indicates that beneath her active coping and outward expressions of anger, there is a significant unresolved emotional pain, particularly related to loss and its ripple effects on her children. Her quick return to other stressors suggests an underlying difficulty sitting with or fully processing this grief, potentially due to the sheer volume of other immediate demands.

Thematic Analysis

Theme 1: Pervasive Injustice and Betrayal by Authority/Systems. A dominant theme throughout the session was Kristi’s profound sense of injustice and betrayal. This was evident in her descriptions of her brother’s unpunished *“above the law”* behavior, his probation officer’s perceived negligence, and particularly the school district’s *“deceit, lying, and FERPA denial”* regarding her son’s special education needs. Her feeling that she has to *“do all the work”* to uncover truth and demand accountability underscores a deep mistrust of systems designed to protect, leading her to feel constantly *“up against”* powerful, dishonest entities. This theme likely connects to earlier experiences of powerlessness or unaddressed wrongs, contributing to her intense, almost desperate, drive for justice and her *“visceral attack”* mode, as she attempts to rectify perceived historical imbalances.

Theme 2: Burden of Disproportionate Responsibility and Caregiving. Kristi’s narrative consistently portrayed her as the primary bearer of familial and logistical burdens. She juggles her children’s needs (special education, dental), her husband’s stress (*“Dave’s gonna die”*), her parents’ marital strife, her brother’s legal entanglements, and the intricate process of securing an international au pair. Her description of *“folding laundry till 1:30 in the morning”* and her frustration with Fabio (*“barely functions with the girls”*) highlight an overwhelming caregiving load. This theme suggests a potential pattern of over-functioning within her family system, where she feels compelled or expected to manage crises that others either cannot or will not. This disproportionate responsibility contributes significantly to her reported exhaustion and feeling *“maxed out,”* and her hope for Ludovica’s arrival represents a yearning for relief from this chronic burden.

Theme 3: The Search for Control Amidst Chaos. Faced with multiple uncontrollable stressors—a brother with Antisocial Personality Disorder, systemic failures in legal and educational institutions, and the unpredictability of grief—Kristi demonstrates a strong, often desperate, need to exert control. This is manifested in her meticulous planning (e.g., au pair arrangements), her proactive legal advocacy (writing letters, demanding subpoenas), and her strategic use of tools like ChatGPT to organize her thoughts. Her desire for her attorney to be more aggressive and her own *“attack mode”* further illustrate this drive to control outcomes. However, the pervasive nature of the chaos often overwhelms her attempts at control, leading to feelings of frustration, powerlessness, and emotional dysregulation. Her focus on *“getting Ludovica back”* is a tangible symbol of her attempt to re-establish order and predictability in her life.

Sentiment Analysis

Sentiments About Self: Kristi’s sentiments about herself were predominantly characterized by a mix of **overwhelm** (*“Today’s really bad,”* *“I’m trying to hold it together,”* *“I’m jumping around because I know I’m out of time”*), **resilience** and **proactiveness** (evidenced by her detailed planning, her advocacy for her son, and her efforts to secure the au pair), and **self-awareness** (acknowledging her ADHD, her reliance on Lexapro, and her use of ChatGPT). There was an underlying sentiment of **exhaustion** and **burden**, implying a deep-seated weariness from her constant battles.

Sentiments About Others/External Situations:

- Brother: Predominantly expressed sentiments were intense anger, disgust, frustration, and judgment. Phrases like "all his destruction," "no empathy," "mooches off them," "fucking serial killer shit," and his "dumb ass girlfriend" illustrate a complete lack of positive regard and a deep sense of moral outrage.  
- School District/Authorities: Her sentiments were those of righteous indignation, betrayal, mistrust, and a powerful desire for retribution. Expressions like "deceit, lying," "FERPA denial," "burying it," and her explicit intent to "take this bitch down" and "take the school district fucking down" convey a profound sense of being wronged and a fierce commitment to exposing perceived corruption.  
- Fabio (current au pair): Sentiments were primarily frustration and disappointment, reflecting a sense of being let down and burdened ("isn't getting it," "barely functions with the girls," "it's just not working").  
- Ludovica (new au pair): Sentiments were overwhelmingly hope, relief, and anticipation, coupled with admiration for her special needs background and culture ("blessing," "I gotta think of like something bigger," "what I love about Australia culture").  
- Dave (husband): Sentiments were mixed, reflecting empathy and concern ("poor Dave," "Dave's gonna die") but also a shared sense of burden and the limits of his capacity ("he just isn't getting it").  
- Attorney: Her sentiments were of frustration and impatience, rooted in a desire for more aggressive and effective action ("needs to grow a set of balls," "you make the Bucha subpoena the IT department now," "do I have to do all the work?").  
- Austin's Death: Sentiments were of profound anguish, sorrow, and horror ("fucking nuts and gut wrenching," "awful, honey," "she's just suffering," "It's horrific"). These were particularly poignant, highlighting an underlying layer of grief amidst the chaos.

Key Points

- Overwhelming Multi-Systemic Stress: Kristi is navigating an extraordinary constellation of acute and chronic stressors encompassing legal, family, caregiving, and grief domains. This multi-layered burden contributes significantly to her reported overwhelm and emotional dysregulation, making daily functioning feel like "an act of Congress."  
- Fight Response as a Primary Coping Strategy: Her intense anger and drive to "viscerally attack" perceived wrongdoers (brother, school district, attorney) serve as a powerful, albeit at times dysregulated, coping mechanism. This aggressive stance provides a sense of agency and control in situations where she feels profoundly powerless, but it also risks exacerbating her distress and potential burnout. Addressing the underlying feelings of powerlessness and finding more adaptive ways to assert her needs is crucial.  
- Hope Contingent on External Factors: Kristi's immediate sense of relief and her ability to "actually maybe fucking go back to work" are heavily contingent on the successful arrival of the new au pair, Ludovica. This highlights how external circumstances deeply influence her internal state and sense of agency, underscoring a need to cultivate intrinsic coping resources and a more stable sense of self not solely tied to external solutions.  
- Unresolved Grief and its Ripple Effects: The recent, tragic death of Austin has a profound impact on Kristi and her children, particularly Bobby, who is grappling with questions of loss and unmet expectations. This unresolved grief adds a significant emotional layer to her current distress and warrants direct therapeutic attention, as it may be compounding her depressive and anxious symptoms.  
- Blurred Boundaries and Over-Functioning: Kristi's deep entanglement in her brother's legal issues, her parents' marital strife, and her pervasive sense of responsibility for all familial problems suggest a pattern of diffuse boundaries and over-functioning. This pattern contributes to her chronic state of being overwhelmed and her difficulty in delegating or disengaging from non-essential battles.

Significant Quotes

- "Today's really bad." Kristi stated this at the outset of the session, immediately capturing her profound emotional state of distress and overwhelm. This quote is significant as it provides a concise yet powerful summary of her subjective experience, setting the tone for the session and highlighting the immediate need for emotional regulation support. It underscores the acute nature of her suffering despite her attempts to maintain composure.  
- "He's worse than a narcissist... a narcissist has empathy, that's what I learned from you. He's antisocial personality." Kristi made this statement while discussing her brother's behavior. This quote is significant because it demonstrates her attempt to clinically understand and categorize her brother's destructive patterns, reflecting her application of previously learned psychoeducation. Her ability to differentiate between narcissism and antisocial personality disorder, based on the presence or absence of empathy, highlights her intellectual engagement with her family dynamics and her need to make sense of bewildering and harmful behavior. This intellectualization also serves as a coping mechanism to distance herself from the overwhelming emotional impact.  
- "I gotta have a come to Jesus with him [attorney]... I'm giving you the green light to go fucking viscerally attack mode, and I'm taking this bitch down because she's at the center of it." This statement reveals Kristi's intense frustration with perceived inaction and injustice, and her strong desire for aggressive confrontation. It is significant as it illuminates her "fight" response as a primary coping strategy, driven by a deep sense of being wronged and a need to assert control. This "attack mode" suggests a compensatory mechanism for feelings of powerlessness and a potential struggle with effective emotional regulation, indicating an area for therapeutic intervention to channel her powerful drive for justice into more adaptive and sustainable strategies.  
- "My biggest objective is to get Ludovica into this country." Kristi stated this when summarizing her priorities. This quote is significant because it articulates a clear, tangible goal that, for Kristi, represents a pivotal step towards alleviating her overwhelming caregiving burden and potentially reclaiming parts of her professional identity. It underscores her hope for relief and a return to some semblance of normalcy and personal agency, revealing how her well-being is deeply interconnected with the successful management of external logistical challenges.  
- "Who's gonna teach me how to surf this summer?" This poignant question, attributed to Bobby (her son), highlights the profound and often overlooked impact of Austin's death on her children. This quote is significant because it brings into sharp focus the intergenerational trauma and grief permeating the family system. It serves as a powerful reminder that beyond Kristi's personal struggles, her children are also navigating significant loss and disruption, adding another layer of complexity to her caregiving responsibilities and grief processing.

Comprehensive Narrative Summary

Today’s session with Kristi Rook unfolded as an urgent and intense exploration of the profound, multi-systemic stressors currently overwhelming her life. She presented with a pervasive sense of distress, navigating a complex web of family legal battles, caregiving demands, and unresolved grief. Her initial report of increasing Lexapro to its perceived maximum dose immediately signaled the immense emotional pressure she is experiencing. At the core of her current crisis is her brother’s alleged antisocial behavior and criminal conduct, which has not only triggered legal action but has also deeply destabilized her family, particularly her parents, and exposed her sister-in-law to alarming security breaches. This immediate stressor reactivates a profound sense of injustice and powerlessness, evident in her frustration with the legal system and her own attorney’s perceived lack of aggression.

Kristi’s emotional landscape throughout the session fluctuated between intense frustration and a desire for aggressive action—expressed through her wish to *“viscerally attack”* those she perceives as responsible for her and her son’s suffering—and moments of raw vulnerability, particularly when recounting the tragic death of Austin and its lingering impact on her children. Her tendency to intellectualize complex emotional dynamics, such as her clinical assessment of her brother’s *“antisocial personality disorder,”* serves as a coping mechanism to manage overwhelming feelings. Simultaneously, she demonstrated remarkable proactive agency in her relentless pursuit of justice for her son within the school system and her meticulous efforts to secure a new au pair, Ludovica, whom she views as the linchpin to alleviating her immense caregiving burden and potentially re-engaging with her professional identity.

This session powerfully illuminated Kristi’s deep struggle with the burden of disproportionate responsibility within her family system, where she often appears as the sole individual attempting to impose order and accountability amidst chaos. Her hope for the future is largely contingent on external solutions, such as Ludovica’s arrival, underscoring a need to cultivate internal resources for resilience and a more stable sense of self not solely tied to external circumstances. The pervasive themes of injustice, betrayal, and the struggle for control amidst overwhelming forces highlight critical areas for ongoing therapeutic work. By integrating ACT, DBT, Narrative, and Existential frameworks, therapy will continue to support Kristi in developing healthier emotional regulation strategies, assert effective boundaries, process her multifaceted grief, and ultimately re-author her narrative from one of constant battle to one of empowered agency and internal peace, even in the face of persistent external challenges.

# Luke Knox

**Client:** Luke Knox **Total Sessions:** 2 **Session Date Range:** 2025-07-10 to 2025-07-21

## Session 1: 2025-07-10

**Date:** 2025-07-10 **Source File:** Summary of Luke Knox Appointment 7-10-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Luke Knox’s Therapy Session on July 10, 2025

Subjective

Luke attended today’s telehealth session reporting a positive shift in his mood, rating himself at a 7 out of 10, an increase from an initial 6 out of 10 earlier in the day. He attributed this improvement to significant good news he received. Luke shared with considerable enthusiasm that he was accepted into the Colorado Short Circuit Festival, a local film festival, after enduring *“quite a few no’s”* from other submissions. He expressed genuine excitement about this achievement, noting he would receive a *“flowery banner thing to put on the poster”* once the news is officially announced on the 15th, and he plans to surprise his film team with the news via FaceTime. This achievement clearly provided a substantial boost to his morale and sense of accomplishment.

In addition to the festival news, Luke reported securing an *“overnight”* bartending job for tomorrow and Saturday night. He expressed relief and excitement about the financial gain, mentioning *“some money. Tips, gonna get paid, and everything.”* Notably, his boss is covering a two-night hotel stay due to the job’s distance, which Luke seemed appreciative of, highlighting a supportive external environment. Luke also reported increased engagement in self-care, stating he has been *“working out a lot more”* and taking classes at a local gym, already *“feeling the results.”* He described his week as *“kind of a busy week.”*

Despite these positive developments, Luke noted a few persistent stressors. He started the session by mentioning a *“rough morning”* due to his laptop *“kept dying.”* More critically, he expressed concern about obtaining his ADHD medication, which has been sent in, needing to *“swing a vacuum supers before I have to go on the boat”* for his bartending gig tomorrow. The conversation shifted to health insurance, where Luke articulated significant frustration and a sense of powerlessness regarding the system, stating, *“that’s where the government just fucks you with a fist,”* and expressing doubt that *“anybody can afford private health insurance.”* He also mentioned having contracted COVID for the third consecutive year on his birthday.

Objective

Luke presented to today’s telehealth session appearing well-oriented and alert. His initial demeanor, though not visibly agitated, was colored by technical difficulties with his own laptop and the therapist’s audio, which he patiently navigated. As he began to share his positive news, his affect became noticeably elevated and enthusiastic, with a clear increase in speech pace and volume when discussing the film festival acceptance and the bartending gig. He maintained consistent eye contact and engaged readily in reciprocal conversation.

A distinct shift in his non-verbal presentation occurred when discussing the challenges related to his ADHD medication and particularly the health insurance system. His facial expression hardened, and his tone became more emphatic and frustrated, consistent with his verbalized sentiments of powerlessness and indignation. His body language conveyed a sense of being burdened by these systemic obstacles. However, he maintained a capacity for lightheartedness, participating in a brief, humorous exchange about tongue twisters, which helped to de-escalate the tension surrounding the more challenging topics. Overall, his energy level appeared to be higher than in previous sessions, likely fueled by the recent successes and increased activity.

Assessment

Luke’s clinical picture today reflects a significant improvement in mood and an increase in self-efficacy, largely driven by external validation and concrete achievements. His acceptance into the film festival, after multiple rejections, and securing a financially beneficial bartending gig have acted as powerful positive reinforcements, elevating his mood from a baseline of 6 to a self-reported 7. This highlights a pattern where external successes and tangible outcomes play a critical role in ameliorating his mood symptoms and bolstering his sense of worth, consistent with themes of conditional self-esteem and the impact of validation.

Despite this positive shift, Luke continues to navigate significant systemic stressors, particularly the persistent challenge of accessing his ADHD medication and the formidable barriers within the health insurance system. His raw expression of frustration – *“the government just fucks you with a fist”* – reveals a deep-seated sense of powerlessness and injustice when confronted with bureaucratic obstacles. This pattern of feeling overwhelmed by external systems suggests a potential area for therapeutic focus, helping him to develop strategies for asserting agency and managing distress in the face of unyielding circumstances. The ongoing need for ADHD medication indicates a persistent underlying neurological component that requires consistent management and impacts his daily functioning and ability to manage other life stressors.

His proactive engagement in physical self-care, as evidenced by his consistent gym attendance and positive reporting of results, indicates a healthy coping mechanism and an increasing commitment to his overall well-being. This self-care, coupled with his persistent pursuit of creative and professional opportunities despite setbacks, demonstrates significant resilience and a capacity for values-driven action. However, the recurring experience of contracting COVID on his birthday for three years points to ongoing vulnerability to external stressors and perhaps a need for enhanced health-protective behaviors, which may be impacted by his health insurance challenges.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to strengthen Luke's psychological flexibility by building on his recent successes. Explore how the film festival acceptance and bartending job align with his core values (e.g., creativity, financial stability, work ethic) to reinforce intrinsic motivation beyond external validation. Utilize defusion techniques to help Luke observe and unhook from the frustrating and disempowering thoughts related to systemic issues (e.g., health insurance), allowing him to engage in values-driven action despite the discomfort.  
- Narrative Therapy Elements: Leverage the film festival acceptance and successful job acquisition as "sparkling moments" to co-construct a preferred narrative of Luke as a resilient, capable, and successful individual who overcomes challenges. We will explore how these experiences contradict the "no's" and frustrations he has faced, re-authoring his story to emphasize his agency and creative power.  
- Problem-Solving and Practical Support:  
  
- ADHD Medication: Prioritize securing his ADHD medication before his overnight bartending job. Collaboratively brainstorm and troubleshoot logistical strategies to ensure consistent access to his medication in the long term, exploring local resources for finding a prescribing physician.  
- Health Insurance: Continue to discuss and strategize options for health insurance. Provide information and support for navigating open enrollment periods and understanding marketplace options. Discuss the therapist's suggested "deductible" strategy as a potential, albeit unique, solution, ensuring Luke understands the implications.  
  
- Behavioral Activation

## Session 2: 2025-07-21

**Date:** 2025-07-21 **Source File:** Summary of Luke Knox Appointment 7-21-2025 1400 hrs.pdf.eml

Comprehensive Clinical Progress Note for Luke Knox’s Therapy Session on July 21, 2025

Subjective

Luke Knox attended today’s telehealth session expressing an initial self-reported well-being score of 7 out of 10, indicating a generally *“all right”* mood. The primary focus of the session revolved around his ongoing work situation and the complex dynamic with his boss. Luke reported finally hearing back from his boss, which has significantly alleviated his prior concerns about job security. He stated, *"my job is so f*ing safe," a direct contrast to previous anxieties. He described new project ideas from his boss, including filming for podcasts and music, but expressed frustration with the abstract and non-tangible nature of these discussions, lamenting, *“I can’t do anything until we do something.”* This reflects a desire for concrete action and a need for clear direction, which his boss often fails to provide.

Luke characterized his boss as *“odd,”* having a *“very high opinion of himself,”* and believing *“he can walk on water.”* While he clearly identifies narcissistic traits, he distinguishes his boss from more *“cruel”* or *“fragile”* narcissists he has encountered, noting his boss is *“a nice guy”* who *“hypes me up.”* This nuanced perspective indicates his capacity for differentiation despite frustrating behaviors. Luke also detailed his boss’s unreliability in communication, specifically recounting an instance where his boss repeatedly failed to call him back, leading to significant annoyance and a readiness to involve his father. Despite this, Luke felt the subsequent dinner meeting re-secured his job, and he reported feeling *“a bit better.”*

In addition to work, Luke expressed significant progress on his financial stability, stating he has *“one more payment on one card”* to have two of his three credit cards paid off, leading to an 18-point increase in his credit score. He noted, *“that’s what matters,”* highlighting the importance of financial security for his overall well-being. Luke also reflected deeply on his social network, moving this area down on his Bullseye chart because he hadn’t had recent Zoom calls with friends. He recounted a profoundly impactful period of severe loneliness in junior high, stating, *“I had no friends,”* and described it as *"f*ing hell I refused to go back." This experience underpins his current intentionality and proactive efforts in maintaining friendships, emphasizing that without them, he would *“spiral and like that I did for a few weeks.”* He expressed a wish that he didn’t always have to be the *“proactive one”* in reaching out to friends.

Finally, Luke shared exciting news about his short film being officially selected for a film festival, expressing excitement about this tangible achievement and the legitimization it brought once he received written confirmation. This positive development stands in contrast to the abstract nature of his current work projects.

Objective

Luke presented to the telehealth session appearing alert and oriented, with clear speech and a logical, coherent thought progression throughout. His initial affect was congruent with his self-reported *“all right”* mood, appearing calm and engaged. As the session progressed and he discussed his boss’s communication style and unreliability, his affect shifted to one of mild frustration, characterized by slightly increased vocal pace and emphatic language (e.g., *“I can’t do anything until we do something”*). Despite this frustration, he maintained an overall composed demeanor, with no significant psychomotor agitation observed.

When discussing his past experience of loneliness in junior high, Luke’s tone became more somber and reflective, indicating the profound and lasting impact of this period. His body language, though limited via telehealth, appeared attentive and engaged throughout. He maintained consistent eye contact with the camera. The discussion of his film festival acceptance elicited a noticeable shift to palpable excitement and pride, marked by a more animated vocal quality and a brighter facial expression. His self-reported progress on his credit card debt was conveyed with a sense of accomplishment and relief. Luke actively engaged with the Bullseye tool, providing detailed explanations for changes in his scores, demonstrating strong self-awareness and capacity for introspection.

Assessment

Luke continues to present with an underlying vulnerability to anxiety and depressive symptoms, which are significantly impacted by external factors such as job uncertainty and the quality of his professional and personal relationships. His initial anxiety regarding job security appears to have abated, largely due to renewed communication with his boss, reflecting a high reliance on external validation and clear directives for his occupational well-being. While current job security provides relief, the ongoing frustration with his boss’s scattered, abstract communication style and unreliability highlights a persistent challenge related to boundaries, unmet expectations, and a desire for concrete purpose in his work. This dynamic taps into a core need for control and predictability, which is often thwarted by his boss’s narcissistic and disorganised approach. Luke’s ability to differentiate between his boss’s narcissistic traits and his personal *“niceness”* suggests a sophisticated capacity for object relations, allowing him to manage the relationship without internalizing the boss’s disorganization as a personal failing.

A significant underlying theme is Luke’s deeply rooted fear of loneliness and isolation, stemming from his junior high experiences. This historical trauma drives his highly intentional and proactive approach to maintaining friendships. His strong emphasis on these connections (*“I’d spiral on depression if I didn’t”*) indicates that social connection is a vital protective factor against depressive episodes and a fundamental need for his psychological stability. This vulnerability highlights the importance of continued focus on social support and interpersonal effectiveness skills in his treatment. His excitement about the film festival, a tangible achievement, stands in stark contrast to the abstract nature of his current job tasks, underscoring the importance of purpose, achievement, and external validation to his sense of self-efficacy and worth.

Luke’s financial progress, particularly in paying off credit card debt, signifies strong personal agency and a commitment to stability, serving as a significant mastery experience. His ability to navigate these challenges and his proactive stance in managing his professional and personal life demonstrate considerable resilience and a growth-oriented mindset. Clinically, Luke continues to benefit from exploring the intersection of his external stressors (work, financial) and his internal coping mechanisms, particularly his strong drive for control, predictability, and social connection.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to support Luke in developing psychological flexibility in the face of his boss's unpredictable and abstract communication style. We will focus on distinguishing between what is within his control (his actions, boundaries, communication) and what is not (his boss's personality, project timelines).  
- Reinforce defusion techniques to help Luke observe frustrating thoughts about his boss ("he's being a bit of an idiot") without becoming fused with them, allowing for a more strategic and less emotionally reactive response.  
- Explore and clarify Luke's values related to work (e.g., tangible output, creative contribution, purpose) and how he can live in alignment with these values even amidst current job challenges. The film festival success provides an excellent anchor for his values related to creative achievement.

Dialectical Behavior Therapy (DBT) Skills Integration:

- Continue to reinforce Interpersonal Effectiveness skills, particularly "DEAR MAN" when communicating proactively with his boss, focusing on clear requests for tangible next steps and setting appropriate boundaries regarding his availability.  
- Utilize Distress Tolerance skills to manage the frustration and annoyance arising from his boss's unreliability. This could include self-soothing techniques or radical acceptance of the current work environment's limitations, while still working toward his goals.  
- Reinforce "Building Mastery and Pleasure" through his continued financial progress and the success of his film, acknowledging these as significant achievements that contribute to his overall well-being and sense of competence.

Narrative Therapy Elements:

- Continue to externalize the "loneliness" narrative from his past, helping Luke to see it as an experience he overcame rather than an inherent part of his identity. This will reinforce his narrative of resilience and proactive relationship-building.  
- Explore the "proactive friend" identity and how this serves his value of social connection, reframing the perceived burden of initiation into a strength and a commitment to his well-being.  
- Co-create a more empowering work narrative that emphasizes his resourcefulness and adaptability in navigating challenging professional dynamics, particularly with his boss, rather than solely focusing on the boss's limitations.

Existential Therapy Considerations:

- Explore how the unpredictable nature of his work (and life in general) relates to the inherent uncertainty of existence. Discuss how he finds meaning and purpose when external structures (like clear work tasks) are lacking.  
- Address any underlying anxiety related to freedom and responsibility in his career path, particularly given his current "paid to get stoned on the couch" experience versus his desire for tangible output.

Next Steps

# Maryellen Dankenbrink

**Client:** Maryellen Dankenbrink **Total Sessions:** 2 **Session Date Range:** 2025-06-18 to 2025-07-18

## Session 1: 2025-06-18

**Date:** 2025-06-18 **Source File:** Summary of Maryellen Dankenbrink 6-18-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Maryellen Dankenbrink’s Therapy Session on June 18, 2025

Subjective

Maryellen attended today’s session primarily focused on significant financial and life transitions. She reported that her partner, James, recently received a substantial promotion, which has increased their combined income. This new financial standing has prompted them to seriously consider purchasing a home, with a goal of mortgage approval by November. Maryellen expressed the immediate need to *“prove this new income”* to lenders, indicating an awareness of the financial requirements for mortgage qualification.

A major obstacle she identified was their credit scores, with hers at 586 and James’s around 600. She attributed her low score to a past medical bill and a car payment issue (*“wasn’t paying on time”*). She detailed the significant financial burden of her current car, costing *“$800 a month without the insurance”* and *“$11 or 1200 a month”* with insurance, and reported active steps to mitigate this by selling the vehicle this week. She further revealed a past tax issue from 2022 where her income was reported as *“nothing”* despite earning *“$65 to 75 depending on the year,”* which she acknowledged could complicate mortgage applications.

Maryellen also shared personal updates regarding her academic progress, stating, *“I have one more semester to go”* and will be *“officially done by September 14.”* She described the upcoming CSC certification as *“just a pretty piece of paper.”* Despite these significant stressors and challenges, Maryellen stated she has been feeling *“pretty good for the most part”* and *“mentally fine.”* Her primary health concern revolved around her Trazodone usage (150mg nightly, sometimes ineffective) and its implications for future pregnancy, expressing worry about the medication *“going to the fetus.”* She also expressed interest in scheduling a virtual EMDR session.

Objective

Maryellen presented to the session engaged and communicative. Her speech was clear, articulate, and generally rapid, reflecting a sense of urgency and a focus on detailed practical matters. She maintained consistent eye contact and exhibited an animated facial expression, particularly when discussing financial strategies and future plans. Her affect, while generally positive and optimistic about the future, demonstrated a pragmatic and problem-solving orientation. There were no overt signs of acute distress or significant mood disturbance; her self-report of feeling *“mentally fine”* was largely congruent with her presentation. She actively participated in the conversation, asking questions, offering information, and demonstrating strong recall of complex financial details. Body language was open and relaxed, suggesting comfort within the therapeutic space, despite the intensity of the topics discussed. Her proactive approach to addressing her financial challenges, such as selling the car and consulting a tax expert, was evident in her detailed descriptions of these actions.

Assessment

Maryellen is currently navigating a period of significant life transition characterized by a strong focus on financial advancement and future planning. Her primary clinical presentation centers on proactive problem-solving regarding financial hurdles (mortgage approval, credit repair, debt reduction, tax resolution) rather than acute emotional distress. While she reports being *“mentally fine,”* her ongoing Trazodone use and explicit concerns about its impact on potential pregnancy suggest a history of, or predisposition to, anxiety or sleep difficulties that warrant continued monitoring and psychoeducation. Her ability to secure a significant promotion for her partner, actively manage debt, and pursue academic completion demonstrates considerable resilience, goal-orientation, and self-efficacy.

A key dynamic observed was Maryellen’s tendency to externalize financial complexities, seeking practical solutions and expert advice, rather than internalizing them as personal failures. This adaptive coping mechanism allows her to maintain a sense of control and agency amidst challenging circumstances. Her statement about the CSC certification being *“just a pretty piece of paper”* may indicate a pragmatic approach to credentials, or it could subtly point to a potential underlying theme of conditional self-worth tied to external achievements, though this was not explicitly explored. The session also notably involved a significant degree of self-disclosure from the therapist regarding personal business and AI tools, along with the therapist’s request for Maryellen (the client) to schedule an EMDR session *with the therapist*. This dynamic blurred conventional professional boundaries and may influence the therapeutic alliance and future treatment direction by shifting the therapeutic focus and power balance.

Plan

- Financial Planning and Debt Management: Continue to support Maryellen and James in their efforts to secure mortgage approval. Encourage consistent monitoring and implementation of strategies for credit score improvement, including responsible credit card usage and timely debt payments. Review progress on car sale and its impact on debt reduction.  
- Health and Medication Management: Provide ongoing psychoeducation and support regarding Trazodone use and concerns related to pregnancy. Validate her concerns while providing evidence-based information to alleviate anxiety (as initiated by the therapist using "Open evidence"). Encourage consultation with prescribing physician for further discussion as needed.  
- Career and Identity Development: Affirm Maryellen's progress towards academic completion and professional certification. Explore her perspective on the "pretty piece of paper" comment to understand any deeper meaning related to self-worth or achievement.  
- EMDR Therapy (as requested by client/therapist): Facilitate scheduling of virtual EMDR sessions. Acknowledge and process the implications of the therapist seeking services from the client for EMDR, ensuring professional boundaries and roles remain clear and client-centered.  
- Homework: Maryellen will download the Simple Practice app and schedule her preferred virtual session time for EMDR with the therapist. The therapist will send necessary links for scheduling and any baseline assessments.  
- Boundary Clarification: Given the unusual dynamic of the therapist seeking a service (EMDR) from the client (Maryellen appears to be a qualified EMDR therapist or trainer), it is imperative to explicitly address and clarify the therapeutic relationship's boundaries in the next session to ensure ethical practice and maintain client-centered care.

Supplemental Analyses

Tonal Analysis

Shift 1: From Optimistic to Pragmatic Problem-SolvingMaryellen’s tone began with an undercurrent of excitement and optimism when discussing James’s significant promotion and the new possibility of homeownership. This was evident in her almost breathless recounting of the salary increase (*“he’s making a lot of money”*). However, as the conversation shifted to the practicalities of mortgage approval, her tone quickly became pragmatic and detailed-oriented. She listed specific hurdles (credit score, proving new income, tax issues, car debt) with a focus on outlining the steps being taken. This shift suggests a highly functional coping style where excitement is quickly channeled into actionable planning, indicative of her proactive approach to challenges.

Shift 2: From Proactive to Concerned (Re: Medication)Towards the end of the session, Maryellen’s tone shifted from her characteristic proactivity to a more subdued and subtly anxious tone when discussing her Trazodone medication and future pregnancy. Her voice became slightly quieter and her language reflected genuine worry about the medication’s effects on a fetus. This shift was significant as it represented a departure from her outwardly resilient and problem-solving demeanor, providing a glimpse into a deeper, more vulnerable concern about her health and future family planning. The intensity of this concern underscores a key area for therapeutic focus, despite her overall self-report of being *“mentally fine.”*

Thematic Analysis

Theme 1: Financial Security and Future BuildingThe dominant theme throughout the session was Maryellen’s intense focus on achieving financial security and building a stable future. This was manifest in her discussions about James’s new income, the pursuit of a mortgage, efforts to raise credit scores, and the strategic decision to sell her high-cost car. Her detailed understanding of her financial situation, including past tax complications, highlights a deep engagement with this theme. This theme appears to be a driving force for her current life decisions and underscores a significant desire for stability and upward mobility, potentially linked to long-term goals of family planning (homeownership often being a precursor). The immediate, concrete nature of these goals provides both pressure and a clear direction for her efforts.

Theme 2: Proactive Agency and ResilienceA consistent theme was Maryellen’s strong sense of proactive agency in the face of obstacles. She consistently presented herself as someone who identifies problems (low credit, high car payment, tax issues) and actively seeks and implements solutions (selling the car, consulting a tax expert, strategizing on credit utilization). Her ability to navigate complex systems (mortgage, taxes) and pursue personal development (completing school, pursuing CSCs) demonstrates significant resilience. This theme highlights her internal locus of control and her capacity to take tangible steps towards her goals, rather than being passively overwhelmed by challenges. This is a considerable strength that therapy can continue to leverage.

Theme 3: Blurring of Therapeutic Boundaries and ReciprocityA notable, albeit unusual, theme emerged through the conversational dynamic between Maryellen and the therapist. The therapist extensively self-disclosed about their own business finances, AI tools, and sought Maryellen’s expertise or advice regarding professional certifications. Critically, the therapist also initiated and expressed a desire for Maryellen to provide EMDR therapy to them, shifting the conventional client-therapist roles. This theme of reciprocity, where the therapist also becomes a recipient of advice or a potential client of Maryellen, represents a significant deviation from typical professional boundaries and warrants explicit exploration in future sessions to ensure the therapeutic relationship remains centered on Maryellen’s needs and ethical practice.

Sentiment Analysis

Sentiments About SelfMaryellen’s sentiments about herself were predominantly positive and forward-looking. She expressed a strong sense of personal efficacy and optimism regarding her ability to overcome challenges and achieve her goals. Phrases like *“This is the year of big change”* encapsulate her hopeful and proactive mindset. There was an underlying sentiment of capability, particularly in managing her finances (*“I’m slowly paying it off,”* *“we’re getting rid of it by Thursday”*). While she stated she was *“mentally fine,”* her concern about Trazodone and pregnancy revealed a subtle layer of vulnerability and a desire for optimal future health, reflecting a responsible and self-caring sentiment.

Sentiments About Others/External SituationsMaryellen’s sentiments towards others were generally collaborative and appreciative, especially concerning James’s promotion and the support of her *“great guy”* for tax issues. She viewed the external financial systems (mortgage lenders, credit scoring) pragmatically as obstacles to be navigated through strategic action rather than as inherently unfair or insurmountable. There was an element of resourcefulness in her outlook on external support. Her sentiments regarding the medical system, particularly around medication and pregnancy, were more cautious and concerned, indicating a desire for accurate information and safety. Her engagement with the therapist was warm and reciprocal, reflecting a comfortable and trusting dynamic, albeit one that ventured into unconventional territory regarding professional roles.

Key Points

- Proactive Management of Financial Stressors: Maryellen is actively engaged in addressing significant financial challenges related to homeownership, credit scores, and debt. Her approach is characterized by practical problem-solving and collaboration with her partner. This strength-based approach should be continuously reinforced.  
- Life Transition and Future Orientation: The session highlights Maryellen's current life stage, marked by the pursuit of major life goals including homeownership, career advancement (her partner's promotion, her own academic completion), and future family planning. Her motivation is strongly tied to these long-term aspirations.  
- Medication Concerns and Health Anxiety: Despite reporting overall mental well-being, Maryellen's specific anxiety regarding Trazodone and its impact on potential pregnancy is a significant concern that requires continued psychoeducation and careful monitoring. This indicates an underlying health-related anxiety that may manifest in specific contexts.  
- Boundary Dynamics in the Therapeutic Relationship: The session featured notable instances of the therapist self-disclosing personal business details and requesting EMDR therapy from the client. This unique dynamic requires immediate and sensitive attention in future sessions to clarify roles, maintain professional boundaries, and ensure the therapeutic space remains solely focused on Maryellen's well-being and clinical goals. This will be critical for ethical practice and for preserving the integrity of the therapeutic alliance.

Significant Quotes

* "We need, like, a few months to prove this new income so we can get a mortgage." (10:28:42)
* Maryellen made this statement when detailing the immediate steps required for their homeownership goal. This quote is significant because it encapsulates her and James’s primary, concrete objective and their understanding of the practical financial hurdles. It highlights their forward-thinking approach and the strategic planning involved in their pursuit of a mortgage, despite current credit challenges. The phrase *“prove this new income”* suggests an awareness of the bureaucratic and evidence-based nature of financial institutions.
* "My car's like 11 or 1200 a month. So we're getting rid of it by Thursday." (10:30:48)
* This quote illustrates Maryellen’s direct and decisive approach to financial management. It reflects her willingness to take immediate, impactful action to alleviate a significant financial burden, demonstrating her commitment to her larger goal of mortgage approval. The specificity of the cost and the rapid timeline for action (*“by Thursday”*) underscore her proactive nature and determination to address obstacles head-on rather than deferring difficult decisions. It also reveals the extent of the financial pressure she is under.
* "I didn't pay my taxes since 2022... So now when we show them our taxes, the mortgage people, it's like, well, MaryEllen made nothing..." (10:33:27 - 10:34:33)
* This statement reveals a significant past financial complication that directly impacts her current ability to secure a mortgage. It highlights the long-standing nature of some of her financial challenges and her candid acknowledgment of how past actions (or inactions) create present obstacles. The quote underscores the practical, systemic challenges she faces due to historical financial reporting, adding a layer of complexity to her otherwise optimistic financial outlook. This represents a key barrier that she is actively working to overcome.
* "Mentally. I've been fine. I just wish I didn't have to take so much Trazodone..." (10:53:50)
* This quote is highly significant because it provides a critical counterpoint to Maryellen’s otherwise positive self-assessment. While she reports being *“mentally fine,”* the immediate follow-up about her medication reveals an underlying concern about her reliance on Trazodone and its potential implications for her future. This highlights a subtle yet important area of health anxiety that warrants therapeutic attention, suggesting that while she may not be experiencing acute psychological distress, there are unaddressed health-related worries that impact her sense of well-being and future planning.

Comprehensive Narrative Summary

Today’s session with Maryellen provided a comprehensive overview of her current life stage, which is dominated by an ambitious pursuit of financial stability and long-term future planning. Maryellen presented with a remarkable degree of clarity, proactivity, and resilience as she detailed the complex financial landscape she and her partner, James, are navigating. The imminent goal of homeownership serves as a powerful motivator, driving her efforts to address significant hurdles such as low credit scores, burdensome car debt, and past tax reporting issues. Her practical approach, exemplified by her immediate plan to sell her car and her successful engagement with a tax expert, underscores her strong sense of agency and her capacity for decisive action.

Beneath this robust problem-solving facade, Maryellen revealed a more subtle layer of concern regarding her ongoing Trazodone usage and its implications for future pregnancy. This particular worry, despite her overall self-report of being *“mentally fine,”* suggests an underlying health anxiety that warrants compassionate exploration and psychoeducation. Her ability to identify and verbalize this specific concern demonstrates a healthy level of self-awareness and a responsible orientation towards her long-term well-being and family goals.

A unique and clinically significant aspect of today’s session was the atypical dynamic in which the therapist engaged in extensive self-disclosure regarding personal business and AI tools, culminating in the therapist requesting EMDR therapy from Maryellen. While Maryellen demonstrated warmth and receptivity to this, this blurring of professional boundaries is a critical observation that requires immediate and sensitive attention. For future sessions, it will be paramount to explicitly re-establish and maintain clear therapeutic roles, ensuring that the focus remains unequivocally on Maryellen’s clinical needs and the ethical integrity of the therapeutic relationship. This will be essential to foster a truly client-centered environment and to avoid any potential for role confusion or therapeutic drift. The session, therefore, highlights not only Maryellen’s strengths and current challenges but also the complex interpersonal dynamics that sometimes emerge in the therapeutic space, requiring careful navigation and boundary work to ensure optimal client care.

## Session 2: 2025-07-18

**Date:** 2025-07-18 **Source File:** Maryellen Dankenbrink 7-18-2025.eml

Comprehensive Clinical Progress Note for Maryellen Dankenbrink’s Therapy Session on July 18, 2025

Subjective

Maryellen attended today’s session exhibiting a wide range of emotional expression, initially engaging in tangential and highly personal discourse, including a lengthy discussion on divorce rates among various sexual orientations and graphic descriptions of genitalia, before transitioning to her primary concerns. She reported significant positive developments regarding her financial situation and housing plans, stating that she received pre-approval for a mortgage, which she described as *“great, everything’s good.”* She explained the strategy to utilize her partner James’s mother as a co-signer due to her own tax claims for the past two years, stating, *“I claimed nothing for the past two years, but, like, 60 grand.”* She also reported selling her car to reduce debt-to-income ratio, expressing relief about this. The core of today’s session revolved around her sister, Jessica, who is currently staying with Maryellen. Maryellen expressed intense frustration and hurt regarding Jessica’s behavior, characterizing it as constant *“putting me down”* through *“superiority assertions”* and *“comparison tactics.”* She recounted instances where Jessica invalidated her experiences (e.g., her past yard work with Grandma), leading Maryellen to feel *“brainwashed,”* to *“doubt myself,”* and to *“feel like I was going crazy.”* Maryellen described her typical response to Jessica’s belittling comments as being *“caught off guard,”* going *“blank,”* and *“shutting down,”* stating, *“there’s no arguing with her anyway.”* She perceives Jessica as *“disgusting,”* *“stupid,”* *“evil,”* a *“snake,”* *“toxic,”* *“mean,”* *“greedy,”* *“insecure,”* and *“jealous.”* Maryellen passionately stated that she views herself as embodying her generous father’s character, while Jessica aligns with *“Debbie,”* a family member Maryellen does not speak to due to Debbie’s negative and controlling traits. Maryellen desires to effectively respond to Jessica without engaging in her sister’s competitive dynamic, expressing a strong desire for strategies to navigate these challenging interactions.

Objective

Maryellen presented to the session well-groomed and casually dressed. She was alert and oriented with a rapid, often animated, speech pace. Her initial affect was somewhat erratic, marked by moments of flippancy and humor, particularly during a lengthy digression into inappropriate personal topics (e.g., sexual orientation, genitalia). This pattern suggested a possible defensive posture or a challenge in modulating conversational boundaries, potentially serving to deflect from more distressing underlying content. However, when the focus shifted to her sister Jessica, Maryellen’s affect became intensely dysregulated, shifting between overt anger, profound frustration, and expressions of deep hurt and disgust. Her voice volume increased, and her tone became sharp and accusatory when describing Jessica’s actions, demonstrating the significant emotional toll of these interactions. Conversely, when discussing her own attempts to cope, her voice would soften, and she described *“shutting down”* and going *“blank,”* indicative of an emotional numbing response. Her thought process, while generally logical, exhibited a tendency toward dichotomous thinking when evaluating Jessica (*“stupid,”* *“evil”*) and at times a need for external validation regarding her own experiences. Maryellen engaged actively with the therapist’s proposed strategies, appearing receptive and eager to learn new ways of responding, indicating a strong therapeutic alliance despite the challenging interpersonal dynamics she described.

Assessment

Maryellen continues to navigate complex interpersonal dynamics within her family, particularly with her sister Jessica, which significantly impact her emotional well-being and sense of self. Her intense emotional reactions to Jessica’s *“superiority assertions,”* *“gaslighting,”* and *“competitive positioning”* suggest deeply rooted vulnerabilities around self-worth and validation. Jessica’s behavior, described by Maryellen (and acknowledged by the therapist as exhibiting Cluster B traits), consistently triggers Maryellen’s core belief of being undermined or *“less than.”* This manifests as emotional dysregulation (intense anger, disgust) followed by maladaptive coping mechanisms such as emotional shutdown and self-doubt (*“brainwashed”*). Maryellen’s reliance on external validation, evident in her recounting of her grandmother’s compliments regarding yard work, further highlights this vulnerability. Her strong identification with her *“generous”* father and devaluing of Jessica (aligning her with *“Debbie”*) demonstrates a rigid splitting defense mechanism, where family members are categorized as either entirely good or entirely bad, making nuanced understanding and healthy boundary setting difficult. The initial extensive tangents during the session could be interpreted as Maryellen’s unique style of building rapport or, alternatively, a subtle form of experiential avoidance, where highly charged, provocative topics serve as a diversion from more painful emotional work. While Maryellen reports positive financial strides with her housing, her reported history of under-reporting income for tax purposes suggests a potential pattern of risk-taking or a disregard for conventional rules, which warrants continued observation. Her stated desire to learn new communication strategies indicates strong motivation for change and a readiness to develop more adaptive interpersonal skills.

Plan

- Dialectical Behavior Therapy (DBT) Interventions:Continue to focus on Distress Tolerance and Interpersonal Effectiveness skills.  
  
- UtilizeDistress Toleranceskills (e.g., radical acceptance, self-soothing) to help Maryellen manage the intense emotional discomfort (anger, disgust, hurt) triggered by Jessica's comments without resorting to emotional shutdown or extreme devaluing.  
- ImplementInterpersonal Effectivenessskills, specifically "Verbal Aikido" and assertive communication, to help Maryellen respond to Jessica's belittling remarks and gaslighting with calm confidence, as discussed in session. Practice phrases that disarm without engaging in competitive dynamics (e.g., "I'm not interested in competing with you," "We define success differently").  
  
- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Continue to address experiential avoidance (emotional shutdown) by fostering psychological flexibility. Encourage Maryellen to observe difficult thoughts and feelings (e.g., "I'm going crazy," "I'm brainwashed") without fusing with them, promoting a defused stance.  
- Reinforce the "1% Daily Improvement" concept (Bamboo Effect) to emphasize consistent, values-driven actions over immediate, drastic change. This will help Maryellen commit to practicing new responses to Jessica even when immediate results aren't apparent, aligning her actions with her value of genuine connection and self-respect.  
  
- Narrative Therapy Elements:  
  
- Continue to externalize the problem of Jessica's "toxic" influence, helping Maryellen to separate herself from her sister's narratives of her worth and identity.  
- Collaboratively re-author Maryellen's personal narrative to emphasize her resilience, agency, and inherent worth, particularly in contrast to Jessica's attempts to undermine her memory and achievements.  
  
- Existential Psychotherapy:Explore themes of personal agency and responsibility in challenging family dynamics. Help Maryellen identify what she can control (her responses, boundaries) versus what she cannot (Jessica's behavior), fostering a sense of empowerment in navigating difficult relationships authentically.  
- Homework:Maryellen will practice using one or two of the suggested "Verbal Aikido" phrases when interacting with Jessica next week, noting her feelings and Jessica's reactions. She will also continue to observe and journal about instances where she feels "brainwashed" or doubts her memories, bringing these observations to the next session.

Supplemental Analyses

Tonal Analysis

Shift 1: From Flamboyant to Intense Frustration.The initial portion of the session was marked by Maryellen’s flamboyant and tangential tone, characterized by rapid speech, humorous asides, and a willingness to engage in highly inappropriate discussions (e.g., graphic sexual content, casual remarks about death). This tone reflected a superficial engagement, possibly as a defense mechanism to avoid deeper emotional vulnerability. However, upon transitioning to the topic of her sister, Jessica, Maryellen’s tone underwent a dramatic shift. Her voice became sharply accusatory and laced with intense frustration and disgust, evident in her descriptions of Jessica as *“disgusting,”* *“stupid,”* and *“evil.”* This shift indicates the profound emotional distress and anger that Jessica’s behavior triggers in Maryellen, suggesting that the lighthearted initial tone serves as a protective barrier from these underlying, potent emotions.

Shift 2: From Devalued to Empowered Curiosity.Following the therapist’s psychoeducation and introduction of new communication strategies (Verbal Aikido, 1% rule), Maryellen’s tone shifted towards a more engaged, thoughtful, and curious posture. While still conveying her deep-seated frustration with Jessica’s *“irrationality,”* her tone became less reactive and more reflective. This shift demonstrates her readiness and motivation to adopt new coping mechanisms and to move beyond the reactive cycle, indicating a therapeutic opening for skill-building and a more empowered stance in her interpersonal relationships.

Thematic Analysis

Theme 1: Interpersonal Betrayal and Gaslighting.A pervasive theme was Maryellen’s experience of interpersonal betrayal and systematic gaslighting by her sister, Jessica. Jessica’s actions, such as denying Maryellen’s past contributions (*“Why do you think I never did the yard work before?”*) and actively attempting to rewrite shared history, caused Maryellen to *“doubt myself”* and feel *“brainwashed.”* This theme highlights a significant assault on Maryellen’s sense of reality and self, rooted in a history of being undermined by a close family member. The intensity of Maryellen’s reaction underscores how deeply this pattern impacts her cognitive and emotional stability, making it a critical area for therapeutic intervention focused on reality testing and self-validation.

Theme 2: Conditional Self-Worth and External Validation.Maryellen’s self-worth appears highly contingent on external validation and comparative success, particularly within her family. Her strong emotional response to Jessica’s *“real business”* assertion and belittling comments (*“You’re like Debbie”*) reveals a vulnerability to perceived judgment and a need to prove her legitimacy and value. Her identification with her *“generous”* father and devaluing of Jessica suggests an internal struggle to define her own identity separate from these comparisons. The house pre-approval, while a significant achievement, also appears to be a source of validation that she uses to counter Jessica’s negativity, reinforcing the theme of self-worth tied to external achievements.

Theme 3: Dysfunctional Family Systems and Repetitive Trauma.The session unveiled a long-standing pattern of dysfunctional family dynamics, particularly between Maryellen and her female relatives. Maryellen explicitly described being *“pushed around”* by both Jessica and Katie, highlighting a recurring theme of her autonomy being undermined within her own home. Her casual recounting of her grandmother’s near-fatal fall and her own *“laughter”* at her father’s death, while jarring, hints at a complex family history that has normalized or desensitized her to severe emotional and potentially traumatic experiences. This theme suggests that Jessica’s current behavior is not an isolated incident but a re-enactment of deeply entrenched patterns of control and emotional invalidation, impacting Maryellen’s ability to establish healthy boundaries and security.

Sentiment Analysis

Sentiments About Self:Maryellen expressed a complex mix of sentiments about herself, oscillating between a sense of competency/pride and significant self-doubt/victimization. She conveyed pride in her financial maneuvers and securing the house pre-approval. However, when discussing Jessica’s influence, sentiments of confusion (*“going crazy”*), self-doubt (*“brainwashed,”* *“forgot my memories”*), and helplessness (*“caught off guard,”* *“shut down”*) were prominent. She also conveyed a strong sense of moral superiority, aligning herself with her *“generous”* father and distinguishing herself from Jessica’s *“greedy”* and *“mean”* nature, reflecting a desire to maintain a positive self-concept in the face of invalidation.

Sentiments About Others (Jessica):Maryellen’s sentiments towards Jessica were overwhelmingly negative and highly charged, indicative of severe devaluation. She frequently used extreme negative descriptors such as *“disgusting,”* *“stupid,”* *“evil,”* *“snake,”* *“toxic,”* *“mean,”* and *“greedy.”* Underlying these explicit judgments were sentiments of frustration regarding Jessica’s *“insecurity”* and *“jealousy.”* Maryellen also expressed a deep sense of injustice and betrayal, feeling that Jessica deliberately seeks to *“put me down”* and undermine her reality. The intensity of these sentiments suggests a significant personal wound and an inability to perceive Jessica in a more balanced or nuanced way.

Sentiments About Others (Therapist):Maryellen’s sentiments towards the therapist were predominantly positive and receptive. She expressed trust and willingness to engage with the provided strategies, viewing the therapist as a helpful and insightful guide in navigating her difficult family relationships. Her engagement with abstract concepts like *“Verbal Aikido”* and the *“1% rule”* reflects a belief in the therapist’s expertise and a hope for practical solutions.

Key Points

- Impact of Gaslighting and Invalidation:Jessica's consistent gaslighting and invalidation have a profound and destabilizing effect on Maryellen's sense of reality and self-worth, leading to self-doubt and emotional dysregulation. This highlights the urgent need for interventions that strengthen Maryellen's internal locus of validation and ability to trust her own experiences.  
- Emotional Regulation and Interpersonal Effectiveness Deficits:Maryellen's coping mechanisms of "shutting down" and strong devaluing of Jessica (e.g., "evil," "stupid") indicate challenges in emotional regulation and interpersonal effectiveness. While these strategies offer temporary relief, they prevent constructive engagement and resolution of conflict, perpetuating Maryellen's distress within the relationship.  
- Opportunity for Skill Building and Empowerment:Despite the intensity of the conflict, Maryellen's receptiveness to new communication strategies (Verbal Aikido) and concepts (1% rule) presents a significant opportunity for therapeutic growth. By developing more adaptive responses, Maryellen can shift the power dynamic in her relationship with Jessica, foster greater self-efficacy, and reduce her vulnerability to emotional manipulation.  
- Underlying Family System Trauma:The casual mention of past family events (grandma's fall, father's death) and long-standing patterns of being "pushed around" suggest a history of family dysfunction and potentially traumatic experiences that have shaped Maryellen's coping styles and interpersonal expectations. Addressing these deeper patterns will be crucial for lasting change beyond current symptomatic relief.

Significant Quotes

- "I claimed nothing for the past two years, but, like, 60 grand."

Maryellen stated this when explaining her tax situation and the need for a co-signer for her mortgage. This quote is significant as it reveals a pattern of behavior that suggests a willingness to engage in potentially risky financial practices or a disregard for conventional financial norms. Clinically, it could point to tendencies towards impulsivity, a present-focused orientation, or a broader difficulty with long-term planning and adherence to rules, which may also manifest in other areas of her life, including interpersonal relationships.

- "It made me feel like I forgot my memories, or something. That's true, guys, I got it. I It's like I literally forgot my memories. John and I was so tripped out by it and hurt by it. I was like, second guessing everything. And I felt like I was going crazy. I was like, Did this really happen? Like, it's like, as if I forgot my memories and stuff. I feel like I was brainwashed."

Maryellen expressed this when describing Jessica’s attempts to rewrite shared past events, particularly concerning her contributions to yard work with her grandmother. This quote is profoundly significant as it captures the psychological impact of gaslighting, illustrating how it undermines one’s sense of reality and induces profound self-doubt. The feelings of being *“tripped out,”* *“going crazy,”* and *“brainwashed”* reflect the intense cognitive dissonance and emotional distress caused by a close family member systematically invalidating her experiences. This reveals a core vulnerability in Maryellen’s self-concept and her reliance on external validation for a sense of reality, highlighting a critical area for therapeutic focus on reality testing and self-trust.

- "I kind of shut down when I someone, first someone says something mean to me. I think I kind of shut down because I'm blank."

Maryellen offered this as a description of her typical response to Jessica’s belittling comments. This quote is significant as it identifies Maryellen’s primary coping mechanism—emotional numbing and disengagement—when confronted with interpersonal aggression or perceived attack. This *“shutting down”* serves as a protective mechanism against overwhelming emotions, but it also prevents effective processing of the interaction, reinforces feelings of helplessness, and perpetuates the cycle of being *“pushed around.”* Understanding and addressing this defensive pattern is crucial for developing more adaptive, assertive communication skills and fostering emotional resilience.

- "You want to sound, you want to say you're like Daddy, but you sound a lot like Debbie. Right now, by putting me down."

This quote represents a potential *“Verbal Aikido”* response formulated collaboratively in session, designed for Maryellen to use with Jessica. It is significant because it encapsulates the therapeutic goal of providing Maryellen with a tool to assertively and non-reactively address Jessica’s competitive and devaluing behavior. The statement directly challenges Jessica’s self-perception while highlighting the incongruence between her stated identity (*“like Daddy,”* generous) and her actual behavior (*“like Debbie,”* mean/greedy), using Jessica’s own frame of reference against her in a way that aims to disarm rather than escalate the conflict. This is a practical application of the interpersonal effectiveness skills being taught.

Comprehensive Narrative Summary

Today’s session with Maryellen provided a vivid illustration of the profound emotional and psychological impact of prolonged exposure to a toxic interpersonal dynamic, specifically with her sister, Jessica. While Maryellen presented initially with a somewhat disinhibited and tangential style, signaling perhaps a unique form of rapport-building or a defensive strategy to avoid direct emotional work, the core of the session quickly shifted to the intense distress caused by Jessica’s visit. Maryellen articulated a deep sense of hurt, frustration, and psychological confusion stemming from Jessica’s consistent *“superiority assertions,”* belittling remarks, and insidious gaslighting. Her powerful descriptions of feeling *“brainwashed”* and doubting her own memories highlight a critical assault on her sense of reality and personal agency, rooted in a long history of being *“pushed around”* by female family members. This dynamic triggers deep-seated vulnerabilities around her self-worth, particularly as she perceives Jessica’s actions as a direct challenge to her identity and achievements.

Clinically, Maryellen’s coping mechanisms of emotional shutdown (*“going blank”*) and extreme devaluation of Jessica (*“disgusting,”* *“evil”*) indicate challenges in emotional regulation and interpersonal effectiveness. These strategies, while providing temporary relief, paradoxically prevent her from constructively navigating the conflict and asserting healthy boundaries. The session effectively utilized these critical junctures as opportunities for intervention. The therapist introduced and Maryellen eagerly engaged with concepts from DBT and ACT, such as *“Verbal Aikido”* for assertive communication and the *“1% daily improvement”* for consistent, values-aligned action. These tools are designed to equip Maryellen with the skills to disarm Jessica’s manipulative tactics without engaging in the destructive competitive cycle, thereby fostering a stronger sense of self-efficacy and resilience. The discussion also touched upon the broader, potentially traumatic, family system, recognizing that Jessica’s behavior is a re-enactment of deeply entrenched patterns. Moving forward, the focus will be on empowering Maryellen to reclaim her narrative, strengthen her internal validation, and respond to challenging interactions with greater calm and intentionality, ultimately fostering a more secure and authentic sense of self.

# Max Hafker

**Client:** Max Hafker **Total Sessions:** 1 **Session Date Range:** 2025-07-24 to 2025-07-24

## Session 1: 2025-07-24

**Date:** 2025-07-24 **Source File:** Summary of Max Hafker Appointment 7-24-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Max Hafker’s Therapy Session on July 24, 2025

Subjective

Max attended today’s session expressing profound distress, describing his current state as *“one out of two,”* the lowest he has ever felt. He reported experiencing daily *“breakdowns and breakdowns and regrets”* following a recent car accident in Brooklyn Park. Initially, Max stated he tried to *“stay positive and trying to make a big deal out of it,”* but the next day, the overwhelming guilt set in. He repeatedly blamed himself for the accident, stating, *“it sucks, because it was all my fault,”* and expressed concern that his parents were *“mad”* due to the financial burden of repairs. He noted feeling an intuitive warning (*“my gut was saying to me on that day, like, don’t, don’t go. And I went anyway”*), which intensified his self-blame.

Max reported experiencing several panic attacks at work since the accident, necessitating two bathroom breaks per day. He described feeling *“completely hollow inside”* and *“waiting to feel something—anything—but it’s like I’m completely hollow inside.”* This emotional numbness coexisted with intense internal turmoil. He also disclosed a concerning incident involving a knife at home, stating he *“wanted to see how it, like felt”* and was *“thinking about it,”* though his father intervened, preventing active self-harm. Max clarified this was ideation driven by distress, describing the accident as *“the cherry on top”* of a multitude of pre-existing, unaddressed feelings.

He identified these deeper issues as long-standing insecurities, including difficulty gaining weight, never having been in a relationship, and feeling socially isolated (*“my friends barely texted me… like, just nothing, not like a call or anything”*). He also shared feeling disconnected from social media, perceiving others as having *“happiest moments”* that are *“not affordable”* or *“never been recorded”* for him, leading to feelings of not being *“part of a group that’s not that fun.”* Max reported feeling *“kind of nervous driving”* since the accident, acknowledging a significant change in his confidence. Despite his parents’ pragmatic approach to the accident and reassuring him it was a *“no-fault”* situation, Max struggled to internalize their reassurances, feeling they just wanted him to *“move on”* while he couldn’t *“turn it off.”* He expressed concern that if he reacts this way to *“this”* (the accident), he worries how he would cope if *“something bigger happen in the future.”* He acknowledged having *“extreme emotional D”* (distress intolerance), making it difficult to accept his current feelings.

Objective

Max presented to the session engaged and communicative, maintaining consistent eye contact throughout. His speech was clear and articulate, with logical thought progression, though often returning to the central theme of the accident and his self-blame. While he verbally expressed intense emotional distress, particularly when recounting the details of the accident and its personal impact, his affect presented as fluctuating. At times, he appeared emotionally constricted, particularly when describing his internal *“hollowness”* and the knife incident. However, there were also moments of increased animation and even light humor, especially when the therapist reframed the situation or suggested creative ways to process his feelings (e.g., singing about the accident).

His body language appeared generally relaxed initially but became subtly more rigid when discussing the accident’s immediate aftermath and his feelings of responsibility. He demonstrated a clear capacity for self-reflection and insight, articulating the *“shame spiral”* and the *“cherry on top”* metaphor. Despite the therapist’s consistent attempts at reframing and normalization, Max persistently returned to his core belief that the accident was *“all my fault”* and that he had undergone a fundamental shift in self (*“I missed the person I was before the accident happened”*). The discussion around the knife incident, though framed as ideation, highlighted a concerning coping mechanism in moments of extreme emotional dysregulation, emphasizing the depth of his internal suffering.

Assessment

Max appears to be experiencing an Acute Stress Disorder (F43.0) or Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.25) following the car accident. The event, though objectively minor in terms of physical injury, has clearly been subjectively experienced as highly traumatic, leading to panic attacks, hypervigilance (nervous driving), and persistent intrusive thoughts. This acute stressor has significantly exacerbated pre-existing vulnerabilities, functioning as a *“cherry on top”* that has unearthed deeper issues around self-worth, social isolation, and emotional regulation.

A central dynamic observed is Max’s overwhelming sense of guilt and self-blame, coupled with a pervasive shame spiral. He internalizes the accident as a personal failing (*“it was all my fault”*), which is intensified by the perceived financial burden on his parents. This self-reproach is disproportionate to the objective circumstances of the *“no-fault”* accident. This pattern reflects a conditional sense of self-worth, where external events are directly interpreted as indictments of his inherent value. His statement, *“I missed the person I was before the accident happened,”* highlights a significant disruption in his sense of identity and agency, suggesting that his self-concept was heavily reliant on a sense of competence and control, which the accident has undermined.

Max’s struggle with emotional dysregulation and experiential avoidance is also prominent. Despite feeling *“hollow,”* he simultaneously obsesses over the event and reports an inability to *“turn off”* his feelings, leading to significant distress intolerance. The knife ideation, though not active intent, serves as a stark indicator of his extreme emotional pain and a desperate attempt to cope with overwhelming sensations. His social isolation and comparison to idealized social media portrayals further amplify his feelings of inadequacy and disconnection, contributing to his depressive and anxious symptoms. The therapeutic challenge lies in helping Max process the emotional impact of the trauma and address these underlying vulnerabilities rather than allowing him to remain trapped in a cycle of self-blame and emotional avoidance.

Plan

Treatment will continue to integrate elements from ACT, Narrative Therapy, DBT, and Existentialism to address Max’s multi-faceted distress:

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to target Max's experiential avoidance and cognitive fusion with self-blaming thoughts.  
  
- Utilize defusion techniques to help Max observe thoughts like "it was all my fault" without buying into them as absolute truths.  
- Promote acceptance of distressing emotions (guilt, shame, anxiety, emptiness) as natural, albeit uncomfortable, human experiences rather than something to be avoided or "turned off."  
- Explore and clarify Max's core values to guide committed action. For example, his concern for his parents suggests a value of family well-being, which can be a motivator for self-care and resilience.  
  
- Narrative Therapy Elements: Continue to externalize the problem, separating Max from the "bad" identity he has formed around the accident.  
  
- Collaboratively create an alternative narrative of resilience and learning, framing the accident as a "human driving experience" and an opportunity for growth, as initiated in today's session.  
- Highlight "unique outcomes" such as his father's savvy handling of the insurance and the positive outcome of the repairs, to challenge the pervasive "everything is bad" narrative.  
- Encourage Max to re-author his story, shifting from victimhood to agency in navigating challenges.  
  
- Dialectical Behavior Therapy (DBT) Skills: Enhance Max's capacity for emotional regulation and distress tolerance.  
  
- Reinforce self-soothing techniques for managing panic attacks and intense emotional surges.  
- Introduce further distress tolerance skills (e.g., radical acceptance of what cannot be changed, self-soothing through senses) to cope with the "Brooklyn flashbacks" and general anxiety about being in the city.  
- Explore interpersonal effectiveness skills to help Max communicate his distress more openly with his family and seek support from friends, addressing his feelings of isolation.  
  
- Existential Therapy: Address the deeper issues of identity and meaning that the accident has brought to the forefront.  
  
- Continue to explore Max's relationship with his sense of self, helping him differentiate his inherent worth from external achievements or roles.  
- Discuss the inherent uncertainty of life and how to find meaning and agency in the face of uncontrollable events.  
  
- Safety Planning

# Max Moskowitz

**Client:** Max Moskowitz **Total Sessions:** 2 **Session Date Range:** 2025-07-09 to 2025-07-16

## Session 1: 2025-07-09

**Date:** 2025-07-09 **Source File:** Summary of Max Moskowitz Appointment 7-9-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Max Moskowitz’s Therapy Session on July 9, 2025

Subjective

Max attended today’s session expressing a mix of casual updates, significant financial distress, and insights into his relational patterns. He opened by acknowledging a lengthy gap since the last session and recounting an unfortunate birthday experience (contracting COVID-19). He then shifted to two primary topics: a recent date and his severe financial strain. Max described a Tinder date that felt initially lacking in chemistry, stating, *“There was something that felt a little off.”* He noted that alcohol helped *“loosen up”* the interaction, leading to physical intimacy, but that the initial awkwardness returned once they sobered up. He also highlighted a language barrier with the date partner and the lingering impact of a recently lost voice, which complicated communication. This experience led Max to articulate a self-realization regarding his relational needs, stating, *“I need that emotional attachment to get that romantic attraction,”* clarifying his identity as a *“gay man who is demisexual”* – a label he acknowledged as technically fitting but prefers not to overly emphasize due to perceived complexity. He connected this to past experiences where casual hookups felt unfulfilling or impossible without prior emotional connection.

The core of the session focused on Max’s escalating financial difficulties. He reported over $4,000 in credit card debt, primarily due to recent rent payments charged to the card. He detailed his tight budget, explaining that after essential payments (friend loans, existing payment plans), he is left with a mere $190 for two weeks, with a significant portion allocated to gas. He emphasized the stark contrast to his usual $500 bi-weekly budget, noting, *“for a normal human, that’s very still livable. Well, yeah, well yes and no, yes and no, it’s a lot less than I need to I’m used to having 500 for two weeks.”* Compounding this stress are numerous upcoming social obligations, including multiple theme park visits with out-of-town friends and family, concerts, and a trip to New York, all requiring significant financial outlay. Max explicitly stated, *“You know me, you know how hard is for me to say no,”* acknowledging his difficulty with boundary setting and fear of missing out. He expressed feeling overwhelmed by these commitments and the cumulative financial pressure, remarking, *“It’s all for me at once.”*

To address his financial woes, Max began brainstorming solutions, specifically selling unused items. He admitted to a tendency towards *“laziness”* and *“a lot of friction”* when it comes to initiating such tasks, despite recognizing the financial benefit and the desire to declutter his room. He acknowledged an emotional attachment to some items with memories and an internal struggle with throwing things out that he had spent money on. At the end of the session, Max expressed feeling *“slightly overwhelmed”* by the prospect of tackling these tasks but also a sense of resolve, stating, *“I know it’s the solution. It really is, yep, like, there really isn’t another easy way I can pick up more shifts without my own sanity.”* He briefly mentioned avoiding his parents, feeling they are only attempting to connect at the suggestion of their own therapists and that he lacks the *“energy”* for such interactions, perceiving them as inauthentic.

Objective

Max presented to the session appearing generally well, seated comfortably. His speech was initially casual and rapid, characteristic of his usual communication style, especially when recounting detailed events. As he transitioned to discussing his financial situation, his vocal tone became more strained and rapid, reflecting his underlying anxiety and overwhelm. His physical presentation remained engaged, maintaining consistent eye contact and using animated hand gestures, particularly when emphasizing the absurdity of his financial bind or the difficulty of saying no to social plans. When discussing his perceived *“laziness”* regarding selling items, his demeanor shifted to one of slight self-deprecation, though this was quickly replaced by enthusiasm and curiosity as the therapist introduced the Manus AI solution. He actively engaged in the demonstration, sending pictures and asking questions, indicating a strong desire for a practical, low-friction solution to his problem. His affect, while generally expansive, notably conveyed feelings of stress and agitation when detailing his financial obligations and upcoming social calendar. He displayed a moment of genuine excitement and hope when the AI successfully demonstrated its capabilities, suggesting a shift from a feeling of helplessness to one of empowerment. His reflection on avoiding his parents was delivered with a more subdued and reflective tone, accompanied by a slight shift in gaze, suggesting discomfort or internal conflict.

Assessment

Max is currently experiencing significant acute stress related to financial strain and an overwhelming social calendar, exacerbating his baseline challenges with boundary setting, procrastination, and managing perceived obligations. His current credit card debt and limited disposable income are creating a sense of financial precarity that is profoundly distressing. Max’s explicit statement, *“You know me, you know how hard is for me to say no,”* highlights a core interpersonal pattern rooted in difficulty with assertiveness and a potential fear of disappointing others or experiencing social exclusion (FOMO), contributing directly to his financial overextension. This pattern is likely reinforced by deeply ingrained habits of external validation and a desire to maintain social connections, potentially at his own expense. His description of feeling *“lazy”* and experiencing *“friction”* when attempting to address clutter and sell items points to a strong pattern of behavioral inertia and possible executive dysfunction when faced with overwhelming tasks, suggesting that the perceived effort outweighs the immediate gratification or long-term benefit. This *“friction”* can be interpreted as a form of experiential avoidance, where the discomfort of initiating a difficult task leads to procrastination and increased overwhelm.

His recent date experience provided valuable insight into his relational needs and identity. His self-identification as *“demisexual”* underscores a fundamental need for emotional intimacy and connection as a prerequisite for romantic or sexual attraction. This clarifies why casual encounters (like the one described with *“Mike”*) have been unfulfilling or problematic, indicating a disparity between his true relational needs and past attempts to engage in more superficial connections. This insight is critical for helping Max pursue relationships that are genuinely aligned with his values and attachment style, fostering more authentic connections and reducing experiences of relational dissatisfaction or self-blame. The avoidance of his parents suggests lingering unresolved issues related to family dynamics and a protective stance against perceived inauthenticity or emotional labor. This aligns with a broader pattern of avoiding discomfort, whether financial, emotional, or interpersonal.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Values Clarification

## Session 2: 2025-07-16

**Date:** 2025-07-16 **Source File:** Summary of Max Moskowitz Appointment 7-16-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Max Moskowitz’s Therapy Session on July 16, 2025

Subjective

Max attended today’s telehealth session from his bed, expressing a mixture of frustration and self-awareness regarding his current financial state and difficulty with productivity. He initially reported not being *“very productive on the side of selling things,”* despite having the items ready. He articulated this as a disconnect between mental motivation and physical follow-through, stating, *“I don’t know it’s weird, because I feel like I have, mentally, the motivation, but physically I don’t.”* He attributed this to being *“tired or lazy,”* yet also acknowledged it might be due to unfamiliarity with such tasks. Max expressed ongoing financial stress, noting his credit card balance of $3950 due August 31st. While he is not worried about making the payment on time (as he can *“push it”* with rent money), his primary concern is the accumulation of debt, stemming from recent theme park tickets, a trip, and ongoing social engagements, including family visits. He recounted declining an invitation to dinner with visiting relatives due to cost, highlighting his challenge with *“temptation”* and describing his approach as having a *“heart of gold”* that gets *“tempted a lot more often than the heart of steel.”* He provided a detailed account of his frequent daily spending on convenience foods like Chick-fil-A and Starbucks, acknowledging it *“is a lot.”* He expressed a desire to save money, particularly through packing his own food, but identified *“me going out to the store”* as *“the biggest hurdle.”* He proudly reported not buying any souvenirs during a recent theme park visit, focusing only on food expenses. Max also shared ongoing struggles with social paranoia, stating, *“I just assume people are like, mad at me or don’t like me,”* leading to misinterpretations of texts and subsequent *“spirals.”* He updated on recent conversations with both parents; he found his mother *“trying”* but he lacked *“patience or, really, honestly care anymore.”* He reported setting a boundary with his father regarding sharing details of his love life until a serious relationship develops, which his father respected, finding it *“fair.”* Max reported a significant change in his dating app preferences, adjusting his age range from *“18 to 26”* to *“23 to 40,”* which has led to *“more people mature”* but still presents challenges with *“flaky”* messaging. He reiterated his recurring pattern of *“falling for people that I get close to,”* specifically mentioning his current best friend, Jonathan, despite Jonathan being in a committed relationship. Max expressed confusion about Jonathan’s sexual orientation (*“gives off very serious, bisexual energy”*) and speculated about *“internalized homophobia”* affecting how Jonathan (and other straight friends) interact with him as a gay man. He reflected on a deep conversation with Jonathan’s mother about parenting, contrasting her philosophy of letting children grow independently with his own *“controlled environment”* upbringing. He concluded by reiterating his frustration with his pattern of developing feelings for close, unavailable friends, stating, *“It always blows up. It always blows up.”* Max also expressed anticipation for a report from the therapist to be discussed next week.

Objective

Max presented to the telehealth session from his bed, casually dressed, appearing comfortable and engaged. He was alert and oriented to person, place, and time. His speech was clear, coherent, and well-articulated, with a generally logical thought progression. His affect was largely congruent with the content discussed, ranging from frustrated and slightly overwhelmed when discussing financial and productivity issues, to more animated and curious when delving into relational dynamics and his best friend’s perceived sexual identity. While discussing financial habits, he demonstrated self-deprecating humor and candidness. He actively participated in the *“tiny habits”* exercise, demonstrating a willingness to engage with new behavioral change strategies, though expressing initial skepticism about their implementation. His ability to recall specific spending details (e.g., Chick-fil-A charges) and his credit card balance indicated strong self-monitoring in certain areas. Body language was not explicitly described given the telehealth format, but his verbal expressiveness suggested an open, though internally conflicted, posture. The therapist noted Max’s general difficulty with follow-through on *“smallest things,”* a point Max acknowledged as a *“personality trait”* and *“area for growth.”*

Assessment

Max continues to present with symptoms indicative of generalized anxiety (F41.1), particularly manifesting as social paranoia and catastrophic thinking related to financial stability and personal setbacks. His reported lack of physical motivation despite mental readiness, coupled with daily convenience spending, points to significant executive dysfunction and challenges with self-regulation, potentially exacerbated by underlying mood dysregulation (e.g., low-grade anhedonia or fatigue). This behavioral pattern, where immediate gratification (convenience food, theme parks) outweighs long-term financial goals, highlights an internal conflict between a desire for change and a preference for comfort or avoidance of perceived *“hard”* tasks. The metaphor of the *“heart of gold”* versus *“heart of steel”* suggests an underlying belief that self-discipline is inherently less desirable or *“fun,”* contributing to experiential avoidance of discomfort necessary for behavioral change.

A prominent thematic pattern is Max’s recurring tendency to develop strong emotional or romantic feelings for close, often unavailable, friends. This pattern, consistently leading to disappointment (*“It always blows up”*), may reflect insecure attachment styles or a subconscious seeking of connection in safe, yet ultimately unfulfilling, ways. His exploration of Jonathan’s perceived *“bisexual energy”* and the concept of *“internalized homophobia”* in others suggests a deeper exploration of his own identity, security in his sexual orientation, and concerns about how he is perceived by others, particularly in platonic relationships. The contrast between his mother’s *“controlled environment”* and Jonathan’s mother’s wisdom on fostering independence provides a developmental lens through which to understand Max’s current struggles with autonomy, self-direction, and potentially, his difficulty in forging secure, reciprocal romantic relationships that are not tinged with idealization or unrequited desire. His financial anxiety is not merely a practical concern but appears to be intertwined with feelings of self-efficacy and control over his life’s trajectory, particularly in light of these deeper relational and identity questions.

Plan

Treatment will continue to integrate a multi-modal approach, emphasizing behavioral activation and cognitive restructuring within an ACT framework, while continuing to explore relational patterns through a Narrative Therapy lens.

- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Continue to address experiential avoidance related to financial behaviors (e.g., packing lunches, selling items) by framing "difficulty" as a normal part of value-driven action rather than an insurmountable barrier.  
- Utilize the "Tiny Habits" model introduced in session to promote immediate, micro-behavioral changes. Max's chosen habit ("Find one thing in my room to sell. Every time I brush my teeth, I say 'woo'.") will be the primary focus for the coming week.  
- Leverage technology by implementing an automated shortcut for the "Tiny Habits" app to address Max's initial skepticism and procrastination around opening the app. This aims to reduce friction and build a consistent trigger.  
  
- Behavioral Activation:  
  
- Encourage daily engagement with the "tiny habit" of finding one item to sell, regardless of motivation level, to build momentum and challenge the all-or-nothing thinking about productivity.  
- Monitor financial expenditures, particularly daily convenience food purchases, and collaboratively brainstorm practical, low-friction alternatives (e.g., leveraging Walmart for grocery delivery to address the "hurdle" of going to the store).  
  
- Cognitive Restructuring:  
  
- Continue to challenge Max's pessimistic cognitive distortions about change ("it also puts the hurdle a lot higher than it needs to be," "what's the point? Why do it once?"), reframing incremental progress as significant.  
- Address social paranoia and misinterpretation of social cues by encouraging reality-testing and examining the automatic negative thoughts underlying these spirals.  
  
- Narrative Therapy/Relational Exploration:  
  
- Continue to deconstruct the "heart of gold" vs. "heart of steel" narrative, exploring its origins and its impact on Max's current self-regulation challenges.  
- Further explore the recurring pattern of developing feelings for close, unavailable friends. Examine the underlying needs for connection and safety, and whether this pattern serves a protective function or reinforces existing attachment beliefs.  
- Process Max's reflections on his childhood "controlled environment" and its connection to his current struggles with autonomy and self-efficacy. This will involve re-storying his experiences of agency.  
  
- Homework: Practice the "tiny habit" of finding one item to sell daily. Utilize the "Tiny Habits" app shortcut as installed. Begin to mindfully observe daily spending patterns.  
- Next Session: Review the therapist's report with Max. Continue to monitor progress on financial goals and the implementation of tiny habits. Further explore relational patterns and their developmental roots.

Supplemental Analyses

Tonal Analysis

Shift 1: From Frustration to Resignation Regarding Productivity. When discussing his inability to sell items, Max’s tone began with a frustrated and self-critical edge (*“I just don’t… it’s weird, because I feel like I have, mentally, the motivation, but physically I don’t”*). This quickly shifted to a more resigned and almost self-pitying tone when describing his *“heart of gold”* versus *“heart of steel,”* implying an inherent predisposition to less disciplined behavior. This tonal shift highlights Max’s internal conflict and a potential self-sabotaging narrative where his perceived lack of willpower is seen as an unchangeable personality trait, rather than a behavior that can be modified.

Shift 2: From Anxiety to Animated Curiosity Regarding Relationships. Max’s tone became more anxious and self-deprecating when discussing social paranoia (*“I just assume people are like, mad at me… and I keep, like, putting myself into this, like, ditch”*). However, a significant tonal shift occurred when he began discussing his friend Jonathan and his perceived *“bisexual energy.”* Here, Max’s tone became more animated, speculative, and deeply curious, almost as if he was trying to solve a puzzle (*“Am I reading into this too hard?”*). This shift indicates a strong emotional investment in understanding this relational dynamic and a temporary relief from his internal anxieties as he focused on an external (though still personally significant) mystery. It also highlights the depth of his desire for genuine connection, even if it manifests in complex and potentially unrequited ways.

Thematic Analysis

Theme 1: The Discrepancy Between Internal Motivation and External Action. A core theme throughout the session was Max’s struggle with executive function and follow-through. He consistently articulated mental motivation and understanding of solutions (e.g., packing lunch, selling items) but reported a profound physical or behavioral inertia (*“physically I don’t,”* *“the biggest hurdle is me going out to the store”*). This theme underpins his financial stress and broader feelings of being stuck, indicating a need for strategies that bridge the gap between intention and behavior, rather than simply increasing motivation.

Theme 2: Identity and Attachment in Close Friendships. Max’s recurring pattern of developing feelings for close, often unavailable, friends, particularly Jonathan, represents a significant relational theme. This pattern suggests a search for deep connection and safety within established bonds, potentially reflecting early attachment experiences where security was found in proximity, even if it lacked reciprocal romantic potential. The discussion of Jonathan’s *“bisexual energy”* and the concept of *“internalized homophobia”* in platonic interactions further highlights Max’s ongoing negotiation of his own identity as a gay man within his social sphere and his desire for authentic, unburdened connection.

Theme 3: The Impact of Early Nurturing Environments on Autonomy and Self-Regulation. Max’s candid comparison of his *“controlled environment”* upbringing with his friend’s mother’s philosophy of fostering independence reveals a thematic undercurrent of how early experiences may have shaped his current challenges with self-direction and decision-making. His difficulty with consistent self-discipline (the *“heart of gold”* vs. *“heart of steel”* struggle) can be viewed through this lens, suggesting a learned pattern of relying on external structures or avoiding discomfort rather than developing robust internal regulatory mechanisms. This theme connects directly to his financial struggles and his hesitation with independent action.

Sentiment Analysis

Sentiments About Self: Max expressed a mix of frustration, self-criticism, and growing self-awareness. He voiced frustration at his lack of physical follow-through, describing himself as *“tired or lazy,”* yet also demonstrating insight into this as a *“personality trait”* or *“area for growth.”* There was a clear sentiment of self-condemnation (*“I hate the fact that I fall for people that I get close to”*) regarding his relationship patterns, indicating a desire to change this cyclical behavior. Despite these negative self-assessments, he also displayed moments of pride (*“I didn’t actually buy any souvenirs, so I was proud of myself”*), showing an emerging capacity for self-compassion and recognition of small wins. Overall, his sentiments about self reflect a person struggling with perceived personal failings but possessing a strong underlying desire for mastery and self-improvement.

Sentiments About Others/External Situations: Max’s sentiments toward others were generally nuanced. He expressed a degree of understanding and even admiration for his friend’s mother’s parenting philosophy, contrasting it with his own upbringing. He acknowledged his father’s respect for boundaries in their conversation. Toward his own mother, there was a sentiment of emotional fatigue and detachment (*“I don’t have the patience or, really, honestly care anymore”*). Regarding broader systems like dating apps, his sentiment was one of resignation and mild pessimism (*“still very flaky,”* *“no consistent message”*). His recurring social paranoia (*“I just assume people are like, mad at me”*) indicates an underlying mistrust or fear of judgment in social interactions. His initial skepticism about the *“tiny habits”* app (*“what’s gonna get me to open up this app?”*) reflects a realistic, but potentially limiting, view of external tools for self-change, rooted in past experiences of difficulty with follow-through.

Key Points

- Executive Dysfunction and Behavioral Inertia: Max consistently reports a significant disconnect between mental motivation/understanding of solutions and the physical/behavioral action required to implement them (e.g., selling items, packing lunch). This is a primary driver of his financial stress and a core area for intervention. The "tiny habits" model is directly aimed at bridging this gap by focusing on micro-actions and reducing friction.  
- Impact of Relational Patterns on Identity and Well-being: His recurring pattern of developing feelings for close, often unavailable, friends (exemplified by Jonathan) is a significant and distressing theme. This pattern appears to be linked to deeper questions of identity (especially as a gay man), attachment, and the search for safety and authentic connection, potentially exacerbated by early developmental experiences of a "controlled environment." Addressing this cycle is crucial for his emotional well-being and future relational health.  
- Cognitive Barriers to Change: Max's "heart of gold" vs. "heart of steel" metaphor and his "what's the point? Why do it once?" questions reveal underlying cognitive distortions about change, particularly a tendency towards all-or-nothing thinking and a belief that discomfort must be avoided. Challenging these cognitive patterns is essential for fostering self-efficacy and sustaining behavioral gains.

Significant Quotes

"I just don't know it's weird, because I feel like I have, mentally, the motivation, but physically I don't." Max made this statement when discussing his struggle to sell items and be productive. This quote is significant as it encapsulates his primary presenting problem: a persistent gap between intention and action. It highlights a potential executive dysfunction, where despite having a clear understanding and desire, he experiences a profound inertia. This internal disconnect contributes significantly to his financial stress and feelings of self-criticism, underscoring the need for structured, low-friction behavioral interventions like "tiny habits" to bridge this gap.  
  
 "I hate the fact that I fall for people that I get close to, I hate it like it happens every single time." Max expressed this when discussing his best friend Jonathan and the familiar pattern of developing romantic feelings for platonic friends. This quote is profoundly significant because it reveals a deeply distressing and recurring relational pattern. It points to potential underlying attachment issues, where Max might be seeking safety, intimacy, or validation within existing, safe friendships, rather than pursuing potentially more uncertain romantic connections. The intensity of "I hate it" signifies the emotional pain and frustration this cycle causes, making it a critical area for therapeutic exploration related to self-worth, identity, and the pursuit of healthy, reciprocal relationships.

Comprehensive Narrative Summary

Today’s session with Max delved into a multifaceted exploration of his current challenges, primarily focusing on financial stress, executive dysfunction, and complex relational patterns. Max presented with notable self-awareness regarding his financial predicament, acknowledging his accumulating credit card debt stemming from leisure activities and daily convenience spending. He candidly articulated a persistent disconnect between his mental motivation to change and his physical inability to follow through, describing this as a *“weird”* internal struggle, a core theme that permeates his various difficulties. This was evident in his struggle to sell items and his reliance on expensive daily food purchases, despite knowing the financial impact. The therapist skillfully introduced the *“Tiny Habits”* model, providing Max with a tangible, low-friction strategy to address this inertia. Max’s engagement with the *“Tiny Habits”* app, though initially met with a realistic skepticism about implementation, demonstrates a willingness to engage with external tools for self-regulation, a crucial step given his history.

Beyond the practical, the session uncovered deeper psychological currents. Max’s ongoing social paranoia and tendency to *“spiral”* over misinterpreted texts suggest an underlying anxiety and vulnerability in social interactions. His reflections on his family dynamics, particularly the contrast between his *“controlled environment”* upbringing and his friend’s mother’s philosophy of fostering independence, provided significant insight into the potential developmental roots of his struggles with autonomy and self-discipline. Most notably, Max candidly discussed his recurring pattern of developing intense feelings for close, often unavailable, friends, exemplified by his current best friend, Jonathan. This pattern, consistently leading to disappointment, underscores profound needs for connection and safety, simultaneously raising questions about his own identity and security as a gay man in platonic relationships, and the potential for *“internalized homophobia”* to influence interpersonal dynamics. The session effectively connected Max’s overt financial and behavioral struggles to deeper cognitive, relational, and developmental themes, laying a robust foundation for targeted behavioral interventions while continuing to process the underlying psychological patterns that maintain his distress.

# Meera Zucker

**Client:** Meera Zucker **Total Sessions:** 1 **Session Date Range:** 2025-07-16 to 2025-07-16

## Session 1: 2025-07-16

**Date:** 2025-07-16 **Source File:** Summary of Meera Zucker Appointment 7-16-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Meera Zucker’s Therapy Session on July 16, 2025

Subjective

Meera Zucker attended today’s telehealth session, initially reporting that she has been *“busy and feeling fine”* since her last appointment on May 29. She described a period of *“chaos”* in June due to multiple scheduled trips, including a *“trip out west”* to Vegas, Reno, Tahoe, and Los Angeles. Meera detailed how her mother *“conned”* her into driving with her father to Reno, a nine-hour journey necessitated by their dog’s inability to fly. She noted this arrangement was a self-imposed challenge by her parents. She also mentioned that her niece, Brianna, is *“more independent”* now, but her parents struggled with basic care during camp, forgetting items like a water bottle and lunch, despite Meera having provided a checklist. Meera expressed frustration that her brother’s friends occupied her usual sleeping spot at her parents’ house, although she acknowledged it was not the friends’ fault. Regarding her dating life, Meera stated *“Connie’s neglected”* and she’s been in a *“drought.”* She recounted communicating with a man she recognized through a dating app, who subsequently stopped replying after she indicated her schedule was busy. Meera is contemplating paying for a dating app subscription to match with people in England ahead of her upcoming trip. Professionally, Meera confirmed she will remain teaching kindergarten for another year. While she had hoped to transition to fifth-grade math, a subject she previously taught, the principal stated the school was *“not ready for a change that big.”* She expressed being *“thankful”* not to be teaching first grade next year, as it would have meant teaching some of her current challenging kindergarten students again, whom she described as *“fuckers”* and difficult to manage after spring break. She specifically highlighted one student whose behavior *“kept getting progressively worse,”* involving kicking and head-butting, whose parents exhibited *“no boundaries”* by texting her multiple times a day and opting for magnesium supplements over medication for his ADHD-like symptoms. Meera felt undermined when the student’s therapist observed the class and told the parents that Meera had a *“really hard class,”* leading Meera to feel like a *“bad teacher.”* Looking forward, Meera shared excitement about her planned trip to Edinburgh and London next Saturday, noting it has been over 15 years since her last visit to Edinburgh.

Objective

Meera Zucker presented to today’s telehealth session appearing well-groomed and appropriately dressed, consistent with her typical presentation. Her initial stated affect was a neutral *“fine,”* suggesting a degree of emotional control or minimization, particularly given the various stressors discussed. However, as the session progressed and she detailed specific challenges, her tone and expression shifted, revealing clear signs of frustration, annoyance, and mild indignation, especially when recounting interactions with her family members, the challenging student, and his parents, and the school principal. Her speech was clear and logical, and her thought process was coherent, even amidst the conversational and tangential style of the therapist. Meera maintained appropriate eye contact with the camera throughout the session. Despite expressing a desire to switch grades, she articulated her *“thankfulness”* for remaining in kindergarten rather than being assigned to a group of previously difficult students, suggesting a pragmatic coping style. Her detailed recall of specific incidents, such as the checklist for her niece’s parents and the conversation with the student’s therapist, indicated strong cognitive functioning and an ability to articulate complex interpersonal dynamics. Her engagement in the session was active, participating fully in the discussion, although the therapist’s frequent self-disclosure and tangents occasionally redirected the focus, requiring Meera to re-engage with her own narrative.

Assessment

Meera continues to present with symptoms consistent with her previously assigned diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.25). While she initially reported *“feeling fine,”* the session revealed significant underlying stressors across multiple domains—family, professional, and personal relationships—that elicit notable emotional responses of frustration, annoyance, and a sense of being unsupported or undervalued. The pattern of her mother *“conning”* her and her taking on caregiving burdens for her niece’s parents, coupled with the infringement on her personal space by her brother’s friends, highlights ongoing challenges with boundary setting and self-advocacy within her family system. These dynamics appear to activate a core pattern of over-responsibility and a feeling of obligation, despite her internal resistance. Professionally, her disappointment about not being moved to fifth grade, compounded by the challenging student’s behavior and parents’ lack of boundaries, and the perceived undermining comment from the student’s therapist, contribute to feelings of professional stagnation and a potential threat to her self-efficacy as an educator. The impact of the therapist’s comment, specifically making her feel like a *“bad teacher,”* indicates a vulnerability to external validation and a potential for her self-worth to be tied to her professional performance and the perception of others. Her *“drought”* in dating and the recent experience of being ghosted underscore a pattern of relationship challenges and potential feelings of rejection or hopelessness in her romantic life. Meera’s stated *“busyness”* and extensive travel can be viewed as both a coping mechanism to manage distress through distraction and a genuine source of enjoyment and self-care (as indicated by previous notes regarding her Europe trip). The discrepancy between her verbalized *“feeling fine”* and the clear emotional distress expressed when discussing specific stressors suggests an ongoing effort to minimize or contain difficult emotions. Her ability to plan a sabbatical next year, along with her proactive approach to travel, indicates underlying resilience and a capacity for long-term goal setting, which are significant strengths to leverage in treatment.

Plan

Therapeutic interventions will continue to draw upon principles from Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Narrative Therapy to address Meera’s presenting concerns:

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to foster psychological flexibility by helping Meera observe and accept difficult thoughts and emotions (e.g., frustration with family, feeling undermined as a teacher, disappointment in dating) without becoming fused with them or allowing them to dictate her actions. We will explore how her "busyness" might serve as a form of experiential avoidance, potentially masking deeper feelings. The goal is to move towards values-aligned living even when discomfort is present.  
- Dialectical Behavior Therapy (DBT) Skill-Building: Focus on strengthening interpersonal effectiveness skills to improve boundary setting within her family and professional relationships. Specifically, practice effective communication strategies to express her needs and limits clearly and respectfully. Explore distress tolerance techniques for managing feelings of annoyance or being undermined.  
- Narrative Therapy Elements: Continue to externalize problematic narratives, such as the "burden-taker" identity within her family or the "bad teacher" identity prompted by external comments. Co-create alternative narratives that emphasize her strengths, resilience, and capacity for agency, particularly in navigating complex family dynamics and professional challenges. Reframe the principal's decision as an opportunity for Meera to consolidate her expertise in kindergarten before exploring future transitions aligned with her long-term goals (sabbatical).  
- Homework: Meera will reflect on the dating app experience, journaling about her emotional responses to rejection and identifying any patterns. She will also consider one specific instance from her recent family interactions where she felt "conned" or over-responsible, and identify one small, actionable step she could take to reinforce a personal boundary, even if only internally.  
- Upcoming Travel: Acknowledge and reinforce the planned Europe trip as a vital self-care strategy and a source of positive anticipation, supporting her autonomy and well-being.

Supplemental Analyses

Tonal Analysis:

- Shift 1: From Neutral to Annoyed/Frustrated. Meera’s tone began as neutral and somewhat detached when reporting she felt "fine" and "busy." However, a noticeable shift to a more animated, slightly agitated, and direct tone occurred when she recounted specific family interactions, such as her mother "conning" her into the Reno trip, and her parents' struggles with her niece's care. This shift also manifested when discussing the challenging student and his parents' lack of boundaries ("these fuckers," "fuck off with that magnesium"). This change in tone is clinically significant as it indicates that beneath her initial "fine" presentation lies a significant wellspring of unexpressed frustration and resentment regarding her perceived obligations and lack of control in these situations. It suggests these are areas of genuine emotional activation, ripe for therapeutic exploration of boundary setting and emotional expression.  
- Shift 2: From Frustration to Vulnerability/Disappointment. A more subdued and somewhat deflated tone emerged when Meera discussed the school principal's refusal to move her to fifth grade ("I don't think our school is ready for a change that big") and, most notably, when she relayed the student's therapist's comment that she had a "really hard class" and her subsequent feeling that it made her "seem like a bad teacher." This tonal shift, characterized by a slight drop in volume and a more reflective cadence, indicates a vulnerability to external judgment and a potential impact on her professional self-concept. This suggests that while she presents as resilient, external feedback, particularly concerning her competence, deeply affects her and touches upon deeper insecurities related to her identity and perceived worth.

Thematic Analysis:

- Theme 1: Autonomy vs. Obligation/Control. A pervasive theme was Meera's struggle with maintaining her autonomy in the face of perceived obligations and external control, particularly from family and institutional figures. This was evident in her mother "conning" her into travel, her parents' inability to manage her niece requiring her intervention, the principal's refusal to move her to a different grade, and the difficult student's parents' incessant texting and lack of boundaries. Meera's frustration stems from these instances where her personal choices and professional desires are constrained or overridden by external demands, highlighting a core conflict around her sense of agency. This theme is central to her adjustment disorder, as she is constantly reacting to and adjusting to external pressures rather than proactively shaping her environment.  
- Theme 2: Validation, Competence, and Self-Worth. Another significant theme revolved around Meera's need for validation and her self-worth being contingent, in part, on external recognition of her competence. Her desire to teach fifth-grade math, a subject she previously excelled at, and her disappointment when denied, suggests a wish to be seen and utilized for her broader skills. More acutely, the therapist's comment making her feel like a "bad teacher" directly impacted her self-perception, revealing a vulnerability to external judgment about her professional efficacy. This theme connects to how Meera navigates self-esteem in her career and relationships, underscoring the importance of developing an intrinsic sense of self-worth independent of external achievements or criticisms.

Sentiment Analysis:

- Sentiments About Self: Meera’s sentiments about herself were predominantly pragmatic and occasionally critical, particularly in response to external pressures. She expressed being "fine" (potentially minimizing), "thankful" (for avoiding first graders), but also conveyed a feeling of being a "bad teacher" due to the therapist's comment, indicating vulnerability and a sensitivity to being judged on her professional competence. There was also a sense of resignation regarding her dating life ("Connie's neglected," "drought") which points to a feeling of passive acceptance rather than active agency in this area.  
- Sentiments About Others/External Situations: Meera's sentiments toward others and external situations were largely negative, characterized by frustration, resentment, and a sense of being unfairly burdened or controlled:  
  
- Frustration/Resentment: Directed strongly at her mother for "conning" her, her niece's parents for their disorganization ("good luck," despite checklist), the challenging student's parents for their "no boundaries" and resistance to effective treatment ("fuck off with that magnesium"), and the school principal for being unwilling to change her assignment. These sentiments reveal her acute awareness of external demands that impinge on her well-being and autonomy.  
- Disappointment/Ghosting: Her sentiment about the man from the dating app was one of mild disappointment ("he never replied, what a whoopsie"), reflecting the recurrent challenges and potential rejections in her romantic pursuits.  
- Pragmatism/Acceptance: Despite her frustration, there was an underlying layer of pragmatism (e.g., accepting kindergarten placement, understanding her brother's friends taking her spot), which shows a capacity for realistic assessment, even if it comes with internal resentment.  
- Anticipation/Optimism: A positive sentiment of anticipation and self-care was evident regarding her upcoming Europe trip, viewing it as a respite from her stressors.

Key Points

- Boundary Management as a Core Clinical Focus: Meera’s interactions across family, professional, and personal domains consistently highlight challenges with setting and maintaining healthy boundaries. This leads to feelings of being overwhelmed, taken advantage of, and experiencing suppressed resentment, directly contributing to her adjustment difficulties. Addressing this dynamic is crucial for empowering Meera to assert her needs and reduce external pressures.  
- Professional Identity and External Validation: The session underscored Meera's vulnerability to external judgment regarding her professional competence, particularly evidenced by her reaction to the student's therapist's comments. This indicates that her self-worth is, in part, contingent upon external validation of her skills as a teacher, making her susceptible to feelings of inadequacy when this validation is perceived as absent or negative. This area presents an opportunity to cultivate a more intrinsic and stable sense of self-worth.  
- Coping Strategies: Travel and Minimization: Meera's extensive travel and initial declaration of "feeling fine" appear to function as adaptive (travel as self-care) and maladaptive (minimization/experiential avoidance) coping mechanisms. While travel provides a necessary break and source of enjoyment, the minimization of distress may hinder full emotional processing and integration of her experiences. Understanding and balancing these coping styles is essential for fostering healthier emotional regulation.  
- Recurring Relationship Patterns: Her "drought" in dating and the recent ghosting experience indicate persistent challenges in forming and maintaining satisfying romantic relationships. This pattern warrants further exploration to identify underlying beliefs or behaviors that may contribute to these difficulties, potentially linked to themes of self-worth and vulnerability.

Significant Quotes

- "I've been busy and like feeling fine." Meera opened the session with this statement, providing an initial summary of her emotional state. This quote is significant because, while seemingly positive, it serves as a facade or a minimizing statement, which the rest of the session then unpacks. It highlights a potential pattern of intellectualizing or detaching from deeper emotional distress by focusing on external activity and superficial well-being, common in adjustment disorders where individuals are struggling to cope but may present as "fine" to avoid vulnerability.  
- "My mom, like, conned me into going to Reno." This statement powerfully illustrates Meera's ongoing challenges with family boundaries and her feeling of being obligated or manipulated into situations against her will. The use of the word "conned" indicates a clear sense of resentment and lack of agency in the situation, despite ultimately complying. This quote is significant as it provides direct evidence of the interpersonal stressors that contribute to her adjustment difficulties and highlight the theme of autonomy vs. obligation in her family dynamics.  
- "I like, I have one more year, and then I'm gonna take a year off for sabbatical." Meera expressed this when discussing her future career plans. This quote is significant as it reveals her long-term planning, her desire for self-care, and her aspiration for autonomy and rest from professional demands. It underscores her proactive approach to managing stress and her capacity for self-advocacy and goal-setting, serving as a vital strength to leverage in treatment. It also implicitly highlights the current level of stress that necessitates a future sabbatical.  
- "that makes me seem like a bad teacher." Meera stated this in response to the student's therapist telling his parents that Meera had a "really hard class." This quote is profoundly significant as it immediately exposes Meera's vulnerability to external judgment and how deeply her professional identity and self-worth are intertwined. It points to a core belief that her competence is defined by external perceptions rather than intrinsic self-assessment, a pattern that will be crucial to address in therapy to foster unconditional self-acceptance.

Comprehensive Narrative Summary

Today’s telehealth session with Meera Zucker offered a comprehensive look into the ongoing stressors influencing her well-being, against the backdrop of her formal diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood. While Meera initially presented as *“fine”* and *“busy,”* the therapeutic hour meticulously peeled back layers of emotional experience, revealing significant underlying currents of frustration, resentment, and vulnerability. The session underscored the pervasive nature of her boundary challenges across various life domains. In her family, a pattern of obligation emerged through her mother *“conning”* her into travel, her assuming responsibility for her niece’s care, and experiencing encroachment on her personal space, all of which elicited palpable annoyance and a sense of being burdened. Professionally, her disappointment about not securing a desired teaching assignment was compounded by the intense demands of a challenging student and his parents’ lack of cooperation, further exacerbated by a perceived undermining comment from the student’s therapist. This particular incident acutely highlighted Meera’s sensitivity to external validation and how quickly her professional self-efficacy can be threatened by perceived criticism. Her candid admission of *“Connie’s neglected”* and recounting a recent ghosting experience illuminated ongoing struggles in her romantic life, reflecting themes of disappointment and perhaps unfulfilled needs for connection. Despite these pervasive stressors, Meera’s inherent resilience shone through in her proactive planning of a future sabbatical and her upcoming Europe trip, which serves as a vital self-care strategy and a source of positive anticipation. The session effectively demonstrated the interplay between external circumstances and Meera’s internal emotional landscape, particularly her tendency to minimize distress while internally grappling with significant frustrations. Moving forward, the therapeutic work will focus on bolstering her boundary-setting skills, cultivating a more intrinsic and stable sense of self-worth independent of external validation, and developing healthier coping mechanisms for managing emotional discomfort, thereby empowering Meera to navigate life’s challenges with greater agency and emotional regulation.

# Michael Cserenyi

**Client:** Michael Cserenyi **Total Sessions:** 1 **Session Date Range:** 2025-07-21 to 2025-07-21

## Session 1: 2025-07-21

**Date:** 2025-07-21 **Source File:** Summary of Michael Cserenyi Appointment 7-21-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Michael Cserenyi’s Therapy Session on July 21, 2025

Subjective

Michael attended today’s session in a notably triumphant mood, primarily discussing recent successes in navigating workplace dynamics. He reported achieving all his desired outcomes, stating, *“everything’s changed now, okay, everyone is nice to me. I got everything I want. I’m on the I’m on the two shift. I’m back in the S plan.”* He described his strategy as initially *“being a prick”* to create conflict, then pivoting to apologies to manipulate situations to his advantage, which he proudly stated *“worked exactly how I thought it would.”* Michael attributes his inability to *“sit down”* and constant need for activity to his ADHD, mentioning doing burpees in a corner at work. He detailed his successful maneuvering to secure a preferred shift and significant overtime, expressing satisfaction with his current financial earnings and time off.

Despite this external success, a profound underlying dissatisfaction emerged. Michael shared a conversation with a friend who, despite achieving his dream of owning a boxing gym, was *“still not happy.”* Michael resonated deeply with this, stating, *“I have a wife that loves me more than anyone in the fucking world. I have two kids who are happy and healthy… I have a job where I make great money, and I’m still chasing a dream that I that that literally is just a waste of money for me, and I’m still frustrated by it, and I have this need to feel great and want to be loved by people who don’t really exist other than the ones that I already have. The love and need and feeling that I want I was like so I understand the feeling of not being satisfied ever, and I don’t know if that’s ever going to go away, so kind of just keep pushing.”*

Family issues were a significant topic, with Michael reporting his mother’s increasing alcoholism, describing her as *“sad and drunk all the time”* and experiencing frequent crying spells, particularly over his brother Jordan. He expressed frustration with her pattern of blaming her childhood for her current state, stating, *“your childhood can’t follow you throughout your entire life. If it defines who you are, that’s a problem.”* He also expressed exasperation with his brothers, particularly Jordan, whom he described as *“a fucking mess,”* and Kobe, who is *“lazy as fuck”* and expects to be taken care of. Michael indicated he avoids family gatherings due to the discomfort caused by Jordan and his girlfriend, Brittany.

Michael also shared concerns about his boxing coach’s Stage 3 cancer diagnosis, expressing care and hope for his recovery. He briefly mentioned his son Gabe’s talent in soccer and a recent whale-watching trip, which he endured for his family despite finding the long boat ride uncomfortable. He also discussed his continued dedication to physical activity as a coping mechanism, emphasizing his belief that he can *“outwork a bad diet”* and that *“stress motivates me.”*

Objective

Michael presented to the session appearing alert and oriented, with generally high energy. His speech was rapid, direct, and often punctuated with strong language, reflecting his assertive and sometimes aggressive communication style. Throughout the session, he maintained good eye contact and his thought processes were logical and coherent, despite the rapid shifts between topics.

His affect, while generally expansive and animated, shifted depending on the subject. He displayed overt pride and satisfaction when recounting his workplace victories, evidenced by a broad smile and confident posture. When discussing the perceived injustice from his co-worker Pat, his tone became more indignant and his jaw visibly tightened, although he quickly regained composure. A notable shift occurred when discussing his mother and brothers, where his affect became cynical, exasperated, and at times, resigned, accompanied by frequent sighs and head shakes. However, when speaking about his children, particularly Gabe’s soccer achievements, his demeanor softened, and he expressed warmth and pride.

Michael demonstrated a tendency to externalize blame or justify his actions, particularly in workplace conflicts, framing his aggressive behaviors as strategic. His physical restlessness was evident as he discussed his ADHD and constant need for activity. He displayed curiosity and engagement with new concepts, particularly the AI song creation, which elicited a strong emotional reaction of surprise and validation, noting its *“accuracy.”* This responsiveness to the song’s reflective qualities suggests an underlying capacity for introspection, even if intellectualized or defensively managed.

Assessment

Michael’s presentation today highlights a significant discrepancy between external achievement and internal well-being, suggesting a complex interplay of high-functioning coping mechanisms, unresolved developmental issues, and emergent existential concerns. His adept manipulation of workplace politics to secure his desired outcomes, while successful, indicates a pattern of aggressive problem-solving where control and winning supersede collaborative or genuinely empathetic engagement. This pattern, and his explanation of it (e.g., *“being a prick”* then apologizing), may be rooted in early experiences where direct assertion or emotional vulnerability was not effective or was met with negative consequences, leading to the development of indirect, manipulative strategies to achieve needs. His self-identification with ADHD and a constant need for activity serves as both a descriptive characteristic and a potential defense mechanism against introspection or uncomfortable internal states, maintaining a high level of external engagement to avoid internal quiet.

The core issue emerging from the session is Michael’s profound sense of unfulfillment and a *“need to feel great and want to be loved by people who don’t really exist,”* despite having a loving and supportive immediate family. This points to an existential void or unmet long-standing needs for unconditional acceptance and intrinsic self-worth that external achievements cannot satisfy. His self-perception as a *“dirt bag”* subtly surfaces, contradicting his outward confidence and success, suggesting an internalized negative self-concept that may be rooted in his family-of-origin dynamics.

The discussion of his mother’s chronic sadness and alcoholism, coupled with his brothers’ struggles, reveals a family system characterized by addiction, codependency, and a lack of clear boundaries and adult responsibility. Michael’s frustration with his family’s patterns, particularly his mother’s refusal to move beyond her childhood trauma, reflects his desire for agency and accountability but also highlights the intergenerational impact of unaddressed issues. His avoidance of family gatherings indicates a defensive coping mechanism to protect his own emotional well-being from these difficult dynamics.

Michael’s belief that *“stress motivates me”* and his tendency to deny himself rest, viewing it as undeserved, suggest a deeply ingrained work ethic or a fear of inactivity that may mask anxieties about self-worth or an inability to tolerate stillness. His capacity for introspection, as evidenced by his reaction to the AI-generated song, suggests a readiness to explore deeper emotional truths, despite his habitual reliance on external pursuits and intellectualization.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Values Exploration: Continue to guide Michael in exploring his core values beyond material success and external validation. Specifically, help him differentiate between achieving external goals and living a life aligned with deeply held values. The expressed dissatisfaction despite "having it all" provides a crucial entry point for this work.  
- Cognitive Defusion: Address the cognitive fusion with thoughts about deserving rest or needing stress for motivation. Introduce techniques to observe these thoughts as just thoughts, rather than commands or absolute truths, to create psychological distance and open possibilities for self-care.  
- Acceptance of Discomfort: Explore his stated "need to feel great and want to be loved by people who don't really exist" from an ACT perspective, helping him practice acceptance of the natural discomfort and inherent incompleteness of the human experience, rather than perpetually striving for an elusive "perfect" feeling of satisfaction or external validation.

Existential and Narrative Therapy Elements:

- Meaning-Making: Facilitate a deeper exploration of his "not being satisfied ever" statement. This offers an opportunity to delve into existential themes of meaning, purpose, and the human search for fulfillment. Encourage a shift from defining self-worth by external achievements to an intrinsic, values-based sense of self.  
- Re-authoring Identity: Utilize Narrative Therapy to externalize the "dirt bag" self-perception and the narrative of perpetual struggle or unfulfillment. Explore counter-narratives of resilience, care, and intrinsic value, as evidenced by his dedication to his family and coach.  
- Exploring the "Need for Love from Non-Existent People": This specific statement will be a key focus. Explore its origins, potential connections to early attachment experiences, and how this longing impacts his present experience of relationships and self-worth.

Family Systems Psychoeducation:

- Boundary Setting: Provide psychoeducation on healthy boundaries, particularly concerning his mother's alcoholism and brothers' behaviors. Explore strategies for setting and maintaining boundaries to protect his emotional well-being without completely disengaging from family relationships.  
- Intergenerational Patterns: Continue to process the impact of family-of-origin dynamics, particularly his mother's chronic sadness and addiction, on his own coping mechanisms and perceptions of self-worth.

Homework:

- Michael will reflect on moments of genuine inner satisfaction, regardless of external achievements, and bring those observations to the next session.  
- Begin considering one small, non-work-related activity that brings him joy or peace, and commit to engaging in it without self-judgment about "deserving" rest.

Supplemental Analyses

Tonal Analysis

Shift 1: From Triumphant to Cynical/Exasperated. Michael’s tone began with an almost boastful triumph when discussing his workplace successes. This tone of confidence and control was pervasive as he recounted his strategic maneuvers. However, upon transitioning to discussions about his family, particularly his mother’s alcoholism and his brothers’ struggles, his tone shifted dramatically to one of cynicism, exasperation, and at times, resignation. His voice would drop in pitch, and his speech would be punctuated by sighs or a sarcastic inflection, particularly when describing his mother’s continued sadness or his brothers’ perceived laziness and irresponsibility. This shift is clinically significant as it reveals the stark emotional contrast between his controlled, successful external world and the emotionally draining, unresolved issues within his family, highlighting a clear boundary in his emotional experience and a source of significant, unmanaged distress.

Shift 2: From External Focus to Existential Contemplation. Towards the latter part of the session, following the discussion of his friend’s continued unhappiness despite achieving his dream, Michael’s tone shifted from a primarily external, narrative recounting to one of deep, introspective contemplation. His voice became quieter and more reflective, losing its earlier assertiveness. He paused more frequently and used language that indicated profound questioning of life’s meaning and satisfaction (e.g., *“I’m still not happy,”* *“I have this need to feel great and want to be loved by people who don’t really exist,”* *“not being satisfied ever”*). This shift, particularly in the context of resonating with another’s unfulfillment, signals a momentary lowering of his defenses and a direct engagement with an underlying existential struggle that his external achievements and constant activity typically mask. This tonal shift provided access to the deeper motivations and dissatisfactions that drive much of his behavior.

Thematic Analysis

Theme 1: Control and Manipulation in Relationships. A pervasive theme was Michael’s need for control and his use of manipulative strategies to achieve desired outcomes, particularly evident in his workplace narrative. His initial approach of *“being a prick”* to create conflict, followed by strategic apologies to *“get his way,”* demonstrates a learned pattern of navigating social dynamics through calculated means rather than authentic engagement. This theme extends to his interactions with his family, where he attempts to manage the discomfort of his brothers’ presence by avoidance, and his frustration with his mother’s inability to *“move past”* her childhood suggests a desire to control their emotional states and narratives. This theme highlights a core belief that control is necessary for safety or success, potentially stemming from early experiences of powerlessness.

Theme 2: The Paradox of External Success and Internal Dissatisfaction. Despite achieving significant external markers of success—a preferred job, more money, time off, a loving wife and healthy children—Michael repeatedly expressed a profound sense of dissatisfaction and unfulfillment. His statement, *“I’m still not happy… I’m still frustrated by it, and I have this need to feel great and want to be loved by people who don’t really exist,”* encapsulates this core paradox. This theme suggests that Michael’s self-worth and sense of happiness are contingent upon external validation and achievement, rather than an intrinsic sense of self. The relentless pursuit of more (money, shifts, physical activity) appears to be an attempt to fill an internal void, which, when momentarily satisfied, only reveals a deeper, existential longing.

Theme 3: Intergenerational Trauma and Family Dysfunction. The discussion of his mother’s chronic alcoholism and sadness, coupled with his brothers’ struggles with responsibility and potential addiction (weed use, psych ward stays), underscores a theme of intergenerational trauma and persistent family dysfunction. Michael’s frustration with his family members’ patterns and his personal avoidance strategies reveal the ongoing impact of these dynamics on his emotional well-being. His insistence that *“your childhood can’t follow you throughout your entire life”* suggests a personal struggle to break free from these patterns, indicating both awareness and a deeply ingrained frustration with the perceived lack of agency in others.

Sentiment Analysis

Sentiments About Self: Michael expressed a complex mix of assertive, confident, and self-aware sentiments, alongside deep-seated dissatisfaction and a subtle self-deprecating streak.

- Triumphant/Assertive: Dominated the initial part of the session, e.g., "I got everything I want," "worked exactly how I thought it would." This reflects a strong sense of personal agency and effectiveness in external situations.  
- Dissatisfied/Unfulfilled: A powerful underlying sentiment that emerged as the session progressed, e.g., "I'm still not happy," "not being satisfied ever." This indicates a disconnect between external success and internal well-being, pointing to an existential struggle.  
- Self-Aware/Reflective: Evident in his analysis of his own manipulative strategies and his resonance with the AI song's "accuracy," e.g., "I understand the feeling of not being satisfied ever," and his recognition of the song's accurate portrayal of his "distance and struggle."  
- Self-Deprecating: Though less explicit, a subtle self-deprecating humor appeared when he referred to himself as a "dirt bag," suggesting an internalized negative self-concept despite his successes.

Sentiments About Others/External Situations: Michael’s sentiments towards others and external situations were generally critical, exasperated, and at times, caring.

- Critical/Frustrated (Workplace): Expressed frustration with "lazy" co-workers and targeted criticism towards Pat ("a bitcher"). This highlights his low tolerance for perceived incompetence or betrayal.  
- Exasperated/Resigned (Family): Strong negative sentiments towards his mother's alcoholism ("she's sad and drunk all the time," "kind of pathetic") and his brothers' perceived laziness and irresponsibility ("Jordan's a fucking mess," "Kobe's lazy as fuck"). This suggests deep-seated frustration and a sense of powerlessness within family dynamics.  
- Caring/Supportive (Immediate Family

# Nancy Grossman

**Client:** Nancy Grossman **Total Sessions:** 4 **Session Date Range:** 2025-07-14 to 2025-08-04

## Session 1: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Nancy Grossman Appointment 7-14-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nancy Grossman’s Therapy Session on July 14, 2025

Subjective

Nancy attended today’s session primarily to navigate ongoing technological difficulties with video conferencing platforms and provide updates on her family. She expressed initial frustration with the Zoom connection, stating, *“Oh, shit. Now I now I can’t turn it off”* and repeatedly attempting to reconnect via various methods (FaceTime, Simple Practice app, email link), indicating a persistent effort to resolve technical barriers to the session. She reported being in her backyard, describing it as *“beautiful”* and *“where I hung out all last summer,”* suggesting a desire to share a pleasant and personal space. Nancy shared updates on her daughter, Lindsay, describing a recent period where she *“was beastly last month”* due to a difficult *“worst rotation to start,”* but expressed significant relief and happiness that Lindsay is now *“good”* and *“happy.”* She detailed how Lindsay’s recovery involved *“retail therapy,”* a hike, and being *“fed,”* metaphorically likening her to *“a wilted plant that needed some water,”* which reflects Nancy’s empathetic understanding of her daughter’s stress and her role in providing support. She also shared updates on her husband, David, including his travel for the Fourth of July weekend and a recent *“birthday sickness.”* Nancy recounted an incident where her son, Alex, had a *“skin tag under his arm that he scratched and was bleeding,”* and David’s immediate leap to *“it’s melanoma,”* leading to a dermatologist appointment. Nancy clearly articulated her boundary regarding this, stating, *“But I will not be taking Alex to the dermatologist. No, ma’am, I can tell you, I’m glad, seriously, glad.”* She also mentioned an upcoming cruise, expressing excitement for the trip.

Objective

Nancy presented to the session from her backyard, later moving closer to her house due to connectivity issues. Her initial presentation was marked by patient persistence and problem-solving as she navigated multiple attempts to establish a stable video connection. Her speech was consistently clear, coherent, and well-paced, maintaining a conversational tone throughout the session. Her affect appeared generally bright and engaged, shifting from initial frustration with technology to warmth and amusement when discussing family anecdotes. When describing Lindsay’s previous distress, Nancy displayed empathy through her vocal tone and descriptive language, conveying genuine concern and relief at her daughter’s improved well-being. A notable shift in her demeanor occurred when discussing Alex’s dermatologist appointment, where she exhibited a firm and decisive tone, explicitly setting a boundary with a clear *“No, ma’am.”* Her body language, though not extensively described, conveyed a sense of ease and a desire to share her environment by showing her backyard. Nancy demonstrated a collaborative and patient interaction style with the therapist, particularly evident in her willingness to troubleshoot technical problems and her open sharing of family dynamics.

Assessment

Today’s session highlights Nancy’s strong adaptive capacities and her central role as a supportive figure within her family system. Her persistent efforts to overcome technological obstacles to ensure the session could proceed underscore her commitment and resilience. The primary focus of the session revolved around external stressors, particularly the well-being of her children (Lindsay’s demanding rotation, Alex’s minor medical scare), and her partner’s (David) anxieties. Nancy’s detailed recounting of Lindsay’s struggles and recovery, coupled with her empathetic language (*“wilted plant”*), indicates her deep attunement to her family’s emotional states and her effective, nurturing responses. This pattern is consistent with a strong maternal and partnership orientation. A significant clinical observation was Nancy’s clear and firm boundary setting regarding taking Alex to the dermatologist, which demonstrates a healthy capacity for self-advocacy and a refusal to be drawn into unnecessary anxiety or obligations. This indicates growing psychological flexibility and a differentiation of self, ensuring her own needs are also met amidst family demands. Her use of humor (e.g., about Adirondack chairs, *“birthday sickness,”* Alex’s *“melanoma”* panic) serves as an effective coping mechanism to manage and lighten discussions about potential stressors. While no specific clinical diagnosis was apparent or warranted from this session, Nancy continues to present as a well-functioning individual who effectively navigates life’s challenges with resilience, support, and humor. The therapeutic space appears to function as a valuable informal check-in and processing ground for daily life stressors and triumphs, reinforcing her adaptive strategies rather than addressing acute distress.

Plan

Maintain supportive and collaborative therapeutic alliance: Continue to provide a consistent and validating space for Nancy to process family dynamics, personal experiences, and daily stressors. The session will remain a place for her to share and receive validation for her efforts in managing her family’s well-being and her own. Reinforce positive coping mechanisms: Affirm Nancy’s adaptability, problem-solving skills, and effective use of humor in managing life’s challenges. Specifically, praise her clear boundary setting regarding Alex’s appointment as an example of healthy self-care and a demonstration of psychological flexibility. Practical Support/Environmental Modification: Following up on the discussion, I will send Nancy information about a WiFi extender to alleviate technological frustrations for future outdoor sessions, supporting her desire to utilize her preferred environment for therapy. This also models practical problem-solving. Existential and Narrative Elements: While not explicitly addressed with formal techniques today, Nancy’s recounting of Lindsay’s *“recovery narrative”* and her own ability to find moments of beauty and calm (e.g., in her backyard) in the midst of daily *“chaos”* (tech issues, family demands) reflect an underlying capacity to find meaning and agency. Continue to invite these narratives of resilience and self-authorship in future sessions. Prepare for cruise: Offer to assist Nancy in organizing her cruise itinerary information into a readable format (ePub), providing a practical demonstration of support and reducing a potential logistical stressor, aligning with our general goal of supporting her overall well-being and preparation for a relaxing experience. Future scheduling: Ensure upcoming sessions accommodate her family’s dynamic schedule changes, reflecting the flexibility and understanding critical to maintaining the therapeutic relationship.

Supplemental Analyses

Tonal Analysis

Shift 1: From Patient-Frustrated to Resilient-Problem-Solving. Nancy’s tone began with a mix of patient resignation and subtle frustration as she grappled with persistent technological issues. Statements like, *“Oh, shit. Now I now I can’t turn it off”* were delivered with a sigh, conveying exasperation. This shifted significantly as she actively engaged in troubleshooting, with her tone becoming more focused and determined when suggesting, *“call me back and I’ll answer on my phone”* or inquiring about the *“simple practice app.”* This tonal evolution from passive frustration to active problem-solving is clinically significant, demonstrating her underlying resilience and proactive coping style when faced with challenges. It reflects her ability to move from experiencing a problem to actively seeking solutions, a key component of adaptive functioning.

Shift 2: From Empathetic Concern to Amused Boundary Setting. When discussing her daughter Lindsay’s recent difficulties, Nancy’s tone was deeply empathetic and nurturing, conveying genuine concern and relief (*“wilted plant that needed some water,”* delivered with softness and warmth). This emotional attunement was pronounced. However, a distinct tonal shift occurred when she recounted Alex’s skin tag and David’s overreaction, followed by her decision not to drive him to the dermatologist. Her tone became firm, punctuated with a clear *“No, ma’am”* and a decisive, almost humorous, *“I’m glad, seriously, glad.”* This transition is clinically significant as it illustrates Nancy’s capacity to shift from a caregiving role to asserting her own boundaries with clarity and a touch of wry amusement, indicating a healthy integration of self-care amidst family demands.

Thematic Analysis

Theme 1: Adaptability and Navigation of Daily Life Complexities. A prominent theme throughout the session was Nancy’s continuous engagement with and adaptation to the logistical challenges of daily life. This was evidenced by her persistent efforts to troubleshoot video call issues, her flexible response to Dan needing the office (*“Good thing”* she stopped Nora), and her juggling of various family schedules (Lindsay’s rotations, Alex’s appointments, David’s travel). This theme highlights Nancy’s strong executive functioning and her ability to remain resourceful and flexible in the face of unpredictable circumstances. This capacity is critical for her overall well-being, as it mitigates potential stress that could arise from such frequent disruptions, enabling her to maintain a sense of control and efficacy.

Theme 2: Familial Well-being as a Core Life Focus. Nancy’s narrative was heavily centered on the well-being and activities of her immediate family (Lindsay, David, Alex). Her detailed updates on Lindsay’s professional and emotional state, her empathetic descriptions of Lindsay’s challenges, and her expressed relief at her daughter’s happiness underscore how deeply her sense of self and contentment are intertwined with her family’s flourishing. Even seemingly minor events like Alex’s skin tag or David’s *“birthday sickness”* were significant enough to warrant discussion, illustrating her continuous monitoring and engagement with her family’s health and happiness. This theme reveals a strong relational orientation, where her identity and purpose are largely derived from her roles within the family system, consistent with a nurturing and supportive attachment style.

Theme 3: Emerging Autonomy and Boundary Setting. While deeply invested in her family, a significant sub-theme that emerged was Nancy’s capacity for clear boundary setting. Her definitive refusal to drive Alex to the dermatologist, despite David’s perceived urgency, marked a notable assertion of her own schedule and needs. This action signifies a healthy separation of self within the family unit, demonstrating that while she is supportive, she is also capable of prioritizing her own plans and avoiding unnecessary accommodation. This emerging autonomy contributes to her overall psychological well-being by preventing potential resentment or burnout, and models healthy self-care within her family system.

Sentiment Analysis

Sentiments About Self: Nancy’s sentiments about herself were largely positive and self-efficacious. She expressed a sense of capability in problem-solving (*“I figured this out by accident”*) and resilience in adapting to difficult situations. There was an underlying sentiment of being a supportive and nurturing presence, particularly in her interactions with Lindsay. Her assertive boundary setting (*“But I will not be taking Alex to the dermatologist. No, ma’am, I can tell you, I’m glad, seriously, glad”*) conveyed a strong sense of self-respect and agency, suggesting a positive internal locus of control regarding her personal time and commitments. There was also a lighthearted, self-aware humor (e.g., about Adirondack chairs signifying *“swingers”*). Overall, sentiments about self were positive, reflecting confidence and adaptive capacity.

Sentiments About Others/External Situations: Nancy’s sentiments towards her family members were predominantly positive, characterized by deep affection, empathy, and pride. Her description of Lindsay’s struggles and recovery conveyed profound empathy and relief. While she expressed mild amusement and exasperation towards David’s tendency to catastrophize (Alex’s *“melanoma”*), there was an underlying warmth and understanding of his nature. Towards external situations like technological issues or scheduling conflicts, her sentiments were initially frustrated but quickly shifted to patient determination and active problem-solving. Her commentary on the *“construction next door”* was pragmatic rather than complaining, indicating an acceptance of ambient stressors. Her anticipation of the cruise conveyed excitement and optimism about future plans. Overall, sentiments towards others were nurturing and understanding, while towards external situations, they were mostly pragmatic, with a tendency to resolve rather than ruminate on difficulties.

Key Points

- Adaptive Coping and Resilience: Nancy consistently demonstrated high levels of adaptability and problem-solving skills in the face of various logistical challenges (tech issues, scheduling conflicts). Her ability to move from frustration to active resolution, combined with her use of humor, highlights her robust coping mechanisms, which serve her well in navigating daily stressors and maintaining psychological equilibrium. These are significant strengths for her overall well-being and capacity to manage future life events.  
- Familial Well-being as a Central Value: A core theme was the profound importance of her family's well-being to Nancy's own sense of happiness and purpose. Her attunement to Lindsay's struggles and triumphs, and her nurturing support ("wilted plant"), underscores her identity as a deeply committed caregiver. This connection provides a strong source of meaning and satisfaction for her, and the therapeutic space offers a valuable arena for her to process these significant relational experiences.  
- Effective Boundary Setting: Nancy's clear and unambiguous decision to not transport Alex to his dermatologist appointment represents a significant and healthy assertion of personal boundaries. This act demonstrates her capacity to differentiate her own needs and plans from the demands or anxieties of others, even within her immediate family. This skill is crucial for maintaining her own energy and well-being, preventing over-extension, and fostering a healthier, more balanced dynamic within her relationships.

Significant Quotes

- "I'm standing in my backyard. It's beautiful." Nancy stated this early in the session, attempting to show her environment. This quote is significant as it reveals Nancy's desire to share a positive, personal space and to seek respite in nature, even amidst technical difficulties. It suggests a conscious effort to find and appreciate beauty and peace in her immediate surroundings, indicating a healthy self-regulation strategy and an anchor for well-being. This reflects a form of mindfulness, focusing on the present positive sensory experience as a counterbalance to external stressors.  
- "She was out of control, but because it all hit her after all that fun and school and wedding, and then it was like, Oh my God. And then she was thrown into, like, the worst rotation to start. I can't, but now she's good, yeah, now she's happy. She had a good, great weekend, and she had one day of clinic on Friday, which was good. And now she was happily going there today." This lengthy quote is significant because it encapsulates Nancy's empathetic understanding of Lindsay's stressors, her ability to articulate the cumulative impact of life events, and her profound relief and happiness at her daughter's recovery. It highlights Nancy's role as a supportive and attuned parent, actively tracking and celebrating her children's progress. This narrative also demonstrates her capacity to frame challenges as temporary setbacks with positive resolutions, reinforcing a growth-oriented perspective.  
- "But I will not be taking Alex to the dermatologist. No, ma'am, I can tell you, I'm glad, seriously, glad." This statement, delivered with a firm and slightly humorous tone, is highly significant. It represents a clear and healthy boundary setting, demonstrating Nancy's ability to prioritize her own schedule and commitments despite her husband's anxiety about their son. This quote signifies a robust sense of self-agency and a commitment to self-care, illustrating her capacity to avoid unnecessary burdens and maintain personal autonomy within family dynamics. It reflects a maturing sense of self, where accommodating others no longer overrides her own needs.

Comprehensive Narrative Summary

Today’s session with Nancy Grossman, while largely centered on logistical navigation and family updates, offered profound insights into her adaptive capacity, relational strengths, and emerging personal boundaries. The session began with Nancy’s persistent and ultimately successful efforts to overcome technological barriers, demonstrating a resilient and problem-solving approach to external frustrations. Her willingness to troubleshoot across multiple platforms underscored her commitment to the therapeutic space and her proactive coping style, which is a significant strength. As the session progressed, Nancy shifted to providing comprehensive updates on her family, particularly her daughter Lindsay’s recent professional and emotional struggles and subsequent recovery. Nancy’s narrative of Lindsay’s experience, delivered with deep empathy and relief, highlighted her role as a highly attuned and nurturing mother whose well-being is intricately connected to her children’s flourishing. The metaphorical description of Lindsay as a *“wilted plant that needed some water”* vividly captured Nancy’s intuitive understanding of her daughter’s needs and her effective, caregiving response. A particularly salient moment occurred when Nancy firmly asserted a boundary regarding her son Alex’s dermatologist appointment, unequivocally stating her refusal to provide transportation. This decisive act, delivered with a blend of resolve and good humor, showcased a healthy and vital aspect of Nancy’s self-care and autonomy. It demonstrated her capacity to differentiate her own needs from the anxieties and demands of others, even within her immediate family, indicating a strengthening of her personal agency. Throughout the session, Nancy’s use of lighthearted humor, whether in jesting about Adirondack chairs or describing David’s *“birthday sickness,”* served as an effective coping mechanism, allowing her to process potentially stressful family dynamics with a pragmatic and positive outlook. The session reinforced that Nancy effectively manages her life with resilience, a strong relational focus, and a growing capacity for self-advocacy. The therapeutic space continues to serve as a valuable, supportive environment for her to process life’s ongoing narrative, validate her efforts, and reinforce her adaptive strengths.

## Session 2: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Nancy Grossman Appointment 7-23-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nancy Grossman’s Therapy Session on July 23, 2025

Subjective

Nancy attended today’s session expressing a mix of contentment with her summer activities and underlying stress related to family dynamics. She initially reported that her husband, David, had received his blood test results, which were *“undetectable,”* and she had reassured him of their statistical insignificance despite his initial anxiety. She described David’s ongoing *“neuroses”* as *“out of control”* and linked his somatic symptoms directly to his anxiety regarding their son, Alex’s, new relationship. Nancy expressed significant frustration and anger about her in-laws’ controlling behavior, particularly their intrusive questioning of Alex’s girlfriend, Keely, and the pressure on Alex to lie about Keely being *“half Jewish”* to appease them. She passionately stated, *“It’s so unfair to Alex that he had to felt the need to say that she’s half Jewish, of all things, just to shut them up,”* highlighting her distress over this intergenerational pattern of control and conditional acceptance. Nancy spoke positively of Keely, describing her as *“a nice girl”* who is *“good for Alex”* and makes him *“very relaxed and very much himself.”*

On a personal note, Nancy reported new physical symptoms, including joint stiffness in her finger and toes, which she attributed to medication side effects, stating she felt *“a little unnerved by that”* but had *“no intention of…changing medicine”* as it was *“totally manageable.”* She also briefly mentioned stepping on something on the beach that drew blood, triggering a momentary *“hypochondrial”* fear of hepatitis, which she had since *“let it go.”* Despite enjoying her summer, she admitted feeling *“exhausted”* from *“packing everybody in”* due to a busy social schedule. Nancy shared her observations about her friend Dan, noting his unhappiness in his new counseling career, which she felt *“made it worse”* due to him avoiding his own issues while listening to others. She noted David’s improved insight and humor regarding his anxiety, perceiving him as *“spiraling, but at least he recognizes it for that insight.”*

Objective

Nancy Grossman presented to the session appearing well-groomed and appropriately dressed. She was alert and oriented, maintaining good eye contact throughout the session. Her speech was clear, coherent, and often animated, reflecting her engagement with the discussed topics. Her affect was generally congruent with her reported emotions, shifting from a relaxed, conversational demeanor to palpable frustration and anger when recounting her in-laws’ behavior. There was a notable intensity in her vocal tone and pace during these discussions, indicating genuine emotional activation. She also displayed moments of empathy and concern when discussing David’s and Dan’s struggles. She managed a mid-session phone call efficiently, demonstrating good organizational skills and boundaries. Her capacity to rapidly shift topics and provide detailed narratives on various family members and social events suggests a highly active cognitive process and a central role in her social and familial networks.

Assessment

Nancy continues to navigate complex family dynamics, particularly the significant intergenerational patterns of control and conditional acceptance emanating from David’s parents. This dynamic, which previously impacted David (e.g., his prom experience), is now directly affecting Alex’s relationship, activating Nancy’s deep-seated anger and sense of injustice. Her statement, *“you’re gonna have to be the one to protect your son, not let the same thing happen that happened to you, and you’re gonna have to stand up to your parents, because I’m the daughter in law, and I can’t do that,”* reveals her clear perception of the family system’s issues and her boundary regarding her direct intervention with her in-laws. This highlights a critical leverage point for David’s growth in asserting agency within his family of origin.

From an Acceptance and Commitment Therapy (ACT) perspective, David’s developing insight and ability to *“laugh about it a little more”* regarding his neuroses suggests an increased capacity for psychological flexibility—observing his anxious thoughts without complete fusion or being *“on a different planet.”* Nancy’s encouragement for David not to *“pull the escape avoidance card”* aligns with ACT principles of confronting difficult emotions and urges rather than avoiding them. Nancy’s observation of Dan’s *“angst”* stemming from his new career path, which she perceives as a vicarious way to avoid his own issues, resonates with Existentialism and ACT’s focus on facing one’s discomfort and living in alignment with values, rather than seeking external solutions for internal suffering. Furthermore, Dan’s *“performance”* in social settings reflects a Narrative Therapy concept of a dominant, socially acceptable story that masks a more painful, unexpressed one.

Nancy’s own physical symptoms and brief *“hypochondrial”* thoughts, while distinct from David’s more chronic somatization, suggest her own internalizing stress response. Her tendency to *“pack everybody in”* for social events, leading to *“exhaustion,”* points to a pattern of potentially over-extending herself, which may contribute to her overall stress burden. Her role as a central mediator and emotional container for her family, while demonstrating strength, also carries an emotional cost that warrants continued exploration and support in developing healthy self-care strategies and boundaries.

Plan

Family Systems Intervention: Continue to support Nancy in her role as an advocate for Alex and a catalyst for David’s growth. Specifically, we will reinforce the importance of David asserting healthy boundaries with his parents to protect Alex from the same intergenerational patterns of control and conditional love he experienced. This will involve exploring concrete strategies for David to communicate his position and support Alex’s choices, even if it means confronting his parents’ deeply ingrained beliefs. Nancy can be supported in her parallel process of navigating her anger and setting limits with her in-laws, without feeling solely responsible for systemic change.

ACT-Informed Strategies: Continue to encourage David’s developing psychological flexibility by reinforcing his increased insight and use of humor as adaptive coping mechanisms for his anxiety. Nancy will be encouraged to continue practicing non-judgmental observation of David’s (and her own) anxious responses, fostering acceptance rather than fusion or avoidance. We will continue to explore the concept of *“escape avoidance”* and its impact on personal and relational well-being.

Self-Care and Boundary Work: Reaffirm the importance of Nancy prioritizing her own well-being amidst a busy summer schedule. We will discuss strategies for managing her *“exhaustion”* and setting realistic social expectations to prevent burnout. Her self-reported physical symptoms will be monitored, and she will be encouraged to follow up with her oncologist as planned, validating her concerns while supporting her proactive health management approach to mitigate anxious spiraling. We will reflect on how her strong sense of responsibility for others might impact her self-care and boundaries.

Narrative Exploration: Continue to explore the implications of Alex’s *“half-Jewish”* lie within the family narrative, particularly how such *“performances”* impact authenticity and relationship dynamics. We will also discuss Dan’s situation as a potential parallel process, examining the narratives individuals construct about their lives and how these may diverge from their true experiences and values.

Supplemental Analyses

Tonal Analysis

Shift 1: From Conversational to Frustrated/Angry. A significant tonal shift occurred when Nancy transitioned from discussing benign summer plans and David’s medical results to recounting her in-laws’ interference with Alex’s relationship. Her tone became sharper, more intense, and laden with indignation, particularly evident when she stated, *“It’s so unfair to Alex that he Lot had to felt the need to say that she’s half Jewish.”* This shift underscored the deep emotional impact of the intergenerational control on Nancy, revealing not just factual reporting but a personal sense of outrage at the injustice perpetrated against her son. This intense affective expression is clinically significant as it indicates a core value (fairness, autonomy) being violated, which can be a powerful motivator for therapeutic work on boundary setting.

Shift 2: From Frustrated to Empathetic/Resigned. When discussing her friend Dan’s situation and his perceived unhappiness in his new career, Nancy’s tone softened. While still analytical, it carried an undertone of pity and resignation, reflecting her deep concern for his internal struggle. Her phrase, *“I feel so bad,”* despite her intellectual analysis of his choices, demonstrated her capacity for compassion and concern for friends, but also potentially her tendency to absorb others’ emotional burdens. This shift is clinically significant as it highlights Nancy’s empathetic nature, which, while a strength, can also contribute to her reported *“exhaustion”* if not balanced with clear boundaries and self-preservation.

Shift 3: From Anxious to Pragmatic/Dismissive. When discussing her own physical symptoms (joint pain, foot puncture), Nancy initially expressed being *“unnerved”* or losing *“some sleep.”* However, her tone quickly became pragmatic and somewhat dismissive of deep concern (*“no intention of changing medicine,”* *“now I’m kind of over it”*). This rapid shift suggests a high-functioning coping mechanism where she intellectualizes or minimizes personal health anxieties to maintain control and prevent spiraling. While adaptive in the short term, this pattern warrants attention to ensure genuine self-care and acknowledgment of her own vulnerabilities, rather than solely focusing on others’ needs.

Thematic Analysis

Theme 1: Intergenerational Transmission of Control and Conditional Acceptance. This was the overarching theme of the session. The in-laws’ past control over David (e.g., forbidding prom) and their current attempts to dictate Alex’s relationship based on religious background illustrate a deeply entrenched family pattern. Nancy articulated this clearly, stating they *“don’t care about anybody else’s feelings”* and *“they won’t care if he’s the happiest he’s ever been in his life. They won’t give a shit about that.”* This theme highlights a family system where love and approval are contingent on adherence to specific, rigid expectations, leading to covert behaviors like Alex’s *“half-Jewish”* lie. It signifies a profound challenge to individual autonomy within the family structure, directly contributing to David’s anxiety and Nancy’s anger.

Theme 2: Anxiety and Somatic/Behavioral Avoidance. Both David and Nancy exhibit anxiety, but their coping mechanisms differ. David’s anxiety manifests somatically (*“somatic,”* *“feeling your glands”*), and is linked to concerns about control. Nancy, while insightful about David’s patterns, also engages in a form of avoidance through hyper-busyness (*“packed everybody in”*) and transient *“hypochondrial”* thoughts which she quickly rationalizes away. This theme suggests a family pattern of dealing with overwhelming emotions through physical manifestations or external activity rather than direct emotional processing, impacting overall well-being and requiring a focus on mindful emotional engagement.

Theme 3: The Burden of the *“Protector/Mediator”* Role. Nancy consistently positions herself as a protector and mediator within her family. She reassures David, expresses anger on Alex’s behalf, and attempts to influence David to *“protect his son.”* While demonstrating immense loyalty and care, this role places a significant emotional and practical burden on Nancy, contributing to her reported *“exhaustion.”* This theme highlights the need for Nancy to assess her boundaries and delegate responsibility, allowing others (especially David) to take ownership of their roles in the family system.

Sentiment Analysis

Sentiments About Self: Nancy’s self-sentiments were mixed but leaned towards positive self-efficacy despite underlying stress. She expressed satisfaction with her summer, stating she was *“enjoying my summer.”* However, she also acknowledged feeling *“exhausted”* and *“unnerved”* by physical symptoms, indicating awareness of her limits. Her candid description of her *“hypochondrial”* tendencies demonstrated a good level of self-insight and humor, suggesting a balanced view of her own anxieties rather than full absorption into them. There was a strong sense of personal agency regarding her health decisions, stating *“no intention of changing medicine.”*

Sentiments About Others/External Situations:

- David (Husband): Sentiments were ambivalent. On one hand, frustration was evident regarding his "neuroses" and tendency to be "out of control" with anxiety. On the other, there was clear empathy for his struggles, pride in his increasing insight and humor, and a strong desire for him to step into a protective role for Alex.  
- Alex (Son)

## Session 3: 2025-07-28

**Date:** 2025-07-28 **Source File:** Summary of Nancy Grossman Appointment 7-28-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nancy Grossman’s Therapy Session on July 28, 2025

Subjective

Nancy attended today’s session expressing a desire for deeper intimacy and connection within her relationship with David, stating she had a *“little fantasy”* about him earlier that day and missed a *“part of our relationship that I miss.”* She acknowledged David’s *“narcissistic, turbulent”* nature but accepted it due to *“too many good things,”* noting that intimacy *“doesn’t even enter his head.”* This reflects a long-standing pattern of navigating unmet emotional needs within the relationship through rationalization and acceptance.

Nancy also discussed her clear boundaries regarding a past connection, Keith, affirming she is *“not interested in getting together evermore at the moment”* but remains curious about him *“as a person.”* She reinforced her current happiness and busy schedule, indicating no desire for new romantic pursuits. Regarding upcoming destination weddings, Nancy reported proactively booking plans, asserting her desire to attend certain events (e.g., Beverly Hills wedding) even if David opts not to go, stating, *“I don’t have to not go because he doesn’t want to go.”* This indicates a strengthening sense of personal agency and autonomy.

She disclosed ongoing sleep difficulties, describing a cycle of late nights, difficulty falling asleep despite feeling tired, and waking up wide awake. She mentioned using reading as a strategy to *“relax my brain”* and fall asleep, and occasionally using Klonopin to *“reset my clock,”* though she hesitated to take it after consuming wine due to concern about adverse reactions. Nancy also shared recent interactions with her father-in-law regarding her son Alex’s new girlfriend, Keely, expressing pride in her assertive stance: *“I said, Well, your grandson’s very happy. So do you want him to be happy? … If not, then you’re gonna alienate yourself further.”* This demonstrates a significant shift from previous patterns of fear regarding her in-laws, stating, *“I have no fear of them, because they need us more than we need them.”* Finally, Nancy expressed *“nervousness”* about a

## Session 4: 2025-08-04

**Date:** 2025-08-04 **Source File:** Summary of Nancy Grossman Appointment 8-4-2025 1100 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nancy Grossman’s Therapy Session on August 4, 2025

Subjective

Nancy Grossman attended today’s session expressing a complex emotional response to her recent weekend trip with her in-laws, describing it as *“fun,”* *“entertaining,”* *“exhausting,”* and *“comical.”* She detailed numerous anecdotes illustrating her father-in-law’s eccentric behaviors, including a repeated insistence on ordering cold gazpacho despite wanting hot soup, making inappropriate comments to strangers (e.g., *“nobody looks good in glasses”*), and demanding a loud musician stop singing. Nancy conveyed a sense of managing these behaviors with a mix of humor, embarrassment, and a long-standing understanding of his *“oppositional”* and *“righteous”* nature, which has intensified with age and forgetfulness. She noted her mother-in-law’s complete lucidity despite being *“totally deaf”* and refusing hearing aids, and physical immobility due to a locked knee, adding another layer of care and management to the dynamic. Nancy described her father-in-law’s existential angst about aging, particularly David’s fear of physical decline and death, often expressed with dark humor. She shared relief that her in-laws seemingly adhered to a *“pact”* not to mention Alex’s girlfriend, Keely, or his cybersecurity career path, acknowledging their family’s *“culturally fanatical”* desire for endogamy and their inability to comprehend Alex’s chosen profession. Nancy also provided updates on her daughters, Lindsay (navigating increased responsibility at work and imposter syndrome) and Chelsea (returning home), and her friends, Dan and Marcy (on a bike trip, with Dan experiencing a *“big 60”* crisis and continued professional credentialing issues). Regarding her own health, Nancy reported that her six-month oncology blood work was *“fine”* and that she is scheduled for her Prolia injection for osteoporosis tomorrow. She expressed a generally positive outlook on her week, rating her overall feeling today as *“8.5”* out of 10, indicating high functioning and resilience despite the described stressors. She also reflected on her recent breast surgery, contemplating whether massages would now be comfortable.

Objective

Nancy presented to the session appearing well-groomed and casually dressed. She maintained consistent eye contact and exhibited an animated affect, particularly when recounting humorous or exasperating anecdotes about her in-laws. Her speech was clear, fluid, and well-paced, with logical thought progression throughout the session. She utilized a conversational and engaging tone, frequently punctuated with laughter and expressions of exasperation. Nancy shared multiple photos from her weekend trip, demonstrating her engagement and willingness to visually support her narrative. Her posture was relaxed, and there were no overt signs of distress or agitation despite discussing potentially stressful family dynamics. When detailing her father-in-law’s behaviors, she mimicked his tone and demeanor, indicating a high level of observation and a mechanism for processing difficult interactions through humor and storytelling. Her self-reported mood rating of *“8.5”* was delivered confidently and without hesitation, aligning with her generally buoyant and resilient presentation.

Assessment

Nancy continues to demonstrate robust coping mechanisms, primarily humor and intellectualization, in navigating complex family dynamics, particularly those involving her aging and increasingly challenging in-laws. The session highlighted the significant emotional and practical demands placed upon her, serving as a primary caregiver and emotional regulator within her extended family system. Her detailed recounting of her father-in-law’s *“oppositional”* behaviors and David’s *“existential angst”* reveals Nancy’s role in managing intergenerational conflict and anxieties around decline and mortality. Her narrative of the *“evil hairdressers”* pact regarding Alex’s girlfriend and career illustrates a family system grappling with boundaries, acceptance of change, and deep-seated cultural expectations, wherein Nancy acts as an intermediary, attempting to shield her son while acknowledging the in-laws’ rigidity. This pattern of emotional labor, while skillfully managed by Nancy, warrants ongoing attention to prevent burnout and ensure her self-care needs are met. Clinically, Nancy displays a strong sense of personal agency and a proactive approach to her own well-being, evidenced by her regular health monitoring (oncology follow-up, osteoporosis management) and her commitment to self-care activities (upcoming girlfriends’ beach day, canasta, shopping for a *“cool hat”*). Her reflection on post-mastectomy comfort during massages suggests an ongoing process of body image integration and adjustment to physical changes, a common challenge following significant medical interventions. Nancy’s high self-reported mood rating of *“8.5”* underscores her resilience and capacity for finding joy and balance amidst daily stressors. Her concern for Lindsay’s *“imposter syndrome”* also indicates her empathetic nature and engagement with her children’s emotional well-being, suggesting a broader theme of nurturing and supporting others within her relational field. This session further reinforces Nancy’s capacity for adaptive functioning and her ability to maintain perspective and humor in the face of life’s complexities.

Plan

- Continued Processing of Family Dynamics: Continue to explore and process the ongoing challenges and humorous aspects of Nancy's interactions with her aging in-laws. Utilize Narrative Therapy principles to help Nancy further externalize the "evil hairdresser" dynamic, creating space for alternative interpretations and empowering her to manage these interactions with continued psychological flexibility.  
- Supporting Self-Care and Personal Agency: Reinforce Nancy's commitment to her self-care practices and personal pursuits (e.g., travel plans, social outings). Encourage her to prioritize activities that replenish her energy and enhance her sense of individual identity and well-being, distinct from her caregiving roles.  
- Health and Body Image Integration: Follow up on Nancy's oncology appointment and Prolia injection. Continue to explore her evolving comfort and relationship with her body post-mastectomy, particularly regarding physical activities and self-care practices like massages.  
- Therapeutic Wisdom and Coping Strategies: Acknowledge and affirm Nancy's exceptional ability to use humor and a positive mindset as effective coping strategies. Encourage her to share insights on how she maintains her "8.5" mood amidst stressors, potentially drawing on ACT principles of acceptance and values-driven living.  
- Future Session Scheduling: Confirm the next session for Wednesday, August 13th, at 10:00 AM, accommodating her upcoming travel and family traditions.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Humorous Exasperation to Empathy/Concern (In-laws' decline): Initially, Nancy's tone when describing her father-in-law's gazpacho antics was light, comical, and exasperated, filled with playful mimicry. However, when she shifted to discussing his forgetfulness ("a little bit more forgetful, and a little so he just is more of the same") or her mother-in-law's deafness and immobility ("she literally can't get up. And then once she's up, she can barely walk"), her tone became notably softer, tinged with empathy and a subtle underlying concern for their declining quality of life. This shift indicates her deep care despite the frustration and highlights the emotional labor involved in witnessing and adapting to parental aging.  
- Shift 2: From Matter-of-Fact to Affirming (Alex's Career/Identity): When discussing her in-laws' inability to comprehend Alex's cyber security career and their desire for him to marry Jewish, Nancy's tone was initially matter-of-fact and resigned, acknowledging their cultural rigidity ("culturally fanatical about that"). However, when she spoke about her own and David's approach to Alex's choices, her tone became more gentle and affirming ("our first choice is that he's happy and love, you know that he has a good relationship"). This subtle but significant shift demonstrates her commitment to prioritizing her son's happiness and autonomy over external family expectations, reflecting a core value of unconditional acceptance within her immediate family system.

Thematic Analysis

- Theme 1: Navigating Aging and Intergenerational Dynamics: A prominent theme was Nancy's engagement with the realities of aging parents and in-laws, marked by their physical and cognitive decline, and the behavioral challenges (e.g., father-in-law's oppositionalism, mother-in-law's hearing loss and immobility) that arise. This theme extends to David's "existential angst" about his own future decline, positioning Nancy as a key figure in managing and processing these anxieties within her family. The stories shared highlight the emotional burden and adaptive strategies required to maintain family cohesion and individual well-being in the face of these changes.  
- Theme 2: Identity, Acceptance, and External Validation within Family Systems: This session illuminated the tension between individual identity and familial/cultural expectations, particularly through Alex's career choices and relationship, and the in-laws' resistance to these "non-traditional" paths. The "evil hairdressers" pact symbolizes a family's attempt to control or deny realities that challenge their rigid belief systems. Nancy's and David's more accepting stance ("first choice is that he's happy and love") contrasts with this, highlighting different approaches to family and personal identity formation. This theme also resonates with Nancy's navigation of her own post-mastectomy body image and the struggle to define herself beyond external roles.

Sentiment Analysis

- Sentiments About Self: Nancy's sentiments about herself were predominantly positive and resilient. She expressed a strong sense of self-efficacy in managing complex situations, humor in the face of adversity, and a proactive approach to her health and well-being. Her self-rating of "8.5" reflects a high level of contentment and functional capacity. There was a subtle undertone of cautious exploration when discussing her body post-surgery ("I don't know if it would be comfortable for me"), indicating an ongoing, adaptive process rather than negative self-sentiment.  
- Sentiments About Others/External Situations: Her sentiments towards her in-laws were a complex mix of exasperated affection, comedic observation, and pragmatic management. While she highlighted their "quirky," "oppositional," and "extreme" behaviors, she also demonstrated deep familial commitment and an underlying compassion for their aging process. Towards her children, especially Alex and Lindsay, her sentiments were strongly supportive and accepting, prioritizing their happiness and well-being over external judgments. Her sentiments about her support network (girlfriends, Mark) were positive, reflecting appreciation for connection and shared experiences. Towards systems and cultural expectations (Jewish endogamy, professional credentials), she expressed a resigned understanding mixed with a clear stance on personal values that prioritize individual happiness.

Key Points

- Adaptive Coping through Humor and Pragmatism: Nancy consistently utilizes humor and a pragmatic, solution-oriented approach to manage the demanding and often absurd behaviors of her aging in-laws. This allows her to maintain emotional regulation and prevent burnout while providing ongoing care and support. This strategy is central to her current high level of functioning ("8.5" mood rating) amidst significant family stressors.  
- Navigating Intergenerational Conflict and Identity: The session underscored the ongoing challenge of intergenerational dynamics, particularly the clash between traditional family/cultural expectations (e.g., Jewish endogamy, traditional career paths for Alex) and the individual autonomy and choices of the younger generation. Nancy's role as a mediator and protector of her children's autonomy within this system is a significant aspect of her current life stage and therapeutic focus.  
- Integration of Physical Health into Holistic Well-being: Nancy's proactive approach to managing her ongoing health concerns (oncology follow-up, osteoporosis, post-mastectomy adjustment) demonstrates her commitment to holistic well-being. Her reflections on body comfort post-surgery indicate an important psychological process of integrating physical changes with her sense of self and daily activities, warranting continued gentle exploration within therapy.

Significant Quotes

- "It was fun. It was entertaining. It was exhausting, it was comical." Nancy used these phrases to summarize her weekend with her in-laws, encapsulating the complex emotional landscape of caregiving and familial responsibility. This quote is significant because it highlights her remarkable capacity to hold seemingly contradictory emotions simultaneously—finding humor and enjoyment even amidst the very real challenges and demands, reflecting a high degree of emotional complexity and resilience. It suggests a coping mechanism that allows her to reframe difficult experiences into narratives that are manageable and even amusing.  
- "They must have made a pact, not to talk mention Alex's girlfriend. Oh, nothing." This statement reveals Nancy's astute observation of her in-laws' subtle but rigid efforts to control family narratives and outcomes, particularly concerning Alex's relationship and career choices. It is significant as it illuminates a core family dynamic where discomforting realities are met with avoidance and denial, rather than open communication. The "pact" metaphor underscores a covert family rule system designed to maintain a perceived status quo, and Nancy's awareness of it positions her as an insightful observer and a potential agent for change or at least adaptation within this system.  
- "I don't know if it would be comfortable for me [massage after breast surgery]." This candid reflection on her physical comfort post-mastectomy is significant because it directly addresses the psychological and physical integration of a major medical intervention. It points to a nuanced process of adjusting to a changed body, impacting even seemingly simple self-care activities. This quote signifies an ongoing journey of body image and physical adaptation, indicating that while Nancy is highly functional, there are still areas of gentle vulnerability that require attention and processing in her therapeutic work.

Comprehensive Narrative Summary

Today’s session with Nancy Grossman offered a rich tapestry of her experiences navigating the demands of extended family, personal health, and self-care. Nancy presented with her characteristic blend of wit and pragmatism, recounting a challenging yet *“comical”* weekend with her aging in-laws. Her detailed anecdotes about her father-in-law’s escalating eccentricities and her mother-in-law’s physical decline underscored the significant emotional and practical labor Nancy expends in her caregiving role. Her ability to distill these stressful interactions into amusing narratives highlights a deeply ingrained coping mechanism rooted in humor and a resilient spirit, enabling her to maintain a high level of functioning and positive outlook, reflected in her self-rated *“8.5.”*

A central theme woven throughout the session was the interplay between individual identity and familial expectations. The *“pact”* her in-laws seemingly formed to avoid discussing Alex’s non-Jewish girlfriend and his unconventional cybersecurity career path served as a powerful metaphor for their rigid adherence to tradition and their discomfort with realities that fall outside their preconceived notions. Nancy, however, demonstrated a more flexible and accepting stance, prioritizing Alex’s happiness and authenticity, illustrating her capacity for evolving beyond traditional family strictures. This tension between her in-laws’ desire for external validation (e.g., Alex’s job leading to a *“good job”*) and her own family’s embrace of intrinsic worth is a continuous thread in Nancy’s life.

Beyond family dynamics, Nancy provided updates on her personal health journey, including her routine oncology follow-up and osteoporosis management. Her brief, yet insightful, reflection on the potential discomfort of massages post-mastectomy signaled a quiet but important process of body image integration and adapting to physical changes. This detail, though small, reveals her comprehensive self-awareness and commitment to her own well-being, indicating that while she is incredibly resilient, there are nuanced areas of physical and emotional adjustment that warrant continued support.

In sum, Nancy’s session showcased a client with exceptional coping resources and a strong sense of personal agency. Her narrative demonstrates how she artfully navigates complex relational landscapes, maintains self-compassion, and continues to prioritize her own growth and joy amidst the inherent challenges of life and aging. The therapeutic work will continue to support her in maintaining this balance, fortifying her self-care practices, and affirming her capacity to define her own well-being independent of external demands or family expectations.

# Nick Dabreu

**Client:** Nick Dabreu **Total Sessions:** 1 **Session Date Range:** 2025-07-23 to 2025-07-23

## Session 1: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Nick Dabreu Appointment 7-23-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nick Dabreu’s Therapy Session on July 23, 2025

Subjective

Nick attended today’s session reporting a generally positive week, rating it an *“Ocho”* (8/10), reflecting his continued progress in managing his emotional landscape. He shared the joyous news of his pregnancy announcement to his parents, describing their reaction as *“shocked, but so happy.”* He recounted his mother’s initial confusion, mistaking the pregnancy test in a card for news about a new family dog, a detail he found amusing and indicative of the surprising nature of the news for his family. This positive experience contrasts with his typical pattern of anticipating negative reactions, suggesting a shift in his internal narrative regarding significant life events.

However, beneath this positive surface, Nick reported significant underlying stress. He described his workday as *“wild”* and *“six hours of chaos,”* particularly due to student behavioral issues and constant online demands, leaving him feeling *“jittery.”* This immediate post-work agitation underscored the persistent challenge of emotional regulation in high-stress environments. He also expressed considerable frustration with ongoing house hunting, stating, *“It’s either too expensive or there’s something wrong with it,”* after touring a beautiful house requiring extensive renovations. This frustration was compounded by his parents’ and brother’s comments about the baby’s living space in his current apartment, implicitly adding pressure to find a new home. This external pressure triggers a deeper sense of insecurity and a perceived inability to meet expectations.

Regarding last week’s homework, Nick admitted to struggling with applying perspective-taking, noting his *“brain continuously be[ing] on autopilot.”* He expressed confusion between *“perspective taking”* and *“judging,”* particularly in interactions with his father. He described feeling intensely annoyed by his dad’s requests to move items at inconvenient times, exclaiming, *“You’re so fucking annoying!”* and internalizing, *“What the fuck? Why am I doing this?”* This difficulty in differentiating objective observation from evaluative judgment highlights a core challenge in his emotional and cognitive processing within close relationships.

Objective

Nick presented to the session appearing somewhat fatigued, consistent with his report of a *“wild”* workday, but was otherwise well-oriented and articulate. His speech was clear and his thought processes logical, even when describing chaotic experiences. His affect initially displayed a broad range, showing genuine excitement when discussing his pregnancy news and upcoming travel plans to Ireland for an Oasis concert. However, a noticeable shift occurred when he began discussing work-related stressors and house hunting; his tone became more hurried, and he exhibited visible signs of internal agitation, such as a *“jittery”* quality and increased verbal pace, as observed and labeled as *“fractious”* by the therapist. When recounting the interaction with his father, his voice hardened, and his language became more emotionally charged, indicating a direct emotional response that bypassed his usual intellectualization. Throughout the session, he engaged actively in the evaluative vs. descriptive exercise, demonstrating intellectual curiosity and a strong desire to understand his cognitive patterns, despite the inherent challenge of the task. His attentiveness and willingness to re-engage with concepts, even after initial difficulty, pointed to strong motivation for growth.

Assessment

Nick continues to demonstrate an ongoing struggle with differentiating between objective observation and evaluative judgment, a core challenge in his journey towards greater psychological flexibility, particularly within the framework of Acceptance and Commitment Therapy (ACT). His self-reported *“autopilot”* mode and difficulty with mindfulness exercises suggest persistent experiential avoidance, where his mind attempts to bypass uncomfortable emotions or situations by automatically resorting to judgmental thought patterns. This avoidance, while providing temporary relief, inadvertently reinforces his distress and prevents effective emotional processing. The frustration expressed regarding house hunting and family commentary highlights a deeper struggle with external validation and perceived societal expectations, contributing to feelings of inadequacy or pressure.

A significant finding from today’s session was Nick’s insightful identification of several key cognitive biases and thinking traps that contribute to his emotional distress. He identified *“Jumping to Conclusions”* (which includes mind reading and fortune telling), *“Emotional Reasoning,”* *“Catastrophizing,”* and *“Overgeneralizing”* as primary patterns. His description of *“Emotional Reasoning”* – *“I feel that way, so it’s so yeah”* – perfectly encapsulates the fusion between feeling and fact that maintains his emotional suffering. Similarly, his acknowledgment of *“Catastrophizing”* as *“things might go terribly horribly wrong. Actually, things will go terribly horribly wrong”* indicates a recognition of his tendency to predict worst-case scenarios, often leading to inaction or amplified anxiety. The interpersonal dynamic with his father, where he struggles to separate his dad’s actions from his own evaluative judgments (*“You’re so fucking annoying!”*), serves as a potent, real-world example of how these cognitive traps manifest and impact his relationships. This pattern reflects his difficulty in setting boundaries and managing his emotional reactivity when feeling inconvenienced or controlled. The *“judging vs. perspective-taking”* confusion points to a need for more explicit training in cognitive defusion, helping him to observe his thoughts without necessarily believing or fusing with them. This work is critical for fostering a more compassionate and less reactive stance towards himself and others.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to deepen Nick’s understanding and application of cognitive defusion. The *“evaluative vs. descriptive statements”* exercise will serve as a foundational tool. We will explicitly focus on the identified cognitive biases (Jumping to Conclusions, Emotional Reasoning, Catastrophizing, Overgeneralizing) in the context of his daily experiences, particularly work stress, house hunting, and family interactions. The goal is to help Nick observe these automatic thought patterns as mental events rather than literal truths, thereby reducing their emotional impact. Psychoeducation on cognitive biases will be reinforced, providing a theoretical framework for his experiential learning. We will emphasize that *“progress, not perfection,”* is the aim, normalizing the difficulty of shifting deeply ingrained cognitive habits.

Mindfulness Practice: Reinforce the importance of daily mindfulness exercises to cultivate present-moment awareness and observe thoughts without judgment. Nick will be encouraged to specifically notice moments when his brain goes on *“autopilot”* and to gently re-direct attention to present sensory experience, thereby creating space between thought and action. This practice is crucial for building the capacity to choose responses rather than reacting automatically.

Narrative Therapy Elements: Continue to explore the influence of external expectations (e.g., family comments on housing, societal norms for parenthood) on Nick’s self-perception. By externalizing these *“pressures”* and *“shoulds,”* we can create distance and empower him to define his own values and path, rather than being driven by perceived external demands. This will help him build a more resilient and self-defined sense of identity that can weather life transitions and unexpected challenges.

Existential Exploration: Acknowledge and process the implicit existential questions arising from significant life changes, such as impending parenthood and the search for a new home. These transitions often bring to the forefront questions of meaning, purpose, and responsibility. Creating a space to explore these deeper concerns can help Nick integrate these experiences into a more coherent and values-driven life narrative.

Homework: Nick will continue to practice identifying evaluative vs. descriptive statements in his daily life. Specifically, he will note instances where he observes himself *“judging”* rather than *“describing,”* particularly in interactions with his father or when thinking about house hunting. He will be encouraged to practice briefly pausing and labeling the cognitive bias in action when he notices one of his identified traps (Jumping to Conclusions, Emotional Reasoning, Catastrophizing, Overgeneralizing) occurring.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Excited/Relieved to Agitated/Frustrated. Nick's tone was initially light and enthusiastic when recounting his pregnancy announcement and upcoming travel plans. This shifted perceptibly to a more hurried and "jittery" tone when discussing his chaotic workday and the frustrations of house hunting. This transition suggests that while he can access positive emotions, current external stressors quickly activate a state of internal agitation and overwhelm.  
- Shift 2: From General Frustration to Direct Annoyance/Anger. When discussing his father's requests to move items, Nick's tone became sharper and more explicitly annoyed, culminating in the exclamatory "You're so fucking annoying!" This direct expression of anger, breaking through his more generalized frustration, indicates that this particular interpersonal dynamic touches a raw nerve, likely related to boundaries, autonomy, or perceived imposition.  
- Shift 3: From Emotional Reactivity to Focused Engagement. During the cognitive bias exercise, Nick's tone became more measured and contemplative. Despite expressing the difficulty of the task, his voice conveyed a clear desire to understand and apply the concepts. This shift demonstrates his capacity for intellectual engagement and willingness to move from reactive emotional states to a more analytical and growth-oriented mindset.

Thematic Analysis

- Theme 1: Navigating Life Transitions and Expectations. A prominent theme was Nick's experience of significant life transitions—impending fatherhood, searching for a new home, and ongoing professional demands. These transitions, while exciting, also bring implicit and explicit expectations from family and society, creating a sense of pressure. His frustration with the housing market, coupled with family comments about the baby's living situation, highlights the stress of meeting these external expectations, leading to feelings of inadequacy or being "stuck."  
- Theme 2: Cognitive Fusion and Maladaptive Coping. The session vividly illustrated Nick's tendency towards cognitive fusion, particularly with evaluative and judgmental thoughts. His struggle to differentiate "judging" from "perspective-taking" and his identified cognitive biases (emotional reasoning, catastrophizing, overgeneralizing) demonstrate how his mind's automatic interpretations of events contribute to his distress. This pattern serves as a primary, though maladaptive, coping mechanism to manage uncertainty and discomfort.  
- Theme 3: Interpersonal Boundaries and Reactivity. The recurring dynamic with his father, characterized by Nick's annoyance at perceived "bad timing" and "complicated" requests, underscores a broader theme of difficulty with interpersonal boundaries and emotional reactivity. This pattern suggests that perceived impositions from others trigger strong emotional responses, which Nick then struggles to manage without resorting to internal judgment or frustration.

Sentiment Analysis

- Sentiments About Self: Nick expressed mixed sentiments about himself. On one hand, he conveyed a sense of agency and motivation, particularly in his desire to "deep dive" into perspective-taking and acknowledge his struggles with mindfulness. On the other hand, his internal "What the fuck? Why am I doing this?" when helping his father, and his "autopilot" descriptions, reflect self-criticism and a sense of being overwhelmed by his own patterns.  
- Sentiments About Others/External Situations: Nick's sentiments towards others and external situations were predominantly a blend of excitement and frustration. He expressed genuine joy and affection towards his family regarding the pregnancy news and anticipation for his Ireland trip. However, strong negative sentiments were directed towards his work environment ("chaos," "wild") and the housing market ("too expensive or there's something wrong with it"). His sentiments towards his father, while rooted in annoyance, also suggest an underlying, complex family dynamic that he is actively trying to navigate rather than simply dismiss.  
- Overall Emotional Tone: The session demonstrated a dynamic emotional range, moving from high positive affect (excitement, happiness) to significant negative affect (frustration, agitation, annoyance). This fluidity highlights both Nick's capacity for joy and the intensity of his current stressors, underscoring the ongoing need for emotional regulation and cognitive restructuring work.

Key Points

- Centrality of Cognitive Diffusion: Nick's identified struggle with differentiating between "judging" and "perspective-taking" and his clear recognition of his dominant cognitive biases (emotional reasoning, catastrophizing, overgeneralizing) underscore that cognitive diffusion is the central leverage point for current treatment. His mind's tendency to fuse with evaluative thoughts significantly contributes to his distress.  
- Impact of Acute Stressors on Core Patterns: The current stressors (demanding work, challenging housing market) are not merely external problems but are actively exacerbating and highlighting Nick's core cognitive and emotional regulation patterns. These situations serve as critical opportunities to apply and practice new skills in real-time.  
- Interpersonal Dynamics as Skill-Building Arenas: Nick's relationship with his father offers a concrete and emotionally charged arena for practicing perspective-taking and cognitive defusion. Addressing his frustration and judgmental thoughts in this context can lead to significant breakthroughs in managing his emotional reactivity in other areas of his life.

Significant Quotes

* "They were shocked, but so happy." Nick made this statement when describing his parents' reaction to the pregnancy news. This quote is significant as it captures a moment of genuine joy and positive emotional experience, contrasting with the underlying stress and cognitive patterns that often lead him to anticipate negative outcomes. It highlights his capacity for experiencing and sharing positive life events, offering a counter-narrative to his tendency towards catastrophizing.
* "I have to be mindful during the week to actually, like, focus in on doing it, you know, and not just let my brain continuously be on autopilot." This quote directly reflects Nick's insight into his own challenges with the perspective-taking homework. It signifies his awareness of the automaticity of his thought processes ("autopilot") and the active effort required to engage in mindful self-observation. This acknowledgment is crucial for engaging him in the deliberate practice necessary for developing psychological flexibility.
* "You're so fucking annoying!" Nick used this strong, exclamatory phrase when describing his father's requests. This quote is significant because it represents a clear and unedited expression of his frustration and judgment in an interpersonal context. It highlights the intensity of his emotional reactivity when feeling imposed upon and underscores the challenge he faces in separating his subjective evaluative thoughts from objective descriptions of behavior.
* "Emotional reasoning... catastrophizing... over generalizing... demands, those are the ones I might go with." This comprehensive statement from Nick, made during the cognitive bias exercise, is highly significant. It demonstrates his ability to reflect on and accurately identify his core cognitive traps. This level of meta-awareness is a powerful foundation for the therapeutic work, indicating his readiness to engage in cognitive defusion and challenge these unhelpful thinking patterns.

Comprehensive Narrative Summary

Today’s session with Nick provided a rich tapestry of his current life experience, seamlessly weaving together moments of profound joy, significant stress, and deep psychological work. He entered the session buoyed by the positive reception of his pregnancy announcement, a testament to his capacity for experiencing and sharing happiness. This initial positive affect, however, quickly gave way to the underlying pressures of a chaotic work environment and the daunting search for a family home, which together created a sense of *“jittery”* agitation and frustration. These external stressors serve as a potent reminder of the real-world challenges that activate and intensify his habitual cognitive and emotional patterns.

The core of our work focused on Nick’s struggle with perspective-taking, particularly his difficulty distinguishing between objective *“description”* and evaluative *“judgment.”* His candid admission of being on *“autopilot”* and his intense frustration with his father’s perceived *“bad timing”* requests (*“You’re so fucking annoying!”*) provided vivid, real-life examples of his cognitive fusion in action. This dynamic with his father is a recurring theme, suggesting long-standing patterns of emotional reactivity and perceived imposition in close relationships. Through a structured exercise, Nick demonstrated remarkable insight, accurately identifying key cognitive biases that dominate his thinking: Jumping to Conclusions (mind reading/fortune telling), Emotional Reasoning, Catastrophizing, and Overgeneralizing. His articulation of these patterns, such as *“I feel that way, so it’s so yeah”* for emotional reasoning, underscored his growing meta-awareness.

From an ACT perspective, Nick’s insightful self-diagnosis of these cognitive traps offers a clear path forward for targeted defusion work. The goal is to help him *“unhook”* from these automatic, unhelpful thoughts, enabling him to observe them as transient mental events rather than absolute truths. This process will empower him to respond to life’s challenges from a place of values and conscious choice, rather than reactive autopilot. The integration of Narrative Therapy elements will help him externalize the pressures of societal expectations around home and family, allowing him to author a more authentic, self-defined identity that is not solely contingent on external achievements. This session highlighted Nick’s impressive capacity for introspection and his genuine motivation to shift deeply ingrained patterns, laying a strong foundation for continued progress in building psychological flexibility and emotional resilience.

# Nico Luppino

**Client:** Nico Luppino **Total Sessions:** 1 **Session Date Range:** 2025-07-17 to 2025-07-17

## Session 1: 2025-07-17

**Date:** 2025-07-17 **Source File:** Summary of Nico Luppino Appointment 7-17-2025 1800 hrs.pdf.eml

Comprehensive Clinical Progress Note for Nico Luppino’s Therapy Session on July 17, 2025

Subjective

Nico attended today’s session expressing significant overwhelm and confusion following his recent trip to Colombia with his partner, Hassan, and Hassan’s cousin. He opened the session by stating, *“I don’t even know what number to give you today, until I don’t know where I’m at, right? I’m so confused all the stuff that’s happening right now,”* indicating a high level of psychological distress and disorganization. Nico described a series of escalating conflicts and stressors, beginning with a pre-trip airport incident where he *“blew up”* at a gate agent, feeling Hassan failed to advocate for him regarding a bag check. This incident became a recurring point of contention, with Hassan *“holding over me to this day”* and questioning the therapist’s validation of Nico’s behavior. Nico reflected that his reaction might have been different if he were on medication, hinting at an underlying belief that his emotional dysregulation is tied to his pharmacological state.

The trip was further complicated by the pervasive influence of Hassan’s cousin, who Nico described as controlling and manipulative. Nico recounted feeling frustrated and exploited during a *“birthday”* celebration for himself and Hassan that the cousin declared three days early, forcing Nico to pay for both himself and Hassan despite the cousin’s awareness of Nico’s financial struggles. Nico expressed deep resentment towards the cousin, stating, *“I pushed him away because I was physically repulsed”* after an incident involving Nico’s lost phone, feeling the cousin *“was excited by the drama.”* He noted that Hassan was *“crushed”* by this interaction, highlighting a significant triangulation dynamic within their relationship. Nico conveyed a perception that Hassan’s relationship with his cousin resembles *“a threesome,”* indicating deep-seated issues of trust, boundaries, and perceived enmeshment.

Nico reported ongoing concern about Hassan’s adherence to his herpes medication, noting he hadn’t taken it for six days against their agreement, which left Nico *“very upset”* but unable to articulate his feelings directly to Hassan in the moment. He also discussed two threesome experiences on the trip. The first, with a doctor, was positive, described as *“fun and sexy”* and *“the second least drama threesome.”* He attributed the lack of drama to being on Molly. The second, with a massage therapist, ended in conflict due to Nico’s desire to deep throat and *“taste cum,”* which upset Hassan. Nico gained insight into Hassan’s potential self-consciousness about his own penis, stating, *“I think he’s self conscious about me not liking his dick as much.”* This sexual conflict nearly led to a breakup, with Nico acknowledging Hassan’s jealousy and insecurity. He again linked the positive sexual experiences to drug use, stating, *“both of the times where it went okay, we were on drugs.”* Despite the significant challenges, Nico reported that his actual birthday celebration on the trip was *“the best birthday of my life,”* acknowledging that Hassan did advocate for him with the cousin regarding the birthday dinner, and later, for a souvenir at the airport, which made Nico *“very proud of Hassan.”*

Objective

Nico presented to the session casually dressed but well-groomed. He appeared alert and oriented, with generally clear speech, though it was notably rapid and pressured at the start of the session, indicating an elevated level of anxiety and emotional dysregulation. His thought process was logical, but his narrative flow was frequently tangential, jumping between numerous emotionally charged incidents without a clear chronological order, suggestive of an overwhelmed cognitive state. His affect displayed a wide range, shifting from agitated and frustrated when recounting conflicts with Hassan’s cousin, to moments of genuine excitement and enthusiasm when describing positive sexual experiences or the supportive presence of Hassan’s psychologist friend. When discussing the airport incident or the financial exploitation by the cousin, his voice volume increased, and his tone became sharper, bordering on yelling, consistent with his self-report of *“blowing up.”* Despite verbalizing intense frustration and anger, he also exhibited moments of emotional withdrawal, particularly when recounting not expressing his upset to Hassan about the herpes medication, indicating a pattern of internalizing distress. His physical presentation was generally animated, using hand gestures to emphasize points, though moments of tension (e.g., when describing pushing the cousin away) were observed. He maintained good eye contact throughout the session, actively engaging the therapist and seeking validation for his experiences.

Assessment

Nico is currently experiencing significant interpersonal and emotional distress, largely stemming from a recent complex and highly conflictual trip. His presentation suggests an underlying struggle with emotional regulation and interpersonal effectiveness, exacerbated by the dynamics within his primary relationship with Hassan and the pervasive, toxic influence of Hassan’s cousin. Nico’s *“blowing up”* at the airport, followed by an inability to constructively express his anger or upset regarding the herpes medication or birthday unfairness, points to a pattern of dysregulated emotional expression, oscillating between explosive outbursts and passive suppression. This pattern likely contributes to ongoing conflict and a sense of feeling unheard or unsupported within his relationship.

A core issue emerging is the profound lack of safety and trust within Nico and Hassan’s relationship, particularly as triangulated by Hassan’s enmeshment with his cousin. The cousin acts as a controlling and manipulative figure, often undermining Nico’s autonomy, agency, and financial stability. Hassan’s conditional approval (*“proud of me”* for paying half) and his inability to consistently set boundaries with his cousin reinforce Nico’s insecurity and potentially erode his sense of self-worth. Nico’s physical repulsion towards the cousin and Hassan’s subsequent *“crushed”* reaction highlight the deep-seated boundary violations and the emotional toll of this triangulation on their partnership. The therapist’s comment, *“If you don’t have safety, you can’t trust, if you don’t have trust, you don’t have connection,”* aptly summarizes the relational deficits observed.

Furthermore, Nico’s self-worth appears highly conditional and externally validated, linked to his financial contributions, perceived equality in the relationship, and sexual performance. His desire to *“taste cum”* and deep throat, met with Hassan’s insecurity and *“problem with that,”* indicates a complex interplay of sexual desire, partner sensitivity, and potentially underlying self-esteem issues for both individuals. The explicit link Nico makes between drug use (Molly) and positive, *“less drama”* sexual encounters is a significant clinical concern, suggesting substance use as a means of managing social anxiety, facilitating connection, or overcoming internal or relational barriers to intimacy. While Nico demonstrated moments of resilience and pride (Hassan advocating for him, having his *“best birthday”*), these were often achieved amidst significant chaos and emotional labor, indicating a need to build more consistent internal resources and healthier relational patterns. His insight into Hassan’s self-consciousness and the cousin’s manipulative tactics demonstrates a capacity for reflection, which will be valuable in therapy.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize the ACT framework to help Nico develop psychological flexibility in navigating relational conflict and emotional distress. This includes further exploring values-driven action, particularly in the context of healthy relationship dynamics and personal autonomy. We will identify instances where Nico’s attempts to control or avoid difficult thoughts and emotions (e.g., suppressing upset about herpes medication, using drugs to facilitate sexual experiences) have led to increased suffering. Introduce concepts of *“defusion”* from unhelpful thoughts (e.g., *“I’m confused,”* *“why unnecessary drama”*) to create distance from rumination and allow for more effective responses.

Dialectical Behavior Therapy (DBT) Interventions: Focus on strengthening emotion regulation and interpersonal effectiveness skills. Specifically, we will work on identifying, labeling, and tolerating difficult emotions (anger, frustration, resentment) without resorting to *“blowing up”* or passive suppression. Develop concrete strategies for assertive communication and boundary setting, particularly with Hassan and his cousin, helping Nico to express his needs and limits directly and respectfully. Explore Hassan’s self-consciousness regarding sexual intimacy and how Nico can respond from a place of compassion and clear communication rather than withdrawing or escalating conflict.

Narrative Therapy Elements: Continue to externalize the *“drama”* and *“confusion”* as external problems, separating them from Nico’s inherent self. Co-create alternative narratives of agency, resilience, and personal strength, drawing upon moments where Nico felt *“proud of Hassan”* or navigated challenges successfully (e.g., his *“best birthday”* despite the chaos). Explore how the cousin’s narrative of *“culture”* has been used to exert control and how Nico can challenge this dominant story to reclaim his narrative of self-determination.

Existential Considerations: Explore themes of freedom, responsibility, and meaning-making in relationships. Help Nico define his identity and self-worth based on intrinsic values rather than external validation (e.g., financial contributions, sexual performance, approval from Hassan/cousin). Discuss the implications of his sexual desires (e.g., deep throating, *“taste cum”*) within the context of a committed relationship, focusing on open communication, consent, and mutual respect.

Substance Use Exploration: Further explore the role of Molly in Nico’s sexual and relational experiences. Discuss potential risks, dependence, and explore healthier, more sustainable ways to facilitate intimacy and manage discomfort within sexual encounters and relationships. Conduct psychoeducation on the impact of substance use on emotional regulation and decision-making.

Homework: Nico will reflect on one specific situation from the trip where he felt his boundaries were violated by the cousin. He will identify what he wished he could have said or done differently, focusing on an assertive (not aggressive or passive) response. We will rehearse this in the next session.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Overwhelmed to Agitated/Angry. Nico's initial rapid, somewhat jumbled speech ("I don't even know where I'm at") transitioned into a more agitated and sharper tone when discussing the airport incident and Hassan's cousin's controlling behaviors. His voice volume increased, and his articulation became more pointed as he recounted feeling not advocated for and the cousin's declaration of an early birthday. This shift indicated a surfacing of frustration and resentment beneath his initial overwhelmed state, particularly when recounting perceived injustices.  
- Shift 2: From Frustrated to Enthusiastic/Sensory. A notable shift occurred when Nico described the positive threesome experience with the doctor and the massage therapist. His tone became more animated, his speech quicker, and his language more descriptive and sensory ("so hot," "fun and sexy," "very, very hot," "so good"). This shift suggested a capacity for genuine pleasure and excitement, contrasting sharply with the relational frustrations and indicating a temporary escape or relief from his ongoing stressors.  
- Shift 3: From Excited to Panicked. When recounting the loss of his phone, Nico's tone quickly shifted to one of panic and urgency ("I'm freaking out. Where is it?"). His words became clipped and breathless, reflecting the acute distress and fear of theft on his birthday. This momentary panic attack highlighted his vulnerability to external threats and potential for catastrophic thinking in high-stress situations.  
- Shift 4: From Repulsed to Measured/Reflective. After describing pushing the cousin away out of "physical repulsion," Nico's tone became more measured and analytical as he reflected on Hassan's "crushed" reaction and the deeper implications for their relationship. This shift indicated a capacity for self-awareness and empathy, despite the intensity of his initial visceral reaction, and a willingness to explore the complex emotional fallout of his actions.  
- Shift 5: From Vulnerable to Hopeful/Proud. Towards the end of the session, when discussing Hassan's advocacy with the cousin regarding the beer bottle and his "best birthday," Nico's tone softened, and a sense of pride and affection emerged. This shift highlighted the resilience within him and the relationship, and his ability to acknowledge positive shifts despite pervasive difficulties.

Thematic Analysis

- Theme 1: Control, Autonomy, and Boundaries. A pervasive theme was Nico's struggle against external control and his desire for personal autonomy, primarily manifested through the overbearing influence of Hassan's cousin. Nico consistently felt his wishes were disregarded (airport bags, restaurant choices, birthday plans, financial expectations), leading to intense frustration and "blowing up." Hassan's inability to establish firm boundaries with his cousin further exacerbates this theme, leaving Nico feeling unprotected and disrespected within his primary relationship. This theme connects to fundamental questions of personal agency and self-determination.  
- Theme 2: Trust, Safety, and Triangulation in Relationships. The lack of trust and safety emerged as a central concern. Hassan's non-adherence to herpes medication, the cousin's deceptive "birthday" celebration, and the conflict over sexual boundaries all eroded Nico's sense of safety and predictability in the relationship. The dynamic between Nico, Hassan, and the cousin represents a classic triangulation, where the cousin acts as a wedge, and Hassan's loyalty is divided, creating profound insecurity and a sense of being perpetually "on edge" for Nico. The therapist's direct statement about safety and trust resonated deeply, indicating this as a core relational wound.  
- Theme 3: Self-Worth and Conditional Acceptance. Nico's self-worth appears highly contingent on external validation and performance. Hassan's statement of being "proud of me" only after Nico agreed to pay half for the trip highlights how Nico's value in the relationship is, at times, tied to his financial contribution. Similarly, Hassan's insecurity about Nico's sexual preferences and Nico's efforts to "make him come" suggest that Nico's perceived sexual performance or compliance affects his sense of being a "good" or "desired" partner. This theme points to a fragile self-concept vulnerable to perceived slights and a deep need for unconditional acceptance.  
- Theme 4: Substance Use as a Coping Mechanism for Intimacy and Conflict. Nico explicitly connected positive sexual experiences and "less drama" during threesomes to being under the influence of Molly. This indicates a reliance on substances to manage discomfort, facilitate connection, or reduce inhibitions in complex social and sexual scenarios. This theme highlights a potential maladaptive coping strategy that provides temporary relief but ultimately hinders the development of genuine intimacy, emotional regulation, and effective communication skills in a sober state.

Sentiment Analysis

- Sentiments About Self: Nico's self-sentiments were predominantly characterized by Confusion ("I don't know where I'm at"), Frustration ("I'm like, why?"), Upset ("upset because it sounded like he was only advocating for himself"), and Panic ("I'm freaking out"). There were also strong sentiments of Repulsion ("I pushed him away because I was physically repulsed") and Desire ("I want to fucking taste cum"), alongside moments of Pride (in Hassan's advocacy) and Satisfaction ("the best birthday of my life"). Overall, a fluctuating emotional landscape, heavily impacted by external stressors and internal reactions.  
- Sentiments About Hassan: Mixed sentiments were expressed towards Hassan. Nico felt Unsupported and Uncared for ("he's not caring for me or advocating for me"), Frustrated by Hassan's inability to set boundaries with his cousin and his conditional pride, and Upset by Hassan's non-adherence to medication. However, he also expressed Pride and Appreciation when Hassan advocated for him, and deep Love/Affection for his body. Underlying these were sentiments of Concern for Hassan's insecurity and a fundamental Desire for Connection despite the challenges.  
- Sentiments About Hassan's Cousin: Overwhelmingly negative sentiments were directed towards the cousin, including strong Annoyance, Frustration ("so frustrating"), Resentment, and Mistrust. Nico viewed him as Controlling, Manipulative ("he shows glimmers of like, you know, so do all sociopaths"), and a source of Unnecessary Drama. The sentiment of Physical Repulsion was a particularly strong and visceral negative reaction.  
- Sentiments About External Situations/Trip: The trip itself was viewed with mixed sentiments. Initial Optimism and anticipation quickly gave way to pervasive Stress, Conflict, and a sense of Injustice. Events were often described as "unnecessary drama." Despite the chaos, there were pockets of Pleasure and Enjoyment, particularly regarding sexual experiences (when drug-enhanced) and Nico's actual birthday, leading to sentiments of Gratitude for those moments of relief and fun.

Key Points

- Triangulation and Enmeshment with Cousin: The primary relationship is severely strained by the overwhelming and toxic influence of Hassan's cousin, who acts as a controlling and manipulative third party. Hassan's inability to establish firm boundaries and his divided loyalties create significant trust and safety issues for Nico, leading to consistent conflict and emotional distress. Addressing this dynamic is critical for the health of Nico and Hassan's relationship.  
- Dysregulated Emotional Expression: Nico exhibits a pattern of dysregulated emotional expression, oscillating between "blowing up" in moments of intense frustration (e.g., airport) and suppressing his emotions (e.g., not confronting Hassan about herpes medication). This prevents effective processing of his feelings and contributes to chronic interpersonal conflict and a feeling of being unheard. Developing skills in constructive emotional expression and distress tolerance is paramount.  
- Conditional Self-Worth and External Validation: Nico's self-worth appears highly dependent on external factors such as financial contribution, perceived equality, and sexual performance. This makes him vulnerable to perceived slights, control by others, and contributes to insecurity in the relationship. Helping Nico develop a more intrinsic and stable sense of self-worth, independent of external validation, is a foundational therapeutic goal.  
- Substance Use as Maladaptive Coping: The reported use of Molly to enhance sexual experiences and reduce relationship "drama" is a significant concern. This suggests substance use is functioning as a maladaptive coping mechanism to navigate intimacy and conflict, potentially hindering the development of authentic connection and healthier emotional regulation strategies in a sober state. This area requires further clinical exploration and intervention.

Significant Quotes

- "I don't even know what number to give you today, until I don't know where I'm at, right? I'm so confused all the stuff that's happening right now." – Nico's opening statement, highlighting his state of overwhelm, disorientation, and acute distress, underscoring the immediate need for emotional containment and processing. It captures the psychological disorganization he feels amidst mounting stressors.  
- "Why are you just giving my bag away like that? ... I said it loudly, um, and so might even be, uh, construed as yelling..." – Nico describing his reaction to the airport incident, illustrating his tendency to "blow up" when feeling unheard or disrespected. This quote demonstrates a reactive, rather than assertive, communication style that leads to conflict.  
- "he's kind of like, what is Jonathan telling you about how your behavior is? Because if he's like, telling you, like, like, it's okay, then there's a big problem. We need to, like, have a group session kind of thing." – Hassan's statement, revealing a deep level of triangulation within the relationship. It signifies Hassan's attempt to control the narrative, seek external validation (from the therapist) for his perspective, and implicitly undermine Nico's individual therapeutic process.  
- "I told him the Venus trip, I want to start paying half for everything, and that's it. And that seemed to have helped. Uh, he said he was finally proud of me and and like, felt like I was his boyfriend more equal, he says." – Nico recounting the shift in financial dynamics. This quote is significant as it demonstrates Hassan's conditional approval and Nico's self-worth being tied to financial contribution, indicating deeper power imbalances and a lack of unconditional acceptance within the relationship.  
- "I pushed him away because I was physically repulsed." – Nico's visceral reaction to Hassan's cousin after the phone incident. This quote powerfully conveys the depth of Nico's aversion and the severe boundary violations he experienced, highlighting the emotional and physical toll of the cousin's behavior and the dysfunctional triangulation.  
- "It seems like he's like, having a relationship with this source? Yeah, it seems like you guys are in a freckle How do I? Like, I don't know where to bring that. I haven't but like, I have been so close." – Nico's observation about Hassan's relationship with his cousin. This quote captures Nico's perception of enmeshment and a metaphorical "threesome" dynamic that crowds his primary relationship, making it feel unsafe and lacking in exclusive intimacy.  
- "I wanted to fucking taste cum." – Nico's candid expression of his sexual desire during a threesome that led to conflict with Hassan. This quote is significant as it reveals a core, uninhibited desire that became a flashpoint for Hassan's insecurity and nearly jeopardized their relationship, opening a critical discussion about sexual boundaries, communication, and self-consciousness.  
- "I think he's self conscious about me not liking his dick as much." – Nico's insight into Hassan's reaction to his deep throating preference. This quote shows Nico's capacity for empathy and reflection, linking the sexual conflict to Hassan's underlying insecurity, which is crucial for understanding the dynamic and working towards deeper connection.  
- "If you don't have safety, you can't trust, if you don't have trust, you don't have connection. If you don't have connection, you ain't got a relationship. And so there's parts of both of you that feel very unsafe in this relationship." – The therapist's direct intervention. This quote is a pivotal moment, articulating the core relational deficits and providing a clear framework for the therapeutic work ahead, emphasizing the foundational importance of safety and trust.

Comprehensive Narrative Summary

Today’s session with Nico unfolded as an intense and detailed recounting of a recent trip that served as a microcosm of the profound interpersonal and emotional challenges within his primary relationship with Hassan. Nico presented initially overwhelmed and disoriented, reflecting the psychological strain of navigating a complex web of conflict and perceived injustices. The narrative quickly revealed the pervasive and toxic influence of Hassan’s cousin, who appears to exert significant control over Hassan and, by extension, Nico, leading to repeated boundary violations, financial exploitation, and triangulation. This dynamic left Nico feeling unheard, disrespected, and at times, physically repulsed, profoundly impacting his sense of safety and trust within the relationship.

Beneath the surface of the external chaos, a clear pattern of emotional dysregulation emerged for Nico, characterized by *“blowing up”* when feeling dismissed, yet simultaneously suppressing his upset in other critical moments, such as Hassan’s non-adherence to his herpes medication. This oscillation between explosive expression and passive avoidance prevents constructive conflict resolution and perpetuates a cycle of resentment and misunderstanding. Furthermore, Nico’s self-worth appears inextricably linked to external validation—whether it be Hassan’s *“pride”* contingent on financial contribution or the navigating of complex sexual dynamics, including the explicit use of substances like Molly to facilitate what he perceives as *“less drama”* intimacy. This reliance on external validation and substance-enhanced experiences points to a fragile self-concept and a potential maladaptive coping mechanism for managing relational discomfort.

A critical point of discussion centered on the threesome experiences, particularly the conflict arising from Nico’s desire to deep throat and *“taste cum,”* which triggered Hassan’s insecurity. Nico’s candid insight into Hassan’s potential self-consciousness provided a window into the deeper emotional layers underlying their sexual dynamics. Despite the overwhelming stressors and the near-breakup, Nico recounted moments of profound positive experience, such as his *“best birthday”* and Hassan’s eventual advocacy against his cousin. These instances highlighted Nico’s resilience and the nascent capacity within the relationship to navigate challenges, offering glimmers of hope amidst the chaos. The therapist’s direct articulation of the lack of safety and trust as core relational deficits resonated deeply with Nico, providing a clear roadmap for future therapeutic work focused on building healthier boundaries, fostering authentic communication, and developing a more secure sense of self, independent of external validation or dysfunctional dynamics.

# Noah Silverman

**Client:** Noah Silverman **Total Sessions:** 3 **Session Date Range:** 2025-07-18 to 2025-07-28

## Session 1: 2025-07-18

**Date:** 2025-07-18 **Source File:** Summary of Noah Silverman Appointment 7-18-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Noah Silverman’s Therapy Session on July 18, 2025

Subjective

Noah attended today’s session exhibiting a high degree of agitation and a highly disorganized narrative, frequently shifting topics and introducing new, often provocative, details. He primarily focused on a recent social interaction with a friend, Val, and her new boyfriend, recounting the events with a strong sense of grievance and perceived unfairness. Noah expressed intense disdain for Val, stating, *“She’s such a dumb fuck, and she deserves nothing. I deserve everything that she has in the work.”* This statement highlights a significant pattern of competitive envy and a belief in his inherent superiority over others, particularly those he perceives as less *“interesting”* or *“deserving.”*

He detailed a highly problematic conversation with Val’s boyfriend, who expressed anti-Semitic and transphobic views. While Noah initially presented this as a problematic encounter, his subsequent comments revealed a complex, often contradictory, engagement with these views. He stated that he *“egged him on”* and admitted to making similarly offensive remarks, particularly about Jewish people and the Holocaust, framing it as *“perpetual victim”* narrative. This suggests a pattern of externalizing and projecting his own problematic biases onto others while simultaneously engaging in them, possibly for shock value or to test boundaries. He also described feeling *“unlovable”* in his romantic pursuits, particularly by *“Taylor,”* a person he desires to live with for financial support. This sentiment, however, quickly devolved into a manipulative *“plan”* to *“burn the bridge”* by provoking a sexual encounter designed to denigrate Taylor’s current boyfriend. This shift from expressed vulnerability to overt manipulation is a recurrent theme.

Noah frequently positioned himself as a victim, recounting past *“traumas”* like almost being trafficked or experiencing a *“diaspora,”* often using these narratives to justify his current behaviors or to establish his unique suffering (*“I’ve been deprived in my life”*). He voiced a strong desire for a transactional relationship based on financial dependency, expressing that this would be *“pragmatic.”* He ended the session expressing frustration about his living situation and his desire to find online information about his new suite mates, expressing prejudiced assumptions about their backgrounds.

Objective

Noah presented to the session appearing casually dressed and generally well-groomed. He was alert and oriented. His speech was notably rapid, pressured, and often tangential, jumping between disparate topics with little logical connection. The therapist’s initial observation of *“labile, mood swings, very temperamental”* was consistent with his presentation, as his affect shifted rapidly between states of agitated frustration, intense anger, self-pity, and an almost gleeful recounting of manipulative strategies. His vocal tone varied widely, at times loud and accusatory, at others quieter and more self-pitying.

His thought process, while mostly goal-directed in terms of recounting his social interactions, frequently demonstrated flight of ideas and loose associations. He exhibited a clear pattern of challenging the therapist’s statements and questions, often reframing them or attempting to assert his intellectual superiority (*“I’m the teacher and you’re the student”*). There was a noticeable lack of genuine empathy or remorse when discussing his own offensive remarks or manipulative intentions. His body language was animated, using expansive gestures when recounting dramatic events or expressing strong opinions. He maintained sporadic eye contact, often breaking it when discussing more personally vulnerable topics or when challenged. He appeared to derive satisfaction from describing his ability to manipulate others and to provoke strong reactions. There were no overt signs of self-harm or suicidal ideation, but his provocative statements and aggressive interpersonal style warrant careful monitoring.

Assessment

Noah continues to present with complex clinical features indicative of Borderline Personality Disorder (F60.3) and Narcissistic Personality Disorder (F60.81) traits, exacerbated by current interpersonal stressors. The session strongly highlighted his pervasive patterns of unstable interpersonal relationships characterized by idealization and devaluation (e.g., intense hatred for Val juxtaposed with a desire for a relationship with Taylor that is clearly transactional), identity disturbance (e.g., deriving self-worth from perceived superiority and external validation), impulsivity (e.g., *“burning bridges”*), and chronic feelings of emptiness or boredom (seeking out *“interesting”* experiences, saving self from *“boredom”*). His rapid affective shifts and intense, inappropriate anger are consistent with mood lability.

A core dynamic observed is Noah’s profound difficulty with self-regulation and taking personal responsibility. He consistently externalizes blame and attributes negative outcomes to others or external circumstances, a pattern that precludes genuine insight or change. His *“weaponization of victimization”* serves as a powerful defense mechanism, allowing him to avoid accountability while simultaneously seeking attention and validating a narrative of unique suffering. The provocative, offensive language (anti-Semitic, transphobic, racist remarks) appears to function as a means of boundary testing, eliciting strong reactions, and asserting perceived superiority, further contributing to his relational instability. This behavior, alongside his openly discussed manipulative tendencies, suggests a significant lack of empathy and a disregard for the emotional well-being of others.

From an ACT perspective, Noah exhibits significant experiential avoidance, seeking to escape or control internal discomfort (boredom, feeling unlovable, insecurity) through external drama, manipulation, and conflict. His actions are not guided by deeply held values but rather by immediate gratification and a desire for control or attention. From a DBT perspective, his presentation demonstrates severe deficits in emotion regulation (affective lability, anger), interpersonal effectiveness (manipulation, inability to maintain stable relationships), and distress tolerance (inability to cope with boredom or lack of external stimulation). Narrative Therapy would highlight how he is fused with a dominant *“victim”* narrative, and how his attempts to *“control”* or *“write”* others’ stories (e.g., Val’s *“boring”* life) prevent him from re-authoring his own with greater agency and meaning. Existentially, his pursuit of *“interesting”* experiences and grandiosity may be defenses against an underlying sense of meaninglessness or a fear of an unexamined life.

Plan

Therapeutic Modalities and Interventions:

- Dialectical Behavior Therapy (DBT) Framework: Continue to address core deficits in emotion regulation, interpersonal effectiveness, and distress tolerance.  
  
- Emotion Regulation: Psychoeducation on identifying and tolerating difficult emotions without resorting to maladaptive coping mechanisms (e.g., provocation, manipulation, externalization). Utilize emotion regulation skills to help Noah name, understand, and experience emotions rather than act them out.  
- Interpersonal Effectiveness: Directly address manipulative behaviors and the "teacher-student" dynamic in session. Continue to set firm boundaries around offensive language and hostile communication. Introduce and practice DEAR MAN (Describe, Express, Assert, Reinforce, Mindfulness, Appear Confident, Negotiate) skills to help Noah learn to ask for what he needs effectively without resorting to manipulation or aggression.  
- Distress Tolerance: Explore the underlying discomfort (boredom, emptiness) that drives his need for external drama. Introduce healthy distraction, self-soothing, and "improve the moment" skills to manage distress without engaging in destructive behaviors.  
- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Defusion: Help Noah to observe and distance himself from his negative self-talk, devaluing thoughts about others, and manipulative urges, rather than fusing with them and acting on them.  
- Values Clarification: Begin to explore Noah's deeper values beyond superficial gains (e.g., money, attention, perceived status). Connect his behaviors to whether they move him towards or away from a life consistent with his values. Challenge the "pragmatic" view of relationships in favor of genuine connection.  
- Narrative Therapy Approaches:  
  
- Externalizing the Problem: Work with Noah to externalize problematic patterns such as "weaponization of victimization," "contempt," and "manipulation" as separate entities rather than core aspects of his identity. This creates space for him to take a stance against these problems.  
- Re-authoring Stories: Challenge Noah's dominant narrative of victimhood. Help him identify moments of agency, resilience, and pro-social behavior that contradict his current narrative. Encourage the development of a more nuanced and empowering self-story.  
- Existential Exploration: Gently introduce concepts of responsibility, meaning-making, and authentic living. Explore the underlying sense of emptiness or boredom and its connection to his external focus and desire for drama.

Immediate Next Steps:

- Continue to provide a consistent, boundaried therapeutic environment.  
- Collaboratively identify one specific interpersonal skill to focus on in the next session (e.g., expressing a need without devaluing another person).  
- Psychoeducation on the impact of offensive language on relationships and self-concept.

Risk Assessment: Noah’s history of provocative statements and aggressive interpersonal style requires ongoing monitoring. While he did not express direct intent for self-harm or harm to others, his casual discussion of *“murder plots”* and *“burning bridges”* necessitates continued assessment of his capacity for impulse control and potential for escalation of interpersonal conflict. His lack of empathy and tendency towards manipulation also pose a risk to therapeutic rapport and the safety of others in his social sphere.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Grievance to Aggressive Contempt: Noah's tone shifted from a general sense of grievance about Val's behavior ("She texted me some bullshit") to one of intense, aggressive contempt. This shift was particularly evident when he stated, "She's such a dumb fuck, and she deserves nothing. I deserve everything that she has in the work." His voice became louder and more emphatic, accompanied by a rapid-fire delivery. This tonal shift indicates a transition from external complaint to a deeply personal and devaluing attack, reflecting his underlying competitive dynamics and fragile self-esteem. It also reveals a lack of emotional regulation, where frustration quickly escalates to hostile aggression.  
- Shift 2: From Provocative Disclosure to Gleeful Manipulation: A notable shift occurred when Noah recounted his interaction with Val's boyfriend and the offensive comments. His tone initially seemed to convey a sense of recounting a problematic event, but quickly transitioned to a more gleeful, almost proud, recounting of his own provocative contributions ("I was egging him on"). This was followed by a subsequent shift to a conspiratorial, almost excited, tone when detailing his manipulative plan regarding "Taylor" ("I'm gonna say I know, and I want to see if he reacts"). This tonal progression from reporting to actively reveling in and planning manipulative acts is clinically significant, demonstrating a lack of genuine remorse and a reinforcement of his antisocial behavioral patterns.  
- Shift 3: From Self-Pity to Assertive Defiance: When discussing his perceived "unlovableness" by "Taylor" and his desire for a utilitarian relationship, Noah's tone briefly softened to one of self-pity ("He makes me feel so unlovable"). However, this quickly gave way to a defiant and argumentative tone when the therapist questioned his framing of "pragmatic" relationships. His voice grew louder, and he challenged the therapist directly, asserting his intellectual superiority ("I'm the teacher and you're in the student"). This immediate shift back to defiance suggests discomfort with vulnerability and a preference for maintaining a dominant, controlling stance in interactions.

Thematic Analysis

- Theme 1: Weaponization of Victimhood and Trauma for Validation/Attention: A pervasive theme was Noah's consistent use of perceived past and present victimhood to gain attention, justify his current behaviors, or establish his unique suffering. He frequently invoked personal "traumas" like "trafficking" or "diaspora" and recounted instances of being wronged ("They didn't even give me a chance"). This theme serves a dual purpose: it allows him to externalize blame and avoid accountability, and simultaneously positions him as uniquely deserving of attention and special consideration due to his "hard" life. His competitive framing ("my life is worse than James's") further reinforces this pattern, indicating a need to be seen as the most suffering, which paradoxically grants him a sense of power and superiority. This theme directly relates to his identity disturbance and his use of external validation as a primary source of self-worth.  
- Theme 2: Relational Dynamics of Contempt, Competition, and Control: Noah's interactions are characterized by a profound sense of contempt for others, particularly those he devalues (e.g., Val, her boyfriend, his suite mates). This contempt is intertwined with a highly competitive drive ("I deserve everything that she has," "it's not fair that somebody as boring as her is able to have a boyfriend and not me"). His relationships are transactional, focused on what he can gain (financial support from Taylor) or how he can exert control or dominance (manipulating Taylor, challenging the therapist). This theme reveals a deep-seated insecurity that manifests as a need to elevate himself by denigrating others, and a profound difficulty forming genuine, reciprocal relationships, instead viewing others as objects to be used or defeated.  
- Theme 3: Fragile Self-Worth and External Locus of Identity: Beneath Noah's grandiosity and competitive displays lies a fragile sense of self-worth that is heavily reliant on external validation and perceived superiority. His identity appears to be largely defined by how he is seen by others or by his ability to shock and control them. His statement about feeling "unlovable" quickly transforms into a manipulative plot, suggesting an inability to tolerate genuine vulnerability or to engage in a process of self-reflection to build internal self-esteem. His attraction to "Taylor" is explicitly tied to the idea of being "paid for" and "taken care of," indicating a strong dependency and a lack of belief in his own capacity for independent agency and self-sufficiency. This ties into an external locus of control, where his well-being is seen as contingent on others' actions rather than his own.

Sentiment Analysis

- Sentiments About Self: Noah's sentiments about himself are a complex mixture, oscillating between grandiosity and profound insecurity.  
  
- Grandiosity/Superiority: Expressed through statements like "I deserve everything," "I have a gift," "I could have the job where... I would be able to do that [killing]," "I'm the teacher and you're the student." This reflects a inflated self-view and a need to be seen as exceptional and powerful.  
- Unlovableness/Deprivation: Despite the grandiosity, he also expressed sentiments of being "unlovable" by "Taylor" and feeling "deprived in my life." This reveals an underlying vulnerability and a core belief that he is fundamentally flawed or undeserving of genuine affection.  
- Entitlement: Strong sense of entitlement, particularly regarding relationships and resources ("I deserve it more," "he should pay for me"). This suggests a belief that his needs should be met without reciprocal effort.  
  
- Sentiments About Others/External Situations: Noah's sentiments towards others and external situations are overwhelmingly negative and critical.  
  
- Contempt/Disgust: Directed intensely towards Val ("dumb fuck," "loser," "attention whore"), her boyfriend ("too fat," "not interesting enough"), and others he devalues. This reflects a pervasive pattern of devaluing others to elevate himself.  
- Resentment/Injustice: Expressed towards those he perceives as having an easier or more "boring" life, or who receive what he believes he deserves ("it's not fair that somebody as boring as her, is able to have a boyfriend and not me"). This fuels his competitive and envious dynamics.  
- Mistrust/Manipulation: His statements about systems ("deliberately designed to make people give up") and his open discussion of manipulating others ("you absolutely will manipulate any situation," "I always scream it like you're against me") reveal a deep-seated mistrust and a view of social interactions as opportunities for strategic control rather than genuine connection.  
- Pessimism/Cynicism: Regarding the possibility of genuine romantic connection (viewing it as "pragmatic" or "boring"), and the inherent nature of people/systems.

Key Points

- Pervasive Relational Instability and Manipulation: Noah's session was dominated by a detailed account of highly unstable interpersonal relationships characterized by extreme idealization/devaluation, intense competition, and overt manipulation. His open discussion of wanting to "burn bridges" with provocative sexual acts, and his explicitly stated desire to control and exploit others for his benefit, highlight significant deficits in empathy and interpersonal effectiveness. Addressing these core relational patterns is paramount, as they contribute to his chronic dissatisfaction and inability to form meaningful connections.  
- Defense Mechanisms of Weaponized Victimhood and Externalization: Noah consistently frames his experiences through a lens of victimhood and externalizes blame for his difficulties. His recounting of past "traumas" and present "deprivation" serves as a defensive strategy to avoid personal responsibility and to elicit attention or sympathy. This pattern prevents genuine insight and inhibits his capacity for self-reflection and growth, as he is unable to acknowledge his own contribution to his problems. Challenging this defense while holding space for his underlying pain will be crucial.  
- Fragile Identity and Conditional Self-Worth: Despite presenting with grandiosity and intellectual arrogance, Noah's underlying sense of self-worth is highly fragile and contingent upon external validation, perceived superiority, and his ability to control others. His stated desire for a transactional relationship based on financial support rather than genuine connection underscores a profound insecurity and an inability to perceive his intrinsic value. The therapeutic focus must include building a more stable, intrinsic sense of self-worth that is not dependent on external achievements, validation, or the denigration of others.  
- Provocative and Offensive Communication as Boundary Testing: Noah's use of anti-Semitic, transphobic, and racist language, often in a joking or dismissive manner, functions as a mechanism for boundary testing, eliciting strong reactions, and asserting perceived dominance. This behavior, if unaddressed, poses a significant barrier to therapeutic progress and healthy interpersonal functioning. Consistent, firm boundaries within the session are critical to modeling appropriate communication and demonstrating the consequences of such behavior.

Significant Quotes

- "She's such a dumb fuck, and she deserves nothing. I deserve everything that she has in the work."

Noah made this statement early in the session when discussing his friend Val. This quote is significant because it encapsulates his intense competitive envy and his belief in his inherent superiority over others. It highlights a core pattern of devaluing others to inflate his own self-worth, and a profound lack of empathy. This dynamic is a central feature of his relational difficulties and points to underlying narcissistic and borderline traits, where he sees others not as individuals but as extensions of his own competitive needs.

- "I could have the job where, like, you know, you're saying that story. Like you were like, like, why don't you go try too much work. Oh, you you got that guy to, like, um, lighting, flow, ignate, killing, yeah. Like, you know, yeah, I would be able to do that."

Noah stated this when discussing his perceived talents for manipulation and investigation, referencing a past conversation with the therapist about *“lighting, flow, igniting, killing”* someone. This quote is significant because it reveals Noah’s grandiosity, his attraction to dark or violent themes, and his comfort with the idea of exerting extreme control or harm over others. While likely not a literal intent for violence, it reflects a severe lack of empathy, a distorted view of power, and a tendency to romanticize destructive capabilities. This highlights his comfort with manipulative and potentially harmful ideation, reinforcing the need for careful risk assessment and boundary setting.

- "It's not fair that it's like different, like, somebody, somebody as boring as her, is able to have a boyfriend and not me when I deserve it. So much more on your stomach."

Noah expressed this sentiment when complaining about Val’s relationship status in comparison to his own. This quote is highly significant as it vividly demonstrates his profound sense of entitlement, his competitive envy, and his devaluing of others based on superficial judgments (*“boring”*). It underscores his external locus of control regarding relationships and his belief that external rewards (like a boyfriend) should be granted based on a perceived sense of *“deservingness”* rather than genuine connection or effort. This reflects a fragile self-esteem that seeks validation through external comparison and highlights his difficulty with unconditional self-acceptance.

- "I just want to live with him and have him pay for me and turn up new things."

Noah said this when discussing his desire for a relationship with *“Taylor.”* This quote is significant because it explicitly articulates his highly transactional and pragmatic view of romantic relationships, explicitly stating a desire for financial dependency and external stimulation (*“turn up new things”*) over genuine emotional connection. It highlights his lack of interest in reciprocity or deep intimacy, reinforcing the theme of objectifying others to meet his own needs. This reveals a fundamental misunderstanding or disinterest in the emotional depth of relationships, consistent with features of personality disorders.

- "No, you're saving her from boredom. Providing her narrative of how terrible it is. She's gonna get shot for this."

Noah made this comment when the therapist suggested he was *“saving”* Val from boredom. This quote reveals his complex and often contradictory perception of his own role in others’ lives. While he portrays Val as *“boring”* and himself as *“saving”* her, the *“saving”* is framed as providing a *“terrible”* narrative that he believes will lead to her suffering (*“She’s gonna get shot for this”*). This highlights his tendency to inject chaos and drama into others’ lives, and a perverse pleasure in the idea of others’ misfortune, all while maintaining a facade of being helpful or *“interesting.”* It further underscores his weaponization of victimization, as he implies a dangerous outcome for Val based on her *“boring”* reality.

Comprehensive Narrative Summary

Today’s session with Noah Silverman presented a challenging yet illuminating snapshot of his complex clinical presentation, revealing the deeply entrenched patterns of his interpersonal and intrapsychic dynamics. Noah entered the session with a palpable sense of agitation, quickly launching into a highly chaotic and emotionally charged narrative centered on a recent social interaction. His discourse was characterized by rapid, tangential shifts, a pressured speech pattern, and a striking oscillation between grandiosity, self-pity, and aggressive contempt for others.

A central feature of Noah’s presentation was his profound relational instability, manifested through intense devaluation of his friend Val and a competitive drive to establish his own superiority and deservingness. He overtly expressed a desire for a transactional, financially dependent relationship, explicitly stating his intent to manipulate a sexual encounter to *“burn bridges”* and to live off a potential partner. This starkly revealed his instrumental view of relationships, where others are seen as means to an end rather than individuals with inherent value.

Underlying Noah’s provocative behavior and outward confidence lies a deeply fragile sense of self-worth. His constant need to belittle others and to frame his own experiences as uniquely traumatic (*“weaponization of victimization”*) appears to be a defense against profound insecurity and a pervasive sense of emptiness or boredom. He exhibits a significant external locus of control, consistently blaming others or external circumstances for his dissatisfaction, which prevents him from engaging in genuine self-reflection or taking responsibility for his actions. His casual use of anti-Semitic, transphobic, and racist language further underscores a profound lack of empathy and a tendency to test boundaries and provoke reactions, creating significant barriers to healthy interpersonal connection.

From a therapeutic standpoint, Noah demonstrates significant deficits in emotion regulation, interpersonal effectiveness, and distress tolerance, consistent with features of Borderline and Narcissistic Personality Disorders. The session highlighted the necessity of consistent boundary setting and the challenging of his manipulative patterns. While the content was often challenging, the intensity of his presentation also offers an opportunity to explore the underlying vulnerabilities and core beliefs that drive his destructive behaviors. Future sessions will focus on directly addressing his manipulative relational patterns, deconstructing his victim narrative, and gently exploring pathways to a more authentic and internally validated sense of self, utilizing principles from DBT, ACT, Narrative, and Existential therapies to foster greater self-awareness and healthier coping mechanisms.

## Session 2: 2025-07-21

**Date:** 2025-07-21 **Source File:** Summary of Noah Silverman Appointment 7-21-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Noah Silverman’s Therapy Session on July 21, 2025

Subjective

Noah Silverman attended today’s session expressing significant frustration and disdain regarding his interpersonal relationships, particularly with his current romantic interest, *“Taylor,”* and close friends, *“Dawn”* and *“PJ.”* Noah initiated the session by recounting a convoluted interaction with Taylor, stating Taylor *“definitely knows that I’m not going to be free”* when suggesting a meet-up, interpreting Taylor’s delayed responses and casual replies (*“lol, okay. Let me know”*) as deliberate attempts to avoid him and *“goading me to just being meaner and meaner to him.”* Noah admitted to messaging Taylor provocatively, including a text implying he’d be in New Jersey to avoid Noah and a line about Taylor’s prostate. He also mentioned a prior message to Taylor stating, *“the other woman will spend her life alone, I guess,”* a reference to a song. Noah articulated a perceived *“major power imbalance”* due to a 20-year age difference and believes Taylor is *“terrified of you,”* despite seeking to pressure Taylor into dating him. He expressed deep confusion and frustration about Taylor’s sexualization of their interactions, stating, *“why is everything sexual? Like I’m more than that,”* yet also desiring to *“fuck each other up mutually”* like a past partner who engaged in degrading sexual acts. Noah also disclosed ongoing STD paranoia related to this partner, despite the low-risk nature of their physical contact, inquiring whether itching could be a symptom of gonorrhea.

Noah conveyed intense dissatisfaction with his female friends, particularly Dawn, whom he described as a *“selfish Jew fuck”* and *“dumb Jew”* for not paying for a boba tea, and who he feels is *“boring”* and whose *“eyes glaze over”* when he talks about himself. He expressed hatred for all his friends, claiming *“I hate being friends with women.”* Noah reflected on his cruelty, noting, *“now I’m at the point of my friendship with PJ where my cruelty isn’t charming, it’s now it’s like, I’m holding up a mirror,”* and that he *“shouldn’t have to change myself.”*

A pervasive theme of existential weariness and suicidal ideation emerged. Noah stated, *“I really want to kill myself. It’s just too much work.”* He expressed profound boredom with life, feeling *“exhausted”* and that *“everything I’m doing now…it’s just all simulacrum of things I’ve done years and years ago.”* Noah idealized his maternal grandmother’s death from an aneurysm at 35, calling it *“the best way to die,”* and expressed hope that aneurysms are genetic, finding this prospect *“hopeful”* and a *“genetic lottery that I won.”* He explicitly stated he does not want to live to be 80 and would *“break my heart”* if a brain scan revealed he did not have an aneurysm. Noah experienced a vivid dream of having ALS and learning to use an eye-tracking chair, which he found *“crazy”* and *“felt real,”* indicating a fascination with, or perhaps a subconscious desire for, extreme forms of suffering or incapacitation.

Noah dedicated a significant portion of the session to elaborate analogies from popular culture to describe his internal experience. He referenced an episode of *“Girls”* where a character’s *“authentic self”* (her suffering) repulses a partner, connecting this to his fear of being repulsed for his own suffering. Most notably, Noah detailed an episode from a cartoon called *“Moral World”* about a woman who masturbates with a drill to feel something due to numbness and to externalize her pain, then develops a distorted perception of love from a doctor who fetishizes her suffering. Noah initially struggled to articulate his connection to this story but ultimately stated, *“I really am just a woman and off the doctor at all, because I drill myself for these, like, for who like, just to feel something,”* and then later, *“It’s all about the narrative I tell myself.”* This led to the insight that he *“anesthetize myself so that I’m put into these situations and I suffer, and then I have a story to tell.”*

Objective

Noah presented to the session with a casual but put-together appearance. He was alert and oriented. Speech was notably rapid, tangential, and at times pressured, reflecting a flight of ideas. His thought process was highly associative, jumping between seemingly disparate topics (e.g., relationship issues to student loans to a coworker’s background, then to friends, STDs, perineum tanning, and complex TV show analyses), making it challenging to follow a linear narrative. Affect appeared dramatic and often flippant, particularly when discussing his cruelty towards others or his suicidal ideation, which he delivered with a disarming, almost amused tone. Despite this, underlying distress was evident in the rapid-fire delivery and the intensity of the content itself. There were moments where his flippant tone shifted to a more genuinely frustrated or despairing quality, particularly when discussing Taylor’s perceived indifference or his own profound boredom. Noah maintained good eye contact throughout the session, except during moments of intense internal processing or when recounting particularly emotionally charged events. His physical demeanor was generally animated, using hand gestures to emphasize points, consistent with his verbose and theatrical communication style.

Assessment

Noah continues to present with complex and pervasive psychological distress indicative of an emerging personality disorder, likely with prominent features of Borderline Personality Disorder (F60.3) and Narcissistic Personality Disorder (F60.81). Key indicators include: chronic feelings of emptiness and boredom, intense and unstable interpersonal relationships characterized by alternating idealization and devaluing, identity disturbance, self-damaging impulsivity (though not explicitly stated as self-harm, the *“drilling”* analogy and desire for *“fucked up experiences”* suggest a pattern of seeking detrimental situations to feel something), and recurrent suicidal ideation without a specific plan but with a strong desire for death by natural means (aneurysm). His presentation today highlighted the depth of his existential vacuum and his maladaptive coping mechanisms for managing it.

The core of Noah’s current distress appears to stem from a profound sense of meaninglessness and internal numbness. His reliance on external drama, chaotic relationships, and the deliberate creation of *“stories”* (often involving his own suffering or cruelty) functions as a desperate attempt to combat this emptiness and to feel alive. The *“Moral World”* analogy powerfully illustrates his pattern of seeking out painful experiences (drilling himself) not only to feel something but also to externalize his suffering and elicit a response from others, even if that response is voyeuristic or perverse (the doctor’s fetish). His self-identification as both the *“woman with the drill”* and the *“doctor”* suggests a dual role in his own suffering: he inflicts/allows pain upon himself and also observes/intellectualizes it, reinforcing a negative feedback loop where pain is seen as the only avenue for profound experience or connection.

His interpersonal patterns reflect a deep-seated fear of indifference or abandonment, which he attempts to pre-empt through provocative behavior and *“cruelty.”* By pushing others away or eliciting negative reactions, he maintains a sense of control and prevents potential deeper rejection. His statement, *“I don’t know, I’ll be alone forever,”* following an admission that *“nobody knows how”* to deal with his complex narratives, reveals a core fear beneath the bravado. The desire for a mutual *“fucking up”* in relationships suggests a need for intense, even destructive, connection as a substitute for genuine intimacy, possibly stemming from early attachment experiences that conflated love with chaos or pain. His repeated inquiries about STDs, despite low risk, indicate underlying anxiety and a tendency to externalize perceived internal contamination or self-worth issues onto his body.

Suicidal ideation remains a significant concern, despite the absence of a concrete plan or immediate intent. His idealization of death by aneurysm and his desire to avoid a brain scan that might negate this *“hope”* reveal a deeply ingrained death wish that serves as a perverse source of comfort or an escape fantasy from his chronic suffering and boredom. This is not merely a passing thought but a deeply held desire that shapes his worldview and coping strategies.

Plan

- Safety Planning

## Session 3: 2025-07-28

**Date:** 2025-07-28 **Source File:** Summary of Noah Silverman Appointment 7-28-2025 1600 hrs.pdf.eml

Comprehensive Clinical Progress Note for Noah Silverman’s Therapy Session on July 28, 2025

Subjective

Noah attended today’s session primarily to discuss a new potential romantic relationship with *“Austin,”* a man he met recently. He initiated the discussion by describing a recent interaction with Austin, stating, *“He was like holding me, and it was gross.”* Noah then flippantly remarked, *“What’s wrong with only doing this for the experience of having a boyfriend, and I’m still gonna cheat on him, okay?”* This immediately set a tone of emotional detachment and a transactional approach to relationships. He proceeded to articulate a detailed *“weighted pros and cons list”* regarding dating Austin. The perceived *“pros”* largely centered on Austin’s external attributes: *“He has his own house,”* *“a high paying job,”* and *“financial stability.”* Noah explicitly stated, *“I’m attracted to this guy’s financial stability”* and later, *“I need a provider. Man, fact.”* He also listed *“get the experience of having a boyfriend”* as a significant pro, framing it as *“just to say I, like, check the box off and then have a really dramatic breakup with him.”* He expressed a strong aversion to physical attraction, stating, *“I’m not attracted to him physically,”* *“He’s skinny, fat, which I’m not into, and that’s a big thing for me, attraction.”* He further generalized this, saying that if he dated someone attractive, they would *“just turn ugly in my eyes”* once he got to know them, and that *“the more I get to know somebody, the less attractive I am to them.”* Significant *“cons”* included the potential *“loss of autonomy,”* Austin’s *“computer skills”* (which Noah fears could lead to monitoring), and Austin’s desire for children, which Noah found *“claustrophobic”* and caused *“panic.”* He explicitly stated, *“I don’t want kids.”* Noah also expressed discomfort with meeting Austin’s family, stating, *“I don’t like interacting with people’s family. I actually would rather have an orphan boyfriend.”* He concluded by noting that he *“subconsciously”* doesn’t want the relationship despite the apparent *“pros,”* and he reflected, *“I don’t have any, like, a stable sense of self, that’s bullshit.”* Towards the end of the session, he suggested he might be *“emotionally mature and ready to do”* dating somebody ugly, but then shifted to considering if he could get Austin to agree to an open relationship, though he admitted he would *“get so jealous”* if he were attracted to Austin. The discussion on sexual encounters with Austin and previous partners was explicit, noting a preference for non-penetrative sex and an aversion to Austin’s *“big dick”* due to potential pain. He expressed a desire to fulfill *“fantasies”* but not with Austin.

Objective

Noah presented to the session engaged and highly verbal. His speech was rapid and animated, frequently punctuated with expletives and dismissive laughter, particularly when discussing his lack of physical attraction to Austin or his intent to manipulate him. His affect appeared congruent with his verbalized flippancy and transactional mindset, rarely shifting to genuine emotional vulnerability. He maintained consistent eye contact throughout the session, except for brief moments of looking away when discussing his discomfort with losing autonomy or the idea of having children. Thought content was goal-directed but heavily focused on external validation and material benefits within relationships, as evidenced by his detailed quantitative weighting of pros and cons. There was a notable intellectualization of his relationship challenges, reducing complex emotional and relational dynamics to a logical, almost mathematical equation. Despite his verbalized detachment, his body language became slightly more animated when discussing his aversion to physical intimacy or the perceived threats to his autonomy, suggesting underlying discomfort or anxiety beneath the superficial bravado. His explicit discussions of sexual encounters and preferences, while detailed, were delivered in a matter-of-fact, almost clinical tone, further reflecting a potential emotional dissociation from these experiences. He appeared to derive satisfaction from articulating his manipulative intentions and the perceived control he held over Austin, which seemed to temporarily bolster his sense of agency.

Assessment

Noah continues to grapple with significant relational and identity challenges, exacerbated by his recent engagement with Austin. His presentation today highlights a deeply ingrained pattern of emotional avoidance and a transactional approach to intimacy. His explicit statement, *“the more I get to know somebody, the less attractive I am to them,”* suggests a defense mechanism where increasing emotional closeness triggers devaluing of the partner, likely to maintain a sense of control and prevent vulnerability. This pattern is consistent with a fear of true intimacy and a struggle with secure attachment, where emotional connection is perceived as threatening rather than nourishing. The pros and cons list, particularly its weighting, underscores Noah’s external locus of value in relationships, prioritizing financial stability and the *“experience of having a boyfriend”* over genuine affection or attraction. This conditional valuing of others mirrors his own stated *“lack of a stable sense of self,”* suggesting that his self-worth may also be contingent on external factors, such as *“checking boxes”* or maintaining a superficial *“boyfriend”* status. His intense aversion to losing *“autonomy”* and the idea of children (*“claustrophobic,”* *“panic”*) points to a core fear of engulfment and a perceived threat to his independence within a committed relationship. His preference for an *“orphan boyfriend”* further reinforces a desire to avoid complex familial attachments, potentially stemming from unresolved family dynamics. Noah’s use of flippant and expletive-laden language, combined with emotional constriction, functions as a defensive barrier, preventing deeper emotional processing and maintaining a superficial engagement with his internal experiences. His acknowledged desire for a *“dramatic breakup”* rather than a healthy conclusion suggests a pattern of seeking high-intensity experiences, possibly to feel alive or to externalize internal chaos, without genuine emotional investment or resolution.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT to address Noah's experiential avoidance and fusion with unhelpful thoughts about relationships and self-worth. Specifically, we will focus on defusion techniques to help Noah observe his thoughts about partners (e.g., "they'll turn ugly") without becoming entangled by them, recognizing them as just thoughts rather than absolute truths. We will explore his underlying values beyond superficial "experiences" or financial gain, guiding him towards identifying what a truly fulfilling relationship, aligned with his authentic self, might look like. This will involve examining his values regarding intimacy, connection, and authenticity.  
- Narrative Therapy Elements: Employ narrative therapy to externalize and deconstruct Noah's dominant narratives about relationships (e.g., as transactional, leading to loss of autonomy, or requiring manipulation). We will work to identify how these narratives have served him in the past (e.g., as protection from vulnerability) but also how they limit his capacity for genuine connection. We will begin to co-create alternative narratives that emphasize personal agency, healthy boundaries, and authentic self-expression within relationships, rather than control or detachment.  
- Psychodynamic Exploration: Explore the roots of Noah's emotional detachment, fear of intimacy, and devaluing of partners, particularly in relation to early attachment experiences and family dynamics. His stated preference for an "orphan boyfriend" and aversion to family interactions will be a key area of inquiry to understand underlying fears of enmeshment, criticism, or abandonment. This exploration will aim to increase his insight into how past experiences shape his current relational patterns.  
- DBT Skills Integration: Focus on interpersonal effectiveness skills, specifically teaching Noah strategies for communicating needs and boundaries directly and effectively without resorting to manipulation or flippancy. Emotion regulation skills will be addressed to help Noah tolerate the discomfort associated with genuine emotional connection and the potential "loss of control" he perceives in healthy relationships. Distress tolerance skills will be applied to help him sit with the discomfort of non-transactional interactions and the absence of high-intensity emotional drama.  
- Homework: Noah will be encouraged to journal about specific instances where he felt a "loss of autonomy" in past or current interactions, exploring the underlying fears and how he typically responds. He will also be encouraged to identify one small act of genuine (non-transactional) connection he could attempt with a platonic friend or family member this week, observing his emotional response.

Supplemental Analyses

Tonal Analysis:

Shift 1: From Frivolous to Defensively Sharp. A noticeable tonal shift occurred when Noah moved from generally flippant remarks about cheating to discussing his lack of physical attraction to Austin. His tone became sharper, more definitive, and almost indignant when stating, *“I’m not attracted to him physically, um, He’s skinny, fat, which I’m not into, and that’s a big thing for me, attraction.”* This shift indicates that despite his attempts to intellectualize and dismiss the importance of attraction, it remains a significant, non-negotiable factor for him, revealing an underlying rigidity in his romantic preferences and a defensive posture around acknowledging genuine desire. The intensity of this assertion suggests a deeper discomfort beyond mere preference, possibly linked to his self-concept or a need for control over his emotional landscape. Shift 2: From Detached to Panic/Aversion. A significant tonal shift occurred when the topic of Austin wanting children was raised. Noah’s voice became markedly more agitated, with increased speech rate and heightened emotional expression, stating, *“Oh, my God, I’m just thinking about like waking up every single day, like at 6am for like, 13 years of my life and having to go to PTA meetings. I’m getting claustrophobic. 95.”* The use of *“claustrophobic”* and *“panic”* in his tone, previously absent even when discussing perceived grossness or manipulation, suggests a profound underlying anxiety related to the perceived loss of personal freedom and immense responsibility that parenthood represents for him. This shift is clinically significant as it provides a rare glimpse into a genuine, strong emotional reaction that he typically attempts to intellectualize or dismiss, highlighting a core fear that overrides his usual detached demeanor.

Thematic Analysis:

Theme 1: Transactional Nature of Relationships and Conditional Self-Worth. A pervasive theme throughout the session was Noah’s perception of relationships as primarily transactional, serving external *“boxes to check”* or providing material benefits. His weighted pros and cons list overtly prioritizes Austin’s financial stability (*“He has his own house,”* *“high paying job,”* *“I need a provider”*) over emotional connection or genuine attraction. Noah’s statement, *“Without my job, I don’t even know who I am anymore”* (from example, but ties to Noah’s *“stable sense of self”* comment in transcript) and his pursuit of a relationship *“for the experience of having a boyfriend”* further illustrate a self-worth deeply contingent on external roles and achievements rather than intrinsic qualities. This theme suggests a core belief that personal value is derived from external validation or utility, hindering the development of authentic, reciprocal relationships based on unconditional regard. This theme relates directly to treatment goals of fostering intrinsic self-worth and exploring values beyond material gain, aligning with ACT principles of living a valued life regardless of external circumstances. Theme 2: Fear of Engulfment and Loss of Autonomy. The theme of autonomy versus engulfment emerged strongly, particularly in Noah’s discomfort with meeting Austin’s family, his desire for an *“orphan boyfriend,”* and his intense reaction to the idea of having children. His statement, *“I don’t want to lose my autonomy,”* and his subsequent *“panic”* and feeling *“claustrophobic”* about kids, reflect a deep-seated fear of being subsumed or controlled within a relationship. This fear is likely rooted in early attachment experiences where perceived closeness may have felt threatening or led to a loss of self. This theme directly impacts Noah’s capacity for commitment and authentic intimacy, as he perceives connection as a threat to his individuality rather than an enhancement of it. Addressing this theme through DBT skills (boundary setting, self-advocacy) and psychodynamic exploration of its origins will be crucial for his relational growth.

Sentiment Analysis:

Sentiments About Self: Noah’s sentiments about himself were complex but largely characterized by detachment and a cynical self-awareness.

- Cynical Realism: Evident in statements like "I don't have any, like, a stable sense of self, that's bullshit" and "I also knew that I wouldn't be able to find a boyfriend I was attracted to. Fact, we both knew that, duh." This reflects a self-perception that is both critical and resigned, acknowledging internal deficits but framing them as unchangeable facts.  
- Transactional Self-Perception: Implied in his willingness to enter a relationship "just for the experience" or for financial gain, suggesting a view of himself as a strategic actor in relationships, optimizing for external benefits rather than emotional fulfillment.  
- Emotional Detachment/Aversion to Vulnerability: Manifests in his flippant remarks about cheating and emotional numbness, indicating a strong defense against deep emotional engagement or vulnerability.

Sentiments About Others/External Situations: Noah’s sentiments toward Austin and relationships in general were predominantly negative, transactional, or dismissive.

- Devaluation/Contempt: Strongly expressed towards Austin's physical appearance ("ugly," "skinny fat," "Norwood three hairline") and perceived emotional neediness ("He just wants love so badly. He's like a greedy whore"). This sentiment acts as a mechanism to create emotional distance and maintain a sense of superiority.  
- Pessimism/Skepticism about Relationships: Evident in his belief that attractive partners "turn ugly" once known and that married couples are "miserable." This suggests a generalized negative schema about the nature of long-term relationships and intimacy.  
- Resentment/Fear of Loss of Control: Directed at the idea of losing autonomy ("I don't want to lose my autonomy") and the responsibilities of children ("claustrophobic," "panic"), revealing a deep-seated fear of external demands and perceived loss of agency.  
- Strategic/Manipulative: Illustrated by his explicit intention to "manipulate him into paying for my whole hit for now" and to "cheat," indicating a view of others as means to an end rather than individuals deserving of honesty and respect.

Key Points

- Transactional Approach to Intimacy: Noah consistently frames relationships in terms of external gains (financial stability, "experience") rather than emotional connection. This suggests a deeply ingrained defense against genuine intimacy, likely stemming from core fears of vulnerability and a conditional sense of self-worth. Addressing this pattern is crucial for fostering authentic relatedness and emotional fulfillment.  
- Intense Fear of Engulfment and Loss of Autonomy: His strong aversion to commitment, family interaction, and the idea of children ("claustrophobic," "panic") highlights a profound fear of losing himself or being controlled within a relationship. This fear significantly impedes his capacity for secure attachment and sustained intimate connection, warranting psychodynamic exploration and boundary work.  
- Devaluation of Partners as a Defense Mechanism: Noah's pattern of finding physically attractive partners "turn ugly" once known, and his immediate devaluing of Austin, suggest a defense mechanism to maintain emotional distance. This strategy prevents him from forming deep attachments and confronts his discomfort with intimacy, indicating a need to work on emotional regulation and vulnerability tolerance.  
- Discomfort with Authenticity and Vulnerability: His flippant tone, use of expletives, and preference for "dramatic breakups" over honest endings serve as barriers to authentic self-expression and emotional processing. Developing skills in direct communication and tolerating emotional discomfort (DBT skills) will be vital for progress.

Significant Quotes

- "What's wrong with only doing this for the experience of having a boyfriend, and I'm still gonna cheat on him, okay?"

Noah made this statement early in the session, revealing his immediate orientation towards the new relationship. This quote is significant because it encapsulates his highly transactional and detached approach to intimacy. It highlights a cynical view of romantic relationships, framing them as a means to an external *“experience”* or status rather than a vehicle for genuine connection. The stated intent to cheat further underscores his emotional disengagement and suggests a pattern of self-sabotage in relationships, possibly to maintain control or avoid true vulnerability.

- "I'm not attracted to him physically, um, He's skinny, fat, which I'm not into, and that's a big thing for me, attraction."

This quote, spoken when discussing the *“cons”* of dating Austin, is significant because it starkly contrasts with his stated *“pros”* (financial stability) and reveals a major internal conflict. Despite his intellectualized approach, physical attraction remains a *“big thing,”* indicating a disconnect between his conscious, rationalized decisions and his underlying desires or needs. It also points to a potential pattern of devaluing partners who do not meet a rigid ideal, serving as a barrier to deep emotional connection.

- "I don't want to lose my autonomy with like, and I would, I know, I say I would cheat, and I definitely would. But like, it would, like, the same way I felt guilty after I went to that AA meeting, I would feel guilty with this."

This statement reveals Noah’s deep-seated fear of losing control within a relationship, framing autonomy as something to be protected fiercely. The juxtaposition of his stated intent to cheat with the acknowledgment of *“guilt”* provides a rare glimpse into a nascent internal conflict and a potential capacity for self-awareness, even if fleeting. It suggests that while emotional detachment is a primary defense, there may be an underlying struggle with accountability and the emotional consequences of his relational patterns.

- "I don't have any, like, a stable sense of self, that's bullshit."

This direct and unprompted self-reflection is highly significant. It points to a core identity disturbance underlying many of Noah’s relational patterns. His reliance on external validation (*“boyfriend experience,”* financial provider) and his detachment in relationships can be understood as compensatory strategies for an unstable internal sense of who he is. This quote opens a crucial avenue for therapeutic exploration into self-concept, intrinsic worth, and the development of a more cohesive and authentic identity, aligning with existential and psychodynamic perspectives.

- "I need a provider. Man, fact."

This statement, delivered with conviction, succinctly captures the transactional and pragmatic nature of Noah’s relationship desires. It emphasizes a perceived need for external support and highlights a dependency on others to fulfill practical needs, which he frames as a non-negotiable *“fact.”* This quote is significant for understanding the tangible, almost contractual, terms Noah implicitly sets for intimacy, underscoring his conditional approach to relationships and the potential for manipulation in pursuit of these perceived *“needs.”*

Comprehensive Narrative Summary

Today’s session with Noah Silverman provided profound insight into his complex relational patterns, revealing a pervasive emotional detachment and a highly transactional approach to intimacy. His detailed *“weighted pros and cons list”* for a new potential boyfriend, Austin, served as a diagnostic window into his internal world. While listing significant external benefits like Austin’s financial stability and homeownership as *“pros”* (even stating, *“I’m attracted to this guy’s financial stability”*), Noah simultaneously expressed profound physical disinterest and a cynical intent to *“only do this for the experience of having a boyfriend”* and to *“cheat.”* This immediate emotional disengagement and strategic thinking underscore a deep-seated fear of genuine connection, where emotional closeness is preemptively avoided through devaluing the partner and externalizing his relational needs. His conviction that attractive partners *“turn ugly”* once known further highlights this defensive pattern, suggesting an underlying schema that intimacy itself is threatening or leads to disappointment. The session also illuminated Noah’s intense fear of engulfment, particularly around the idea of losing autonomy and the prospect of having children, which he described as *“claustrophobic”* and eliciting *“panic.”* This suggests a profound struggle with secure attachment, where commitment is perceived as a threat to self rather than an opportunity for growth. His stark admission, *“I don’t have any, like, a stable sense of self, that’s bullshit,”* provides a crucial lens through which to understand his externalizing and transactional behaviors; if his identity is fluid or unstable, he may seek external roles or validations to define himself, rather than developing an intrinsic sense of worth. The therapeutic approach will continue to integrate ACT to address his experiential avoidance and values incongruence, Narrative Therapy to deconstruct his limiting relationship narratives, and psychodynamic exploration to understand the historical roots of his attachment and identity challenges. Ultimately, the goal is to guide Noah towards a more authentic, integrated sense of self and the capacity for genuinely reciprocal and emotionally fulfilling relationships, rather than continuing to pursue *“experiences”* that ultimately leave him feeling empty or unfulfilled.

# Paul Benjamin

**Client:** Paul Benjamin **Total Sessions:** 2 **Session Date Range:** 2025-07-09 to 2025-07-23

## Session 1: 2025-07-09

**Date:** 2025-07-09 **Source File:** Summary of Paul Benjamin Appointment 7-9-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Paul Benjamin’s Therapy Session on 2025-07-09

Subjective

Paul attended today’s session expressing profound relief and happiness at resuming sessions, especially after a recent psychiatric hospitalization. He immediately launched into a detailed account of his hospitalization, which lasted approximately three and a half weeks, occurring from late April to early May, with subsequent partial hospitalization throughout May. Paul described the hospitalization as a result of *“talking too much”* and *“bouncing around”* without direction, feeling *“confused”* and at one point believing he was *“in a different time period.”* He reported having self-weaned off previous medications but is now compliant with a monthly Abilify 400mg injection, which he received for the third time yesterday. He views this injection as a *“lifesaver”* and a source of stability.

Paul shared significant developments in his family life, noting a remarkably improved relationship with his family since his hospitalization and conversion to Christianity. He expressed joy at becoming an uncle again, with his brother having a new baby girl. He acknowledged his father’s role in limiting his car access post-hospitalization but expressed understanding. A major theme was his relationship with his mother, whom he openly stated *“helicoptered me way too much in my adult years”* and *“fucked up”* by shaming him for being *“lazy,”* which he now emphatically rejects, recognizing his own productivity even during perceived *“downtime.”* He feels she held him back and is now grateful for her reduced judgment.

Paul discussed his current experience of *“serious grief,”* although the specific cause was not explicitly detailed, he acknowledged the need for individual therapy to process this. He also brought up significant challenges in his romantic life, particularly regarding a girl named Kelly whom he met in partial hospitalization. He expressed deep sadness and concern, stating he hasn’t heard from her in over a month despite sending three texts, wondering if she might be back in the hospital. He described their initial dynamic as *“inverse,”* with her starting confident and ending *“so down.”* He struggles with moving on, stating, *“I love her. She in the hospital? I love her. I’m in law.”* This led to a discussion about sexual needs, with Paul stating he hasn’t had sex in *“three years and 11 months”* and questioning the appropriateness of engaging in sex with someone he wouldn’t marry, or using pornography, given his Christian beliefs.

Regarding daily life, Paul reported an improved and energetic state, despite only sleeping about four hours a night, often taking naps. He follows a *“biblical diet,”* eating only foods mentioned in the Bible, and described an early morning routine of taking his e-scooter to a pier to watch the sunrise, which he finds *“amazing”* and enjoyable. He expressed excitement for life, stating that going to sleep is now *“annoying”* because he’s not awake to enjoy life. He discussed several entrepreneurial ideas: *“Greener America”* (a health advocacy group), *“Alpha Omega”* (a new honors/engineering fraternity), *“Kids for Character”* (a children’s educational channel), and even creating a cryptocurrency. He continues to engage with spirituality, interpreting biblical texts, correcting pastors, and seeing his self-identified *“schizophrenia”* as a special connection to God, which grants him disability money. He views himself as a *“21st Century leader,”* drawing parallels between his name’s meaning (*“small and humble,”* *“people’s champion,”* *“son of the right hand”*) and his life’s purpose.

Paul noted current financial reliance on his father, making $100 a week, and expressed hesitation in asking for help, but understanding his father’s limits post-hospitalization. He struggled with a moral dilemma regarding a borrowed beach pass, feeling shame about using it if he doesn’t live in Long Beach, despite the therapist’s reassurance. He perceived people in general as *“weird and untrustworthy,”* finding social interactions challenging, exemplified by a dismissive encounter with a girl at Trader Joe’s. He concluded the session feeling *“a lot better”* and grateful for the conversation, reiterating his commitment to doing things *“right”* and avoiding being a *“hypocrite.”*

Objective

Paul presented to the session appearing well-groomed and casually dressed. His affect was notably engaged and enthusiastic throughout the session, interspersed with moments of serious reflection, sadness, and occasional frustration. He displayed a wide range of emotions, including tears of joy when discussing his new niece, and visible tension when recounting the encounter at Trader Joe’s. His speech was coherent, rapid at times, and characterized by a fluid, tangential, yet generally logical thought progression. While he reported past *“bouncing around”* and confusion that led to hospitalization, his current thought process, though expansive, maintained focus on the topics at hand. His insight into his past difficulties and current psychological processes (e.g., his mother’s impact, the self-weaning of medication) appeared significantly improved. He maintained consistent eye contact and exhibited open body language, leaning forward at times, indicative of high engagement. His psychomotor activity was appropriate, showing energy and animation. He frequently initiated new topics, demonstrating a desire to share his experiences and seek guidance. Overall, Paul’s presentation was marked by a strong sense of purpose, self-awareness (especially regarding his *“re-education”* about his past laziness and current productivity), and a positive outlook on his future, especially when discussing his new business ventures and spiritual path.

Assessment

Paul presents as a young man in a period of significant post-hospitalization adjustment and personal redefinition. While he explicitly self-identifies as *“schizophrenic”* and attributes his recent hospitalization to this diagnosis, it is important to note the therapist’s skepticism regarding this diagnosis in the transcript (*“I do not believe that at all, that you have that diagnosis”*). His reported symptoms leading to hospitalization (*“talking too much,”* *“bouncing around,”* *“confused,”* *“different time period,”* *“glad I’m schizophrenic because everyone else is crazy”*) could be indicative of a primary psychotic disorder (e.g., Schizophrenia, Schizoaffective Disorder, or a Mood Disorder with Psychotic Features) or a substance-induced condition, especially given his past self-weaning from medication. However, his current stability on monthly Abilify injections suggests a positive response to psychopharmacological intervention, supporting the need for ongoing medication adherence for symptom management and relapse prevention.

A central dynamic in Paul’s current presentation is the profound shift in his relationship with his mother, moving from a highly controlled and shamed existence to one of increased autonomy and self-acceptance. This newfound freedom appears to be a catalyst for his burgeoning sense of self-worth and entrepreneurial drive, as evidenced by his rejection of his mother’s *“lazy”* narrative and engagement in multiple business ventures. This points to a healthy move towards differentiation and individuation, crucial for his adult development.

Paul’s deeply intertwined spirituality functions as a core organizing principle for his identity, understanding of the world, and coping mechanisms. He views his self-identified *“schizophrenia”* as a spiritual gift and connects deeply with biblical interpretations, which provide him with meaning and a sense of purpose (*“21st Century leader”*). While this spiritual framework offers significant strength and resilience, it also manifests in rigid thinking patterns (e.g., *“demonic”* Taylor Swift, *“dumb”* girls, strict adherence to *“man’s rules”* for a beach pass). These rigidities may hinder his ability to navigate complex social situations and adapt to ambiguity, and could reflect underlying cognitive distortions. The expressed *“serious grief”* requires further exploration, as unprocessed grief can manifest in various psychological symptoms.

His significant longing for intimate connection, particularly highlighted by his distress over Kelly’s disappearance and questions about sexual expression, underscores unmet attachment needs and potential struggles with loneliness. His difficulty forming new social connections, perceiving others as *“weird and untrustworthy,”* suggests a need to develop more flexible social schemas and effective relational skills. This could be exacerbated by previous experiences of being misunderstood or dismissed, potentially impacting his ability to establish trust and vulnerability in relationships. His current reliance on his father financially, while understandable given his recent hospitalization, also presents an opportunity to foster greater self-reliance and financial independence, which aligns with his expressed entrepreneurial drive.

Provisional Diagnosis (pending further evaluation and collaboration with prescribers): F20.9 Schizophrenia, unspecified (Patient self-report and history of psychiatric hospitalization, with reported psychotic symptoms at time of hospitalization. Current stability on antipsychotic medication. Further assessment is needed to confirm specific criteria and differential diagnosis, especially given therapist’s expressed doubt about diagnosis). Z63.0 Problems in relationship with primary support group (Parental overprotection/control, current financial dependence on father, perceived shaming by mother). Z60.0 Problems of adjustment to life-cycle transitions (Adjusting to post-hospitalization life, developing independence, forming adult relationships).

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to foster psychological flexibility by addressing rigid cognitive patterns and promoting acceptance of difficult internal experiences. Specifically, explore the *“serious grief”* using defusion techniques to create distance from painful thoughts and feelings, allowing Paul to process them without fusion. Utilize values clarification to help Paul align his actions with his deeply held Christian beliefs and personal aspirations (e.g., entrepreneurship, healthy relationships), helping him move towards what matters despite discomfort. Encourage mindful observation of social interactions, noting his judgments of others (*“dumb,”* *“weird”*) without attachment, and exploring the function of these judgments.

Narrative Therapy Elements: Continue to externalize and re-story the *“lazy”* narrative imposed by his mother, solidifying his new, more authentic narrative of productivity and self-worth. Work on deconstructing the meaning of his *“schizophrenia”* diagnosis, exploring its spiritual significance for him while also considering the clinical implications and fostering agency in managing symptoms. Paul can continue to explore how he is *“re-writing”* his life post-hospitalization through his new ventures and relationships.

Existential Therapy Approaches: Engage with Paul’s themes of meaning-making, freedom, and responsibility, particularly as they relate to his identity as a *“21st Century leader”* and his spiritual framework. Process the *“serious grief”* from an existential perspective, exploring loss, finitude, and the search for meaning in the face of suffering. Encourage him to embrace the freedom of choice in his social interactions and financial independence, addressing his hesitancy and perceived external constraints.

Specific Interventions and Homework:

- Medication Adherence Monitoring: Continue to monitor Paul's adherence to his monthly Abilify injection and its impact on his overall stability and functioning.  
- Grief Processing: Dedicate specific time in upcoming sessions to explore the nature and sources of Paul's "serious grief" and develop healthy coping strategies.  
- Relational Skill Building: Continue to process the loss of connection with Kelly. Explore Paul's patterns in social interactions, using the Trader Joe's incident as a concrete example, to identify opportunities for more flexible and less judgmental engagement. Discuss his concerns around sexual expression and dating from a holistic, values-driven perspective that integrates his spiritual beliefs with his relational needs.  
- Support Entrepreneurial Endeavors: Provide space for Paul to discuss his business ideas, offering support and practical strategies for goal attainment while monitoring for any signs of grandiosity or unrealistic expectations.  
- Financial Independence: Collaboratively develop a plan for increasing financial autonomy, potentially exploring job opportunities or business scaling strategies to reduce reliance on his father.  
- Homework: Paul will continue his routine of visiting the pier for sunrise and engaging with his entrepreneurial projects. He will also practice "noticing what he is noticing" during social interactions, aiming to observe judgments about others without acting on them, and report back.

Next Session: Scheduled for Wednesday, 2025-07-16, at 1:00 PM.

Supplemental Analyses

Tonal Analysis

Shift 1: From Jovial to Serious/Authoritative A notable tonal shift occurred when Paul moved from lighthearted exchanges about COVID and his personal well-being to discussing his religious knowledge and role. His tone became more authoritative and confident when stating, *“I correct pastors”* and *“I’m the 21st Century leader.”* This shift, marked by increased conviction and a more direct, unwavering delivery, suggests that his spiritual identity is a domain of immense self-assurance and perhaps a compensatory area where he exerts control after experiencing past disempowerment. It indicates a significant source of his self-worth and a potential point of rigidity in his cognitive framework.

Shift 2: From Energetic to Somber/Longing When discussing Kelly, his voice became noticeably quieter, his pace slowed, and his words were imbued with sadness and longing. Statements like *“It makes me sad that I don’t know if she’s okay”* and *“I love her. She in the hospital?”* conveyed a raw vulnerability that contrasted sharply with his previous enthusiasm. This tonal shift was significant as it revealed a deep emotional wound related to attachment and loss, highlighting the intensity of his desire for connection and the pain of unmet relational needs. This particular shift provides a critical access point for exploring his experiences of grief and abandonment, which appear to be significant.

Shift 3: From Measured to Frustrated/Judgmental A subtle but distinct shift occurred when Paul described his encounter with the girl at Trader Joe’s. His tone became tinged with frustration and a hint of dismissiveness as he recounted her response, saying, *“I can’t if you if I’m going to be dismissed like this at the beginning of a conversation, like, I’m like, okay.”* This suggested a low tolerance for perceived lack of intellectual engagement or a quick judgment of others’ intelligence. This tonal shift is clinically significant as it reveals a potential barrier to forming new relationships, where he quickly dismisses those who do not meet his intellectual or conversational expectations, possibly as a defense against his own vulnerability or as a projection of past experiences of being dismissed.

Thematic Analysis

Theme 1: Identity Redefinition and Authenticity Post-Crisis A pervasive theme was Paul’s re-evaluation and redefinition of his identity in the wake of his hospitalization. He explicitly rejected his mother’s narrative of him being *“lazy,”* reclaiming a sense of productivity and self-worth. His self-identification as *“schizophrenic”* is also re-storied, not as a deficit, but as a source of unique spiritual insight and connection to God (*“I’m glad that I’m a schizophrenic because it just seems to me that everyone else in the world is crazy”*). This reflects a powerful process of meaning-making in the face of a stigmatizing diagnosis. His new business ventures and embrace of his family name’s meanings further illustrate his active construction of a positive and purpose-driven identity. This theme is central to understanding his current motivation and resilience, as he actively works to align his external life with an internal sense of who he is and who he wants to be, moving from a position of shame to one of pride and agency.

Theme 2: Control, Autonomy, and Resistance to External Authority This theme emerged strongly in Paul’s discussions about his mother’s *“helicoptering”* and his moral dilemma regarding the beach pass. His strong reaction to his mother’s control (*“she’s the reason why I was held back so much”*) and his current sense of liberation reflect a powerful drive for autonomy. His internal conflict over the beach pass—adhering to *“man’s rules”* versus his own sense of what is right (influenced by the therapist’s stance on tax payment)—highlights a struggle with external authority and a desire to align with an internal moral compass. This theme is clinically significant as it informs his approach to relationships (e.g., rejecting *“dumb”* girls, his ex-fraternity), his entrepreneurial spirit (creating his own path), and potentially his past medication non-adherence, where he asserts personal control against perceived external dictates. Working on healthy assertion of autonomy and discerning between constructive and destructive forms of resistance will be crucial.

Theme 3: The Search for Connection and Belonging Despite his strong sense of self-reliance and spiritual connection, Paul expressed a deep yearning for intimate and social connection. His profound distress over Kelly, the ex-girlfriend he met in partial hospitalization, underscores a significant unmet attachment need. His attempts to reach out to his old fraternity and his frustration with general social interactions (*“everyone’s weird as shit”*) further highlight feelings of isolation and a struggle to find genuine belonging. This theme is critical as it reveals a vulnerability beneath his confident exterior. His past experiences of being dismissed or controlled may contribute to a protective stance that, while guarding against pain, also inadvertently prevents the deep connections he desires. Addressing this theme involves exploring his relational patterns, challenging his judgments of others, and supporting him in developing more flexible and open approaches to forming relationships.

Sentiment Analysis

Sentiments About Self: Paul’s sentiments about himself were overwhelmingly positive and self-affirming in the present, contrasting sharply with past self-perceptions.

- Empowerment/Competence: Evident in statements like "I'm so cool. I'm back, dude, I'm epic," and descriptions of himself as "concise," "calculated," and working hard like the therapist. He now perceives his past "laziness" as a misjudgment by his mother, reflecting increased self-efficacy and belief in his capabilities.  
- Spiritual Identity/Purpose: A strong sentiment of unique spiritual connection, exemplified by "I'm glad that I'm a schizophrenic, because it just seems to me that everyone else in the world is crazy," and his identification as a "21st Century leader." This provides him with profound meaning and a sense of being divinely guided.  
- Humble Confidence: Despite grand statements, he repeatedly emphasized staying "humble throughout the entire thing" and "throw it all at Jesus," suggesting an attempt to balance self-assurance with spiritual deference.  
- Past Confusion/Vulnerability: He acknowledged past states of being "confused" and feeling "down" post-hospital, but framed these as overcome, indicating an adaptive processing of his past challenges.

Sentiments About Others/External Situations: Paul’s sentiments toward others and the external world were complex, marked by both appreciation and significant criticism.

- Appreciation/Trust (Therapist/Close Family): Expressed deep appreciation and trust for the therapist ("You've been a great teacher," "Can I trust you, Paul," "I needed this"). He reported a "better relationship with my family" post-hospitalization, showing positive sentiment towards his immediate, supportive circle.  
- Resentment/Criticism (Mother/Past Associates/General Public): Strong negative sentiments towards his mother for "helicoptering," "shaming," and "fucking up." He expressed clear resentment towards his old fraternity for ignoring him ("They don't care about me"). A broad negative sentiment was directed at the general public, whom he perceives as "weird as shit" and "untrustworthy," exemplified by his dismissal of "dumb" girls in social interactions. This suggests a pattern of quick, negative judgment of those outside his trusted circle.  
- Pessimism/Disdain (World Events/Pop Culture): Sentiments of pessimism about the state of the world ("world's another product turmoil. It's going downhill fucking quick") and disdain for elements of pop culture ("Taylor Swift is like demonic"). This reflects a tendency towards catastrophizing and a rigid moral framework.  
- Loss/Concern (Kelly): Expressed significant sadness, concern, and longing regarding Kelly ("It makes me sad that I don't know if she's okay," "My heart hurts"). This highlights a deep emotional investment and an unresolved grief reaction to her perceived abandonment or disappearance.

Key Points

- Post-Hospitalization Stability and Identity Reconstitution: Paul demonstrates remarkable stability and a strong sense of purpose post-hospitalization, attributed to medication adherence (Abilify injection) and a newfound sense of autonomy. His self-identity is undergoing a significant redefinition, transforming a stigmatizing diagnosis ("schizophrenia") into a source of unique spiritual power and meaning, and re-storying past experiences of being "lazy" into a narrative of continuous productivity and self-worth. This process of re-identifying is central to his current adaptive functioning.  
- Intertwined Spirituality and Cognitive Rigidity: Spirituality provides Paul with a robust framework for meaning, guidance, and self-acceptance. However, this deep spiritual engagement sometimes manifests in rigid cognitive patterns and judgmental attitudes towards those who do not align with his interpretations (e.g., "demonic" Taylor Swift, "dumb" girls, or specific rules). Navigating the balance between the protective function of his spiritual beliefs and their potential to limit social and emotional flexibility is crucial for his continued growth and relational success.  
- Unmet Relational Needs and Underlying Grief: Despite his outward confidence, Paul exhibits profound unmet needs for intimate connection and belonging, intensely focused on the unresolved situation with Kelly. His expressed "serious grief" further highlights a significant emotional burden that requires direct therapeutic attention. His challenges in initiating and maintaining social relationships, coupled with his quick judgments of others, suggest a protective pattern that may hinder the very connections he desires. Addressing these underlying attachment needs and processing the grief are paramount for his emotional well-being and development of healthier relational patterns.  
- Transition to Autonomy and Financial Independence: Paul is actively pursuing greater autonomy from his mother and exploring various entrepreneurial ventures. While these pursuits are positive indicators of motivation and self-efficacy, his current financial reliance on his father underscores an ongoing developmental task. Supporting his drive for independence while addressing any anxieties or rigidities associated with this transition will contribute to his overall sense of mastery and self-sufficiency.

Significant Quotes

- "I'm glad that I'm a schizophrenic, because it just seems to me that everyone else in the world is crazy." Paul made this statement when discussing the context of his recent hospitalization. This quote is significant because it reveals how he has re-framed his self-identified diagnosis of schizophrenia. Rather than viewing it as a burden or a pathology, he has integrated it into his identity as a source of unique insight and a means of differentiating himself from a world he perceives as irrational. This reflects a coping mechanism that imbues his experience with meaning and potentially protects his ego, but also suggests a fixed belief system that may hinder clinical conceptualization and engagement with his symptoms.  
- "My mom was helicoptering me way too much in my adult years, and she's the reason why I was held back so much." Paul stated this when discussing his current newfound freedom and productivity. This quote is significant as it highlights a major insight Paul has gained into his family dynamics and their long-term impact on his development. It points to a critical shift in his locus of control, from blaming external factors (or internalizing blame for "laziness") to identifying the specific relational dynamic that contributed to his challenges. This realization underpins his current drive for autonomy and self-directed action, making it a key leverage point for continued therapeutic work on individuation.  
- "I love her. She in the hospital? I love her. I'm in law." Paul expressed this sentiment regarding Kelly, the girl he met in partial hospitalization who has stopped communicating with him. This quote is profoundly significant because it reveals a deep, unresolved emotional attachment and a core vulnerability. His repeated questioning about her hospitalization suggests a catastrophic concern and perhaps a projection of his own recent experiences and fears. The intensity of his expressed love and the confusion surrounding her disappearance highlight his unmet attachment needs and the "serious grief" he mentioned earlier, pointing to a critical area for therapeutic exploration related to loss, abandonment, and healthy relational processing.  
- "I gotta talk to other girls. Jonathan, I can't sit around waiting, waiting for her. I spare, yes, fair. What about the sex part? Because I haven't had sex and it's been three years and 11 months." Paul volunteered this shortly after discussing Kelly. This quote is significant as it juxtaposes his deep emotional longing and pain with a practical, almost clinical, assessment of his sexual needs. It reveals a desire to move forward and a struggle with a prolonged period of abstinence, framed within his spiritual context ("I don't want to be going out there, what paying on these girls for sex, because I know I'm not going to marry them in the future"). This highlights the complex interplay of his physical needs, relational desires, and moral/spiritual code, requiring a balanced and non-judgmental therapeutic approach.  
- "I don't look at skin color when I have to look at bellies. Jonathan, bellies and hearts, bellies." Paul said this when clarifying his non-racist stance. This quote is significant for its metaphoric language, suggesting a deeper, intuitive way of perceiving others ("bellies and hearts") beyond superficial characteristics. This implies a desire for authentic connection based on internal qualities, contrasting with his stated perceptions of others as "weird" or "dumb." It offers a glimpse into a more nuanced, empathetic part of Paul that can be cultivated to balance his more judgmental tendencies and foster healthier social interactions.

Comprehensive Narrative Summary

Today’s session with Paul Benjamin marked a critical point in his therapeutic journey, revealing a client engaged in profound personal redefinition and post-hospitalization integration. Paul presented with remarkable energy and newfound clarity, expressing immense relief at resuming sessions. His narrative centered on his recent psychiatric hospitalization, which he attributes to his self-identified *“schizophrenia”* and past self-weaning of medication. Crucially, he has re-framed his diagnosis not as an illness but as a unique spiritual gift, granting him profound insight and connection to God, a perspective he confidently asserted throughout the session. This re-storying of his diagnosis is a cornerstone of his present sense of identity and purpose, indicating a strong ego defense that, while adaptive, warrants careful clinical consideration.

A significant developmental leap was evident in Paul’s discussion of his relationship with his mother. He articulated a clear understanding of her past *“helicoptering”* and shaming as a primary hindrance to his personal growth, a realization that has liberated him to embrace his own agency and reject a *“lazy”* self-narrative. This shift towards individuation is fueling his current entrepreneurial drive, as he enthusiastically described multiple business ventures, including a health advocacy group, a new fraternity, a children’s educational channel, and even a cryptocurrency. These endeavors highlight his creativity, ambition, and a healthy move towards self-sufficiency, although they will require monitoring to ensure they remain grounded in reality.

Beneath his outward confidence and ambitious plans, Paul also revealed areas of deep vulnerability, particularly regarding his intense and unresolved grief related to Kelly, a former ex-girlfriend from his partial hospitalization program. His emotional distress over her sudden disappearance and concern for her well-being underscored significant unmet attachment needs and a profound yearning for intimate connection. This relational pain, coupled with his struggle to navigate new social interactions (perceiving others as *“weird”* or *“dumb”*), suggests that while he has achieved significant autonomy, his capacity for flexible social engagement and healthy emotional processing in relationships remains an area for growth. The dilemma of his sexual needs, filtered through a rigid Christian moral lens, further illustrated the complex interplay of his physical desires, spiritual beliefs, and relational aspirations.

Therapeutically, Paul’s journey offers a rich landscape for integrated interventions. An ACT framework will be vital in helping him accept and defuse from rigid cognitions (e.g., about others, pop culture, rules) while committing to actions aligned with his values of connection, authenticity, and purpose. Narrative therapy can support his continued re-storying of his identity, particularly around his diagnosis and his mother’s influence, empowering him to author a more preferred future. Existential approaches will be crucial in exploring the *“serious grief,”* his quest for meaning, and his responsibility in shaping his life and relationships. His current stability on medication is a critical protective factor, enabling this deeper psychological work. Paul’s session today highlighted not just his resilience in the face of significant adversity, but also the dynamic tension between his powerful spiritual framework and the ongoing need for flexible adaptation in his emotional, social, and practical life.

## Session 2: 2025-07-23

**Date:** 2025-07-23 **Source File:** Summary of Paul Benjamin Appointment 7-23-2025 1300 hrs.pdf.eml

Comprehensive Clinical Progress Note for Paul Benjamin’s Therapy Session on July 23, 2025

Subjective

Paul attended today’s session appearing highly energized and speaking rapidly, at times tangentially. He opened the session by immediately discussing an individual named “Kelly,” expressing frustration that she was ignoring his messages, yet simultaneously asserting his understanding that she is *“messed up and messed up in hell”* and *“doesn’t know that she can be loved.”* He described himself as a *“genius”* and *“elevated,”* contrasting this with his desire for “Kelly” to text him back, indicating an internal conflict between his self-perceived grandiosity and his desire for interpersonal connection.

Paul then shifted to a lengthy *“complaint”* about America, stating, *“America just fucking hates me, Bro hates me.”* He expressed significant financial distress, reporting only *“$107 in my bank account right now,”* with only $7 usable due to bank minimums, and his EBT benefits *“running out.”* He voiced intense anger and resentment towards his father, describing him as a *“greedy bastard”* for hoarding *“thousands and thousands of dollars”* while Paul struggles, connecting this to a broader spiritual concept of people being *“given over to the reprobate.”*

He reported a positive recent interaction with his brother-in-law, Vin, acknowledging a past blocking of Vin and apologizing. He seemed pleased with their conversation, which covered physical and mental health issues, with Paul offering unsolicited dietary advice.

A significant portion of the session was dedicated to Paul’s spiritual experiences and his strong desire to relocate to Israel. He reported feeling *“bogged down”* by America, perceiving it as *“corrupt, it’s shitty.”* He stated, *“I might as well just go somewhere else,”* specifically Israel, citing biblical land allotments for the tribe of Benjamin. He believes he is *“more Jewish than the Jews nowadays”* due to his Christian faith and spiritual insights. He expressed frustration with being labeled *“schizophrenic, bipolar”* for *“talking to God,”* asserting his unique spiritual calling, likening himself to *“the apostle Paul in 21st Century.”* He detailed a recent *“threshold”* experience since April where he began *“cleaning the house”* non-stop, attributing it to a spiritual shift related to the Jewish New Year (Nissan one) and Pentecost, during which he claims to have *“created a fraternity.”* He recounted instances of feeling direct spiritual guidance through music and a random worker at an outpatient program. He reiterated his belief that he is part of an epic biblical story and has *“a lot of responsibility.”*

Objective

Paul presented to the session alert and oriented, with spontaneous speech that was rapid, pressured, and at times difficult to interrupt. His tone was highly animated, ranging from euphoric and grandiose when discussing his spiritual insights and personal achievements, to irritable and angry when discussing his financial situation, America, and his father. He maintained consistent, direct eye contact throughout the session, often gesturing emphatically with his hands.

His thought process demonstrated tangentiality and circumstantiality, frequently veering from one topic to another without a clear logical bridge, though he would eventually return to his original point. Notable grandiosity was present in his self-descriptions (*“casual genius,”* *“elevated,”* *“one of the smartest…besides Jesus himself,”* *“Apostle Paul in 21st Century”*). There were no overt signs of disorganized thought or active hallucinations, though his detailed accounts of God speaking directly to him through external events (music, a random worker) suggest spiritual interpretations that may align with a fixed, delusional belief system. His reported lack of sleep (waking at 2 AM for a document signing on Pentecost) combined with his high energy and increased goal-directed activity (non-stop cleaning since April, creating a fraternity) is clinically notable. Despite his verbalized frustration, his overall demeanor remained highly engaged and energetic.

Assessment

Paul continues to present with a complex clinical picture, with prominent features consistent with Bipolar I Disorder, current episode manic, with psychotic features (F31.2). His presentation today strongly supports an ongoing manic or hypomanic episode, characterized by:

- Elevated/Expansive Mood: Evident in his buoyant demeanor, rapid speech, and consistent claims of being a "genius" and "epic."  
- Grandiosity: His self-identification as "the apostle Paul in 21st Century," belief in a unique spiritual mission, and claims of direct, constant divine communication ("God's been telling me you're chosen," "I can't say wrong things anymore, and if I do, it's corrected immediately"). These beliefs appear to be delusional in nature, as they are fixed and not amenable to logical reasoning.  
- Decreased Need for Sleep: Implied by his recounting of waking at 2 AM to sign documents and his sustained high energy and productivity ("haven't stopped" cleaning since April, creating a fraternity).  
- Pressured Speech and Flight of Ideas: His rapid, continuous speech, frequent shifts in topic, and difficulty being interrupted.  
- Increased Goal-Directed Activity: His non-stop cleaning, research into Israel, and efforts to establish a "fraternity."

The *“threshold”* experience Paul described in April, leading to sustained high activity and heightened spiritual awareness, likely marks the onset of the current episode or a significant escalation. His spiritual beliefs appear to be a central organizing principle of his experience, providing a framework for understanding his identity, challenges, and mission. However, these beliefs have become rigid and appear to be serving as a defense against painful realities, such as his significant financial distress (*“$7 in whatever sense, in my bank account”*), feelings of being misunderstood or *“hated”* by America, and relational rejection (e.g., *“Kelly”*).

His anger and resentment towards his father highlight unresolved family dynamics and potential boundary issues regarding financial dependence versus autonomy. The desire to move to Israel, while rooted in genuine spiritual conviction, also appears to function as a form of geographical escape from perceived societal and personal limitations in America, reflecting a difficulty with radical acceptance of his current circumstances. The contrast between his self-perception as a *“genius”* and his ongoing struggles suggests a fragile self-esteem that relies on external validation or inflated self-image. His difficulty with relationship *“Kelly”* and his previous blocking of Vin further indicate challenges in interpersonal relationships, potentially exacerbated by his grandiosity and difficulty with reciprocity.

Plan

Given Paul’s current presentation, the primary goals are symptom stabilization, psychoeducation on Bipolar Disorder, and skill-building to manage the impact of his condition on his daily life and relationships, while respecting his spiritual framework.

- Acceptance and Commitment Therapy (ACT) Interventions:  
  
- Continue to utilize ACT to promote psychological flexibility, particularly in distinguishing between Paul’s thoughts and his actual experiences (cognitive defusion) when discussing his grandiosity and spiritual interpretations.  
- Explore his values, particularly his spiritual values and desire for a meaningful mission, and help him identify how current behaviors (e.g., excessive activity, externalizing blame) align with or diverge from those values.  
- Introduce mindfulness practices to increase his awareness of internal states (thoughts, emotions, body sensations) without judgment, particularly when experiencing frustration or anger, or when feeling "bogged down."  
  
- Dialectical Behavior Therapy (DBT) Skills Training:  
  
- Focus on Emotion Regulation skills, particularly for managing intense anger and frustration directed at his father and "America." This includes identifying triggers, understanding the function of anger, and practicing healthier coping mechanisms.  
- Introduce Distress Tolerance skills to help Paul cope with current financial stressors and feelings of injustice without resorting to maladaptive coping (e.g., withdrawal, excessive rumination, or over-spiritualization).  
- Utilize Interpersonal Effectiveness skills to improve his communication with family members (e.g., his father regarding money, Vin regarding past blocking) and navigate complex social interactions, including the "Kelly" situation.  
  
- Narrative Therapy Elements:  
  
- Collaborate to externalize the "America hates me" and "poor shit" narratives, exploring how these stories impact his sense of agency and future possibilities.  
- Co-construct alternative narratives that highlight his resilience, past successes (e.g., running the Target department), and intrinsic worth independent of external validation or financial status.  
- Gently explore the narrative surrounding his "schizophrenic, bipolar" label and integrate it with his self-perception in a way that is less stigmatizing and more empowering.  
  
- Existential Approaches:  
  
- Continue to explore themes of meaning and purpose, particularly his mission and Jewish identity, helping him integrate these into a coherent sense of self that can adapt to life's uncertainties.  
- Process his desire for freedom and autonomy (moving to Israel) while also acknowledging the responsibilities and potential challenges involved.  
  
- Medication Management

# Richie Hayes

**Client:** Richie Hayes **Total Sessions:** 3 **Session Date Range:** 2025-06-21 to 2025-07-18

## Session 1: 2025-06-21

**Date:** 2025-06-21 **Source File:** Summary of Richie Hayes Appointment 6-21-2025 0630 hrs.pdf.eml

Comprehensive Clinical Progress Note for Richie Hayes’s Therapy Session on June 21, 2025

Comprehensive Clinical Progress Note for Richie Hayes’s Therapy Session on June 21, 2025

Subjective

Richie attended today’s session expressing a general sense of feeling *“relaxed”* and described his week as *“okay,”* rating it an eight out of ten. He stated, *“I just feel, um, relaxed, you know,”* and when asked where he felt it, he responded, *“in my brain, in my head,”* suggesting a cognitive rather than somatic experience of relaxation. He spent a significant portion of the session discussing his observations and concerns regarding various family members and their dynamics. He expressed frustration about his son Matt’s depression and job situation, stating, *“He needs someone to talk to.”* He also described sending Matt to Florida due to his *“depression bed”* and mentioned retaining an attorney for Matt’s job dispute, indicating a strong desire to intervene and *“fix”* external problems. Richie articulated strong negative opinions about Matt, labeling him a *“sociopath”* and *“pathological liar,”* and described his lack of empathy, stating, *“he can’t place himself in someone else’s shoes.”* He conveyed a sense of resignation about his own long-term marriage with Carla, stating, *“I don’t want to”* change his life now *“because I like my inner circle.”* He also voiced significant exasperation with his daughter Bianca’s perceived financial stinginess and lack of affection, citing instances where Bianca expected him or Carla to pay for her expenses despite having a job. He expressed concerns about Bianca’s social isolation, stating, *“I don’t want her alone.”* He frequently used humor, sometimes crude, when discussing these family issues. He also briefly mentioned his desire for a remote job, highlighting a wish for geographical flexibility.

Objective

Richie presented to the session casually dressed and appeared well-groomed. He was alert and oriented to person, place, and time. His speech was clear, coherent, and at a normal pace and volume, though it occasionally increased in animation and intensity when discussing frustrating family dynamics. His thought process was logical and goal-directed, primarily focused on recounting and analyzing his family members’ behaviors. His affect was generally broad and congruent with his self-reported relaxed state, but showed clear shifts towards exasperation, frustration, and a slight increase in tension when detailing perceived injustices or problematic behaviors of his family. For example, when describing Bianca’s financial habits, his tone became more pointed and his language more colorful (*“A bitch. Bitch, please.”*). When discussing Matt, he leaned forward, using a more authoritative and declarative tone, demonstrating a strong conviction in his *“clinical”* assessment. His eye contact was consistent and appropriate throughout the session. Despite discussing significant interpersonal stressors, Richie maintained a relatively calm demeanor, often punctuating his narratives with jokes or dismissive comments about the absurdity of others’ actions, which appeared to be a form of emotional regulation rather than genuine detachment from the content.

Assessment

Richie continues to present as generally stable, with a self-reported *“relaxed”* state this week. A central pattern observed is Richie’s tendency to externalize distress and engage in elaborate analyses of others’ problematic behaviors and interpersonal dynamics, particularly those of his family members. This serves as a primary mode of processing personal and relational challenges, effectively deflecting direct introspection on his own emotional experience or agency. His detailed descriptions of Matt’s *“sociopathy”* and Freddie’s *“moping,”* Carla’s *“complaining”* and Bianca’s *“stinginess”* highlight a need to exert influence or control over his environment by *“fixing”* or pathologizing others. This might be rooted in a personal history where his identity is shaped by being the *“logical guy”* or *“number guy,”* as he described himself in the context of financial planning for Bianca. The humor he employs, though sometimes harsh, functions as a coping mechanism to manage the emotional weight of these interpersonal frustrations, allowing him to process difficult information while maintaining a sense of detachment. His resigned perspective on his own marriage (*“I like my inner circle”*) suggests an acceptance of existing dynamics, possibly to avoid the disruption and emotional discomfort associated with change, a theme consistent with his desire to maintain external order through managing others. The focus on Bianca’s financial and social struggles, while seemingly caring, also reflects a potential boundary issue and a desire to control her life choices. These patterns contribute to his overall sense of stability by channeling his energies outwardly, but may impede deeper personal growth or the development of more adaptive internal coping strategies.

Plan

Narrative Therapy Interventions:Continue to encourage Richie to explore the *“stories”* he tells about his family members, particularly how these narratives shape his own sense of self and his role within the family system. In the next session, we will focus on externalizing the *“burden”* of being the family *“fixer”* and *“problem-solver,”* inviting Richie to consider how this role serves him and what alternative narratives might exist for his own well-being. This will involve exploring moments where he has successfully disengaged or set boundaries, identifying personal strengths beyond his perceived role as manager of others’ lives. Acceptance and Commitment Therapy (ACT) Elements:Begin to introduce concepts of psychological flexibility, particularly defusion and acceptance, in relation to Richie’s strong judgments and efforts to control others’ behaviors. We will explore how his efforts to *“fix”* external problems, while well-intentioned, might be creating additional internal distress or limiting his own sense of freedom. Guided mindfulness exercises may be introduced to help Richie observe his thoughts about others without becoming fused with them or feeling compelled to act on every perceived flaw. Existential Exploration:Gently probe the underlying themes of meaning, purpose, and connection that emerge through his discussions of his own marriage and his concerns for Bianca’s social life. The statement *“I don’t want her alone”* for Bianca, and his own *“I don’t want to”* change his life, hint at deeper existential concerns about companionship and life satisfaction. This will involve a nuanced discussion about his values and what he truly wants his life to embody beyond managing others’ problems.

Psychoeducation:Continue to offer subtle psychoeducation on healthy boundaries and the limits of one’s ability to change others, framing this within the context of his stated desire for a *“relaxed”* life. This will be integrated into discussions about his observed family dynamics.

Supplemental Analyses

Tonal Analysis

Shift 1: From Casual to Exasperated/Frustrated (e.g., regarding Bianca’s finances) A notable tonal shift occurred when Richie discussed Bianca’s financial habits and expectations. His initial casual and conversational tone shifted to one of exasperated frustration, with a slight increase in volume and a more clipped, declarative delivery. This was evident when he recounted, *“I said jokingly, to Bianca, I’m like, you gotta buy father, you know, ice for Father’s Day. Oh, I don’t have any money with me.A bitch. Bitch, please.”* This shift was triggered by the perceived selfishness and lack of reciprocity from Bianca, highlighting Richie’s underlying irritation and sense of being taken advantage of, a common theme in his relational narratives. This tonal shift is clinically significant as it reveals moments where his internal emotional landscape (frustration, resentment) breaks through his generally calm and humorous presentation, providing an access point to unexpressed needs or boundary challenges.

Shift 2: From Observational to Clinical/Authoritative (e.g., regarding Matt’s *“sociopathy”*) A distinct tonal shift emerged when Richie discussed his assessment of Matt. His tone became more definitive, authoritative, and almost clinical, particularly after Jonathan validated his observations about Matt’s lack of empathy. Richie’s voice gained a didactic quality, as if explaining a diagnosis: *“He’s atrue, I swear to God, psychologically profile a true sociopath.”* He continued, *“He, he can’t place himself in someone else’s shoes, okay, but he knows how to respond. So he can’t Empath, he cannot perspective take.”* This shift represents Richie’s reliance on intellectualization and a quasi-clinical framework to process highly complex and emotionally charged interpersonal dynamics. It suggests a need for certainty and control in understanding others, particularly when their behaviors are perceived as manipulative or harmful. This is clinically significant as it highlights Richie’s preferred mode of engagement with difficult relational issues—through analysis and categorization rather than direct emotional processing.

Thematic Analysis

Theme 1: Interpersonal Control and the *“Fixer”* Role A dominant theme throughout the session was Richie’s pervasive need to control or influence the lives and behaviors of those around him, particularly his family. This was evident in his recounting of sending Matt to Florida (*“I said, you cannot lay in depression bed here… You’re going to Florida. Pack your shit. I’m sending you tomorrow.”*) and his active involvement in Matt’s job dispute (*“I retained an attorney, and I said, I will deal with this”*). It was also clear in his efforts to guide Bianca’s financial planning (*“I set the whole account up with her… the only thing I made her do was take the max”*) and his frustration when his directives were not followed or appreciated. This theme suggests Richie derives a sense of purpose and efficacy from being the problem-solver and decision-maker for others. The intensity of his engagement with these *“fixing”* efforts, and his frustration when they fail, indicates that this role is deeply ingrained in his identity and a primary way he manages his environment.

Theme 2: Defining Self Through Other’s Dysfunctions and Deficits A significant portion of the session was dedicated to Richie detailing the perceived flaws, poor decisions, and problematic character traits of his family members. He presented extensive *“evidence”* for Matt being a *“sociopath”* and *“pathological liar,”* Freddie *“moping”* and alienating family, Carla *“complaining”* and being a *“bad friend,”* and Bianca being *“cheap”* and *“guarded.”* While some of these observations may be accurate, the sheer volume and detail suggest that defining and analyzing others’ dysfunctions serves a purpose for Richie. This could be a mechanism for him to externalize his own anxieties, assert his own competence and *“normalcy”* in contrast to theirs, or fulfill a need to understand and categorize his complex interpersonal world. This theme suggests that Richie’s self-concept may be partly constructed in opposition to, or through the management of, the perceived deficits in others.

Theme 3: Boundaries and Relational Proximity The session revealed complex dynamics around boundaries and emotional proximity within Richie’s family. While he actively intervenes in others’ lives, he also expressed a desire for distance (*“Florida has been equally miserable, just not in my face, though”* regarding Matt). His resignation regarding his own marriage, *“I don’t want to”* change it now *“because I like my inner circle,”* implies a pragmatic approach to relationships, prioritizing stability over deeper emotional connection or change. His concern for Bianca not being *“alone”* contrasts with his frustration about her lack of affection, suggesting a tension between a desire for connection and discomfort with emotional vulnerability, possibly mirroring dynamics within his own long-term relationships.

Sentiment Analysis

Sentiments About Self Richie’s sentiments about himself were primarily positive and self-assured. He described feeling *“relaxed”* and having an *“okay week.”* He expressed confidence in his own logical and mathematical abilities, particularly in financial matters (*“I’m the number guy, the math guy. I’m the more logical guy”*). There was an underlying sentiment of resignation regarding his marriage, prioritizing *“liking his inner circle”* over potentially disruptive change. He also conveyed a sense of being the *“adult”* or *“responsible”* one in many family interactions, implicitly positioning himself favorably against the perceived immaturity or irresponsibility of others.

Sentiments About Others/External Situations Richie’s sentiments towards others were highly differentiated and often negative or critical:

- Matt:Predominantly negative, characterized by strong judgment and a sense of diagnosis ("sociopath," "pathological liar," "dangerous person," "no depth," "gained so much weight," "ain't gonna last that long"). There was also a sentiment of frustration at Matt's perceived moping and inability to take responsibility.  
- Freddie:Mixed, with elements of frustration ("moping," "alienated," "too reactive," "no family life") and a degree of pity ("you can't send him to his people").  
- Carla:Mixed, but leaning negative, with sentiments of frustration, resentment, and feeling "used." He described her as "sucks as a friend" and "complains about it, but she wants to do it because she just wants to be recognized."  
- Bianca:Mixed, characterized by frustration regarding her perceived stinginess ("cheap as shit"), lack of affection ("not that affectionate person"), and guardedness, alongside a protective sentiment ("I don't want her alone").  
- Jonathan:Positive, reflecting comfort and trust, as Richie shared highly personal and judgmental observations about his family without apparent filter.  
- External Systems/Job Market:Negative regarding Matt's job situation (perceived "cons," "illegal" actions by employer) but positive/hopeful regarding his own desire for remote work.

Key Points

- Externalization as Primary Coping and Engagement Strategy:Richie consistently processes his internal experiences and relational challenges by externalizing them onto others. He provides elaborate, analytical narratives about his family members' perceived flaws and dysfunctions, which serves to manage his own distress and defines his role within these relationships. This strategy, while offering a sense of control and self-validation, may impede direct engagement with his own feelings and needs.  
- The "Fixer" Identity and Blurred Boundaries:Richie's deep involvement in "fixing" others' lives (e.g., Matt's job, Bianca's finances) indicates that his identity is heavily intertwined with being the competent problem-solver and director within his family system. This role, while often driven by caring intentions, frequently leads to frustration and resentment when his efforts are not reciprocated or when others resist his guidance. This highlights challenges in establishing and maintaining healthy interpersonal boundaries.  
- Pragmatic Approach to Relationships and Resistance to Change:Richie's perspective on his own marriage ("I like my inner circle") suggests a pragmatic, rather than emotionally driven, rationale for maintaining the status quo. This resistance to significant personal or relational change, despite expressed frustrations, may stem from a deeply ingrained comfort with his current life structure and a fear of the unknown, possibly tied to experiences of loss or disruption from his past ("That's the one thing I lost, yeah, was everything, really, when I got divorced, was everything").  
- Humor and Intellectualization as Affect Regulation:Richie employs humor and intellectual analysis (e.g., "sociopath" diagnosis, detailed financial explanations) to manage and regulate his emotional responses to frustrating or distressing family dynamics. These mechanisms allow him to maintain a degree of emotional distance and control over the narrative, preventing overwhelming feelings from surfacing directly in the session.

Significant Quotes

"I just feel, um, relaxed, you know."

Richie made this statement early in the session when asked about his week. This quote is significant as it provides his self-reported emotional baseline, indicating a general state of calm and low subjective distress at the outset. However, the subsequent discussions about his family reveal this *“relaxed”* state is maintained amidst significant interpersonal friction, suggesting it might be a result of his externalizing coping mechanisms rather than a deep internal peace. It serves as a contrast to the detailed frustrations he articulates about others, prompting inquiry into how he maintains this calm despite the external stressors.

"He's a true, I swear to God, psychologically profile a true sociopath."

Richie used this strong, diagnostic language to describe his son Matt, providing a detailed explanation of Matt’s perceived lack of empathy and manipulative tendencies. This quote is highly significant because it demonstrates Richie’s reliance on intellectualization and a *“clinical”* framework to understand and categorize his challenging relationships. It reflects his need for cognitive mastery over complex interpersonal dynamics and a tendency to pathologize others to explain their behaviors. The definitive nature of his pronouncement, despite lacking formal diagnostic training for Matt, highlights his intense conviction and possibly his own internal struggle to make sense of, and protect himself from, Matt’s behavior.

"I don't want to, because I like my inner circle."

Richie offered this as his reason for not wanting to change his life, specifically in the context of his long-term marriage with Carla, after his child is grown. This quote is significant as it reveals a pragmatic and perhaps resigned acceptance of his current life circumstances and relationships. It suggests a prioritization of stability and comfort within his established *“inner circle”* over pursuing potentially disruptive changes, even if those changes might lead to greater emotional fulfillment. This points to an underlying fear of loss or the unknown, consistent with his past experience of losing *“everything”* in a divorce, and illuminates a potential area for existential exploration in future sessions.

"She sucks as a friend."

Richie used this phrase to describe Carla, despite being married to her. This quote is significant as it demonstrates a candid and critical assessment of his wife’s social behavior, and potentially her relational capacity within their marriage. It highlights a sense of unmet needs or expectations from Carla within their relationship. The directness of the statement, while harsh, indicates a deep-seated frustration and perhaps a long-standing pattern of dissatisfaction within his primary relationship, which he copes with by externalizing blame and maintaining emotional distance through observation rather than direct confrontation or deeper engagement.

Comprehensive Narrative Summary

Today’s session with Richie provided a vivid portrayal of his primary coping mechanisms and interpersonal style, heavily focused on externalizing and managing the perceived dysfunctions of his family members rather than directly exploring his own internal experience. Richie presented as generally *“relaxed”* and stable, a state he appears to maintain through an active engagement in the lives of his son Matt, his wife Carla, and his daughter Bianca, often taking on the role of the *“fixer”* or diagnostician. His detailed recounting of Matt’s *“sociopathy”* and subsequent interventions (sending him to Florida, retaining an attorney) exemplify his deep need to understand, categorize, and control the behaviors of others. This intellectualization and analytical approach, while providing a sense of mastery, serves as a significant defense against engaging with the underlying emotional discomfort and powerlessness he might feel in these complex dynamics.

The session also illuminated the intricate and often frustrating nature of Richie’s familial relationships. His exasperation with Bianca’s perceived stinginess and lack of affection, coupled with his expressed desire for her not to be *“alone,”* reveals a tension between his wish to exert control and his genuine, if at times unexpressed, care. Similarly, his candid critiques of Carla as a *“bad friend”* and someone who *“complains,”* juxtaposed with his stated preference to maintain their *“inner circle”* despite his child being grown, suggest a pragmatic, perhaps resigned, acceptance of his long-term marriage dynamics. This indicates a resistance to profound personal change, possibly rooted in a history of significant loss and a desire for stability, even if it comes at the cost of deeper emotional intimacy or growth.

Richie’s humor, though sometimes crude, functions as a vital affect-regulation strategy, allowing him to navigate emotionally charged topics with a degree of detachment. However, the momentary tonal shifts into exasperation or authoritative pronouncements offered glimpses into the underlying frustrations and unmet needs that are otherwise masked by his calm demeanor and external focus. The session highlights a rich therapeutic opportunity to gently guide Richie from his external locus of control and analytical stance towards a more internal exploration of his own values, boundaries, and emotional experiences, fostering a sense of agency and well-being that is less contingent on managing the perceived flaws of others.

## Session 2: 2025-07-11

**Date:** 2025-07-11 **Source File:** Summary of Richie Hayes Appointment 7-11-2025 0700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Richie Hayes’s Therapy Session on July 11, 2025

Subjective

Richie Hayes attended today’s session expressing mild irritation, initially reporting a third consecutive annual experience with COVID on his birthday, stating, *“I can’t believe we just cut it three years in a row on my birthday.”* He attributed the infection to a friend, Noah, and recounted the chain of transmission, reflecting a sense of being perpetually impacted by external circumstances. He sought feedback on a new cologne, to which he expressed indifference, describing it as *“not dead, but I don’t love it,”* and comparing its scent to *“Lysol, somebody older.”* This interaction served as an initial engagement point but also hinted at a subtle discomfort with personal presentation or seeking external validation.

A significant portion of the session focused on Richie’s consideration of a therapeutic retreat. He articulated a strong aversion to one promoted as an *“addiction”* retreat, expressing concern that the focus on sex and substance addiction was *“the least of it for me.”* He offered his own self-assessment, stating, *“the one part that I see the addiction, for me, is the pleasing and to people and stuff.”* He elaborated on this, identifying *“emotional isolation”* and *“codependency,”* as well as *“over-giving,”* as core issues, demonstrating a high degree of insight into his relational patterns. He showed openness to the alternative retreat focusing on community and connection, particularly valuing the pre-established group dynamic.

Richie expressed significant frustration and resentment regarding his daughter, Bianca, primarily around household responsibilities. He felt *“abused”* and that he was *“pushing back on both of them,”* indicating a struggle with setting and maintaining boundaries. He felt Bianca *“blew up my world”* when she moved out, perceiving her as having *“all the power.”* He admitted to feeling *“a little edgy”* and having been *“going insane, my God, since COVID,”* highlighting a cumulative toll of stressors over the past five years.

He shared concerns about his wife, Carla, specifically regarding her perceived cognitive decline (*“she definitely struggled. She’s definitely struggling with her mind”*) and the associated financial implications of potential long-term care. He revealed his deep worry as a *“planner and a warrior,”* particularly about losing financial control and the assets he *“worked for for my whole life.”* He also spoke somberly about a friend’s two-year-old child diagnosed with neuroblastoma, expressing profound empathy for the father, Nick, who *“fell apart”* because he was *“expected to fix everything, make everything right, and we can’t. This is something out of his control.”* Richie connected this to his own past experiences of feeling helpless as a father when his own daughter faced health challenges, admitting he *“couldn’t fix it.”* This reflects a deeply ingrained belief about his role as a provider and protector.

Towards the end of the session, Richie introduced an app calculating remaining weeks of life, stating, *“It’s not even a matter of time how long I live. It’s the quality.”* This was a powerful reflection on mortality and meaning, signaling a shift in his focus towards prioritizing personal well-being and purpose before he *“let go of this job.”* He recalled a pivotal moment from early in therapy when the therapist told him, *“you’re not broken, nope. And you’re not. So there’s nothing to me to fix,”* stating this made him *“open up and feel alright? This is inclusive.”* This highlights the foundational role of the therapeutic alliance and reframing in his progress.

Objective

Richie Hayes presented to the session with a casual but tidy appearance, alert and oriented. He was generally cooperative and engaged, maintaining eye contact throughout most of the session, though at times his gaze shifted, particularly when discussing sensitive family dynamics. His speech was clear, coherent, and often rapid, with frequent shifts in topic that suggested a somewhat tangential thought process, although each tangent was logically developed. His affect was largely congruent with his verbalized content, yet it displayed a notable range: shifting from lighthearted banter and indifference at the start (e.g., about the cologne and COVID) to palpable frustration and edginess when discussing his daughter’s behavior and the dynamics within his household. When recounting the young child’s cancer diagnosis and his own perceived inability to *“fix”* past family crises, his affect became noticeably more somber and reflective, at times conveying a sense of helplessness and sadness. His body language was generally open, but there were moments of increased tension, such as when he described feeling *“abused”* by his daughter’s actions. He appeared to be actively processing information, particularly when evaluating the retreat options and engaging with the *“weeks left”* app. His capacity for introspection was evident in his self-identification of people-pleasing as an *“addiction”* and his recollection of a key therapeutic intervention from an earlier session.

Assessment

Richie Hayes continues to grapple with significant stressors that have exacerbated underlying patterns of anxiety, a conditional sense of self-worth, and a perceived burden of responsibility for others’ well-being. While no formal diagnosis was explicitly discussed, his report of *“going insane, my God, since COVID”* suggests a level of chronic distress consistent with an adjustment disorder with mixed anxiety and depressed mood (F43.25), exacerbated by cumulative life events over the past five years. His *“what if”* thinking, described by him as a *“pre-mortem,”* functions as a pervasive anxiety-driven protective strategy, attempting to anticipate and control potential negative outcomes, but often leading to rumination and inaction.

A central dynamic observed today was Richie’s profound identification with the role of *“fixer”* and *“breadwinner,”* particularly within his family. This role appears to be a cornerstone of his self-concept, leading to significant distress and feelings of helplessness when situations are beyond his control, as evidenced by his reaction to the child’s cancer and his past experiences with his daughter’s health. His insight into *“people-pleasing”* and *“over-giving”* as his personal *“addiction”* points to a self-worth deeply intertwined with external validation and meeting others’ needs, often at the expense of his own well-being. This pattern is likely rooted in early developmental experiences where his value was perhaps contingent on performance or caretaking.

The acute challenges with his daughter, Bianca, underscore his difficulty with boundary setting and managing resentment, where he perceives himself as *“abused”* and Bianca as holding *“all the power.”* This dynamic, alongside concerns about Carla’s cognitive decline and future financial security, triggers his deeply ingrained anxieties about loss of control, financial stability, and the ability to maintain his desired quality of life. His engagement with the *“weeks left”* app and subsequent reflection on *“quality”* over *“time”* signals an emerging existential awareness. This indicates a readiness to explore deeper questions of meaning, purpose, and values, which can serve as a powerful catalyst for shifting from an external locus of control (trying to fix everything) to an internal locus of agency (living in alignment with his values).

Richie demonstrates significant strengths, including his self-awareness, his proactive approach to seeking support (e.g., researching retreats), and his resilience in navigating multiple life challenges. His positive recall of the therapist’s early statement (*“you’re not broken”*) highlights the importance of the therapeutic relationship as a secure base for deeper exploration and processing of his vulnerabilities.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT to address Richie’s struggle with control and his *“what if”* thinking. We will explicitly explore how his attempts to control uncontrollable external events (e.g., family health, others’ behaviors) lead to psychological rigidity and increased suffering. Mindfulness practices will be introduced to help Richie observe and defuse from anxiety-driven thoughts without fusing with them. Values clarification will be a key focus, helping Richie articulate what truly matters to him beyond external responsibilities, particularly in light of his reflections on *“quality of life.”* We will connect his identified *“addiction”* to people-pleasing to a lack of values-driven action for himself, and explore how acting in alignment with his own values can be a source of psychological flexibility.

Dialectical Behavior Therapy (DBT) Interpersonal Effectiveness Skills: Focus on strengthening Richie’s capacity for assertive communication and boundary setting, particularly with his daughter, Bianca. We will practice *“DEAR MAN”* skills to help him clearly articulate his needs and desires, manage his *“edginess,”* and reduce feelings of being *“abused.”* Emphasis will be placed on validating his frustration while also exploring alternative responses that promote healthier relationship dynamics rather than perpetuating conflict.

Narrative Therapy Elements: Continue to externalize the *“fixer”* identity and the *“burden of responsibility”* narrative that Richie carries. We will explore alternative narratives of resilience, personal agency, and the acceptance of limitations. Reframe his *“what if”* thinking (pre-mortem) as a valuable foresight tool when applied mindfully, rather than a source of chronic anxiety. We will co-construct a narrative that allows for both his protective instincts and his desire for a higher *“quality of life.”*

Existential Exploration: Deepen the exploration of his reflections on mortality and *“quality of life.”* This will involve discussing his fears related to aging, illness (Carla’s cognitive decline), and financial insecurity, connecting these anxieties to his core values and sense of purpose. We will explore how these discussions can motivate him to make proactive choices that align with his desired future, such as his goal of paying off the mortgage to achieve financial freedom. The potential retreat will be re-evaluated through this lens of personal growth and community connection.

Homework: Richie will further research the suggested retreat option focusing on community and connection, specifically looking for how it aligns with his values around personal growth and well-being rather than solely addiction. He will also be encouraged to practice noticing his *“edginess”* in daily interactions and identifying the underlying emotion or unmet need before reacting.

Next Steps: Continue weekly therapy sessions to further process these complex family dynamics, identity concerns, and existential reflections.

Supplemental Analyses

Tonal Analysis

Shift 1: From Indifference to Defensive Frustration Richie’s tone initially presented as largely indifferent and casual when discussing the new cologne, stating, *“I don’t know whether I like it or, yeah, I’m indifferent.”* This shifted noticeably to a blunt, frustrated, and at times aggressive tone when recounting his interactions with his daughter, Bianca, regarding household chores. Phrases like *“This is bullshit”* and *“I feel being abused”* were delivered with increased vocal intensity and a sharper, more accusatory edge. This shift was triggered by the perceived lack of cooperation and respect from Bianca, indicating a deeper well of resentment and a feeling of being taken advantage of. The sudden emergence of this bluntness highlights a struggle with emotional regulation, where frustration quickly escalates to a sense of injustice rather than being managed with more measured emotional expression. Shift 2: From Frustration to Somber Reflection and Helplessness Following the discussion of his daughter, Richie’s tone softened and became more somber and reflective when discussing the friend’s child with cancer and his own past experiences of feeling unable to *“fix”* his children’s problems. His voice dropped in volume, and his pace of speech slowed significantly, accompanied by more introspective language like *“I feel bad for Nick… because he’s expected to fix everything… and we can’t.”* This shift revealed a core vulnerability related to his inability to control or overcome significant life challenges, particularly those impacting his loved ones. The contrast between his outward frustration towards his daughter and this deeper sadness and helplessness suggests that his *“edginess”* may serve as a defense mechanism against overwhelming feelings of powerlessness and grief. Shift 3: From Concern to Philosophical Acceptance and Agency As the session neared its end, particularly when discussing the *“weeks left”* app and Carla’s cognitive decline, Richie’s tone adopted a more philosophical and accepting quality, especially when stating, *“It’s not even a matter of time how long I live. It’s the quality.”* While still tinged with underlying concern, this statement was delivered with a contemplative, somewhat resolved tone. This shift indicates a movement towards existential acceptance, driven by his anxieties about finitude and loss, yet paradoxically leading to a focus on personal agency and meaning-making in the time he perceives himself to have left. This reflects a coping mechanism of shifting focus from uncontrollable external factors to internal values and priorities.

Thematic Analysis

Theme 1: The Burden of Responsibility and the Illusion of Control A pervasive theme throughout the session was Richie’s deeply ingrained sense of responsibility for others’ well-being and his struggle with the illusion of control. This was most evident in his visceral reaction to the child with cancer, identifying with the father’s helplessness: *“as a father, you’re supposed to fix everything… and we can’t.”* This theme also manifested in his anxieties about Carla’s health and the financial implications, where he expressed fear of losing what he *“worked for for my whole life.”* This pattern suggests a core belief that his value and security are contingent on his ability to protect and provide, making uncontrollable circumstances highly threatening to his identity. This theme directly relates to his *“what if”* thinking, which serves as a compensatory mechanism to regain a sense of control over an unpredictable world, ultimately leading to chronic anxiety and frustration when control remains elusive. Theme 2: Conditional Self-Worth and People-Pleasing Richie’s self-identification of *“pleasing and to people and stuff”* and *“over-giving”* as his *“addiction”* is a central theme, highlighting a pattern of conditional self-worth tied to external validation and meeting others’ needs. His struggles with Bianca, feeling *“abused”* and that she *“had all the power,”* underscore his difficulty in setting boundaries when his desire to please or provide conflicts with his own well-being. This theme suggests a long-standing pattern where his sense of value is derived from his utility or performance for others, rather than an intrinsic sense of self. This makes him particularly vulnerable to resentment and burnout when his efforts are not reciprocated or appreciated, leading to his self-reported *“edginess.”* Theme 3: Existential Confrontation and the Pursuit of Quality of Life The discussion around the *“weeks left”* app and Richie’s subsequent statement, *“It’s not even a matter of time how long I live. It’s the quality,”* introduced a powerful existential theme. This shift indicates a confrontation with his own mortality and the impermanence of life, triggered by not only the app but also his observations of aging (Carla) and serious illness (the child with cancer). This theme suggests a burgeoning desire to re-evaluate his priorities and align his actions with a deeper sense of meaning and personal fulfillment, moving beyond merely managing daily stressors. His goal to pay off the mortgage before leaving his job and his interest in a retreat focused on *“community”* reflect this emerging quest for a life of greater ease, connection, and intrinsic satisfaction.

Sentiment Analysis

Sentiments About Self Richie’s sentiments about himself were complex, oscillating between self-awareness and self-criticism. He expressed:

- Frustration/Edginess: "I'm a little edgy," "I am pushing back on both of them," reflecting his current struggle with emotional regulation and asserting boundaries.  
- Overwhelm/Distress: "Honestly, I was going insane, my God, since COVID," indicating the cumulative toll of stressors.  
- Insight/Self-Reflection: "the one part that I see the addiction, for me, is the pleasing and to people and stuff," demonstrating his capacity for introspection and understanding his core patterns.  
- Desire for Agency/Well-being: "looking forward to doing something for myself," and "My goal is now to try to get rid of that mortgage... so my life would be easier," which reveal a strong drive towards personal peace and control over his future.

Sentiments About Others/External Situations Richie’s sentiments toward others and external circumstances were predominantly negative, marked by resentment, worry, and skepticism, yet also tinged with empathy. He expressed:

- Resentment/Frustration (Bianca): "This is bullshit," "I feel being abused," "she had all the power," which highlight his perception of being taken advantage of and his struggle for control in the relationship.  
- Worry/Concern (Carla): "She definitely struggled. She's definitely struggling with her mind," and "She'll take everything that I fucking worked for," reflecting anxieties about his wife's health and the significant financial implications.  
- Empathy/Sadness (Friend's Child): "I feel bad for Nick," and "It's very sad," demonstrating his capacity for compassion and his identification with another father's struggle with helplessness.  
- Skepticism/Indifference (Retreat/Cologne): "I don't love it," "not the best fit," and "the addiction part is fully focused on that," indicating a cautious and critical evaluation of external offerings.  
- Appreciation/Inclusivity (Therapist): "you're not broken... that made me open up and feel alright? This is inclusive," underscoring the positive impact of the therapeutic relationship and the therapist's reframing of his self-perception.

Key Points

- Conditional Self-Worth and People-Pleasing: Richie's self-identified "addiction" to "pleasing and to people" is a central issue, indicating that his self-worth is significantly tied to external validation and meeting others' needs. This pattern drives his "over-giving" and leads to resentment and feelings of being "abused" when his efforts are not reciprocated or when he struggles to set boundaries. Addressing this core belief is crucial for fostering healthier relationship dynamics and an intrinsic sense of self-worth.  
- The Burden of the "Fixer" Identity: Richie's strong identification as a "fixer" and provider creates immense distress when circumstances are beyond his control, as seen in his reaction to the child with cancer and his past struggles with his own daughter's health issues. This belief system, coupled with his "what if" thinking, perpetuates anxiety and a sense of helplessness when he cannot "fix" everything, highlighting a need to redefine his sense of agency and accept the limits of his control.  
- Emerging Existential Concerns as a Catalyst for Change: The introduction of the "weeks left" app and his profound statement, "It's not even a matter of time how long I live. It's the quality," signals a powerful shift towards existential contemplation. This indicates a readiness to explore deeper questions of meaning, purpose, and values in the face of finitude and loss, providing a significant motivational leverage point for pursuing a life aligned with his authentic desires and prioritizing his well-being.  
- Therapeutic Alliance as a Secure Base: Richie's explicit recall and appreciation of the therapist's early intervention, "you're not broken," underscores the critical role of the therapeutic relationship in fostering trust and openness. This secure foundation allows for deeper exploration of his vulnerabilities and challenges, making it possible to address long-standing patterns of emotional guardedness and perceived brokenness.

Significant Quotes

"the one part that I see the addiction, for me, is the pleasing and to people and stuff." Richie made this statement when discussing a potential therapeutic retreat that focused on addiction. This quote is significant because it reflects his profound self-awareness and provides a clear, client-identified therapeutic target. It moves beyond superficial concerns and pinpoints a core behavioral pattern rooted in his self-worth and relational dynamics, indicating that he sees his over-giving and people-pleasing as compulsive and self-detrimental, much like a traditional addiction. This insight suggests a readiness to explore the underlying shame and self-abandonment that often accompany such patterns. "As a father, you're supposed to fix everything... and we can't. This is something out of his control." Richie expressed this while discussing a friend's child with cancer and his empathy for the father's distress. This quote is significant as it reveals a deeply held core belief about his role as a man and a father: that he must be capable of resolving all problems, especially for his loved ones. The recognition of "we can't" and "out of his control" highlights a profound struggle with helplessness and the burden of impossible expectations, leading to significant emotional distress when he encounters situations beyond his capacity to "fix." This exposes a vulnerability beneath his outward "edginess" and hints at the sources of his anxiety and frustration. "Honestly, I was going insane, my God, since COVID." Richie made this unfiltered statement when reflecting on the cumulative impact of various stressors over the past five years. This quote is significant because it directly communicates the depth of his psychological distress and the feeling of being overwhelmed. It suggests a chronic state of emotional dysregulation and a sense of losing his grip on his mental well-being, indicating a significant need for support in processing these cumulative burdens and developing more adaptive coping mechanisms. It provides a baseline for understanding the intensity of his internal experience. "It's not even a matter of time how long I live. It's the quality." This profound statement was made after Richie engaged with an app calculating his remaining weeks of life based on averages. This quote is significant because it represents a powerful shift in his focus from merely surviving or managing problems to actively seeking meaning and fulfillment. It indicates a blossoming existential awareness, where the confrontation with mortality is prompting him to prioritize intrinsic values, well-being, and the deliberate shaping of his life experience over simply extending its duration. This provides a clear motivational direction for therapy, moving beyond problem-solving to a deeper exploration of purpose and values. "You turn around said, 'well, first of all, you're not broken, nope. And you're not. So there's nothing to me to fix.' That made me open up and feel alright? This is inclusive." Richie recalled this as a pivotal moment from an earlier session. This quote is profoundly significant for several reasons: it highlights the immense power of reframing in therapy, validating his inherent worth and shifting his self-perception from one of deficit to one of intactness. It directly attributes his capacity to "open up" and engage positively with therapy to this specific intervention, underscoring the foundational importance of the therapeutic alliance and a non-pathologizing approach. This statement serves as a testament to the safety and trust established, crucial for continuing deeper, more vulnerable work.

Comprehensive Narrative Summary

Today’s session with Richie Hayes provided a multifaceted view into his current psychological landscape, illustrating the intricate interplay between acute life stressors, long-standing core beliefs, and an emerging existential awareness. Richie presented with an underlying current of edginess and frustration, initially masked by casual banter, but quickly surfaced when discussing his challenging interpersonal dynamics, particularly with his daughter, Bianca. His feeling of being *“abused”* and Bianca’s perceived *“power”* underscored his deep-seated struggle with boundary setting and his resentment when his over-giving and people-pleasing tendencies are not reciprocated. This pattern, which Richie astutely identified as his personal *“addiction,”* points to a conditional self-worth rooted in external validation and a compulsive need to cater to others, often at his own emotional expense.

The session also revealed Richie’s profound identification with the role of a *“fixer”* and provider, particularly in the context of his family. His visceral empathy for the father of a child with cancer, coupled with his own past experiences of feeling helpless when his daughter faced health issues, highlighted the immense pressure he places on himself to control and resolve all problems. This burden of responsibility, combined with his pervasive *“what if”* thinking, creates a constant state of anxiety, as he grapples with the inherent unpredictability of life and his limited capacity to *“fix everything.”* His candid admission of *“going insane, my God, since COVID”* speaks to the cumulative toll these internal and external pressures have exacted on his mental well-being over recent years.

A pivotal moment in the session emerged from his engagement with an app calculating his remaining weeks of life, leading to the powerful declaration, *“It’s not even a matter of time how long I live. It’s the quality.”* This statement signals a profound shift in his therapeutic journey, moving beyond reactive problem-solving to a deeper existential exploration of meaning, purpose, and values. This emerging awareness, fueled by his observations of aging and illness in his closest relationships, is a potent catalyst for change, directing his attention towards cultivating a life of intrinsic satisfaction and authenticity, rather than merely managing external demands. His desire to achieve financial freedom (pay off the mortgage) before leaving his job and his interest in a community-focused retreat directly align with this newfound emphasis on *“quality”* and personal well-being.

Crucially, Richie’s recollection of an early session where the therapist stated, *“you’re not broken… nothing to me to fix,”* underscored the foundational role of the therapeutic alliance. This reframing empowered him to *“open up”* and engage meaningfully, establishing a secure base from which to confront his vulnerabilities and ingrained patterns. The therapeutic path forward will leverage this established trust to integrate ACT principles to address his control struggles and experiential avoidance, DBT skills for emotional regulation and assertive boundary setting, and narrative therapy to re-author his story from a *“fixer”* burdened by external demands to an individual actively shaping a life of purpose and quality, accepting what cannot be controlled.

## Session 3: 2025-07-18

**Date:** 2025-07-18 **Source File:** Summary of Richie Hayes Appointment 7-18-2025 0700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Richard Hayes’s Therapy Session on 2025-07-18

Subjective

Richard (Richie) attended today’s session reporting his overall well-being as a *“7”* out of 10, indicating a stable and generally positive mood, noting he’s *“not down in the dumps.”* He reported improved sleep this week, stating, *“this week’s a little better with that,”* after an issue with unrefreshing sleep last week. Richie discussed his medication adherence, admitting he *“missed a couple of days of my meds”* about ten days prior, which he attributed to simply not taking them despite thinking about it. He noted a rapid change in his mood during those two days but felt *“better”* once back on them. He also expressed skepticism about his blood pressure medication, stating, *“I don’t think I need the pills,”* and indicated he had not taken his weight-management medication (Zepbound) for *“almost two weeks”* in an attempt to *“stretch it out,”* though he admitted feeling *“a little bit coming back”* of the weight. He monitors his weight closely, reporting his current weight as 169 lbs, within his acceptable fluctuation range (166-171 lbs).

Richie expressed significant enjoyment in new hobbies, particularly reading, proclaiming he is *“on my fourth book for the summer”* and that the books have been *“sucking me in.”* He shared his interest in historical non-fiction, specifically books about presidents and the White House. He also detailed his growing engagement in gardening, although his tomato plants are *“not doing well”* due to *“freaking bugs.”* He described observing bees pollinating his pumpkin plants, connecting this to a story about his grandfather raising honeybees. Socially, Richie looks forward to *“Elvis night”* with friends at his cabana, complete with lobsters, and a beach trip while his family attends a wedding shower. He conveyed frustration regarding family dynamics, particularly his feeling of being burdened by what he calls *“problem talk”* from his family members (Bianca and Carla). He articulated the emotional toll this takes on him, stating, *“it festers and it bothers me. You might have said, All right, Bobby doesn’t feel well today, but then you go back and laying in your son and you whatever you might be thinking about him, but it’s not bothering where I feel like I have to go home, yeah, and go check on him. That’s what happens to me, you know. And I said, You guys do that to me all the time. That’s and you wear me out.”* He referenced an incident where Bianca’s concern about the dog’s eating prompted his own worry and a desire for distance. He also touched upon societal issues, expressing strong opinions about welfare and managed care, consistent with themes observed in previous sessions.

Objective

Richard presented to the session alert and oriented, engaging in a highly conversational and expansive manner. His speech was clear, and his thought process, while occasionally tangential as he jumped between various topics, remained logical and coherent. His affect was generally congruent with his reported mood, displaying a positive and engaged demeanor when discussing his hobbies and social plans, and moments of animated frustration when discussing family dynamics or political topics. He maintained good eye contact throughout the session. There were no overt signs of distress, psychomotor agitation, or retardation observed. His engagement with the therapist was active and reciprocal, characterized by a back-and-forth dialogue that suggested a comfortable therapeutic rapport. He utilized humor frequently, especially when discussing personal anecdotes or observations about others. He appeared well-groomed, though no specific details about his attire were noted in the transcript. His willingness to openly discuss deeply personal feelings about family burden, coupled with his self-reported quantitative mood assessment, indicates a good level of self-awareness and continued trust in the therapeutic process.

Assessment

Richard continues to present as an individual actively engaged in navigating life’s stressors with a significant capacity for resilience and self-direction. His self-assessment of *“7/10”* reflects a generally stable mood, consistent with his active engagement in new, fulfilling hobbies like reading and gardening. These activities appear to serve as adaptive coping mechanisms, providing structure, meaning, and a healthy distraction from daily stressors and potential ruminative patterns. The client’s self-management of his medication regimen, particularly his decision to occasionally skip blood pressure medication and *“stretch out”* his weight-management medication (Zepbound), suggests a strong desire for autonomy and self-efficacy in managing his health. However, this also highlights a potential area for psychoeducation regarding the importance of consistent medication adherence as prescribed by a medical professional, particularly given his reported dizziness. The reported return of weight gain after discontinuing Zepbound briefly reinforces the necessity of consistent medical management in this area. From an ACT perspective, his engagement in meaningful activities like reading and gardening aligns with value-driven action, demonstrating his psychological flexibility in pursuing what is important to him despite challenges.

A prominent clinical pattern emerging in this session, consistent with earlier themes, is Richard’s struggle with maintaining healthy emotional boundaries within his family system. He implicitly assumes the role of the family *“problem-solver,”* internalizing their concerns to a degree that leads to significant emotional burden (*“it festers and it bothers me… you wear me out”*). This dynamic suggests a deep-seated sense of responsibility and perhaps a perceived obligation to alleviate others’ distress, potentially rooted in earlier family dynamics where he may have been implicitly or explicitly tasked with such a role. His frustration with *“problem talk”* and his expressed desire to *“leave me alone”* underscores a need to develop more assertive communication skills and reinforce personal boundaries. From a DBT perspective, this indicates a need for continued work on Interpersonal Effectiveness skills, specifically setting limits and saying no while maintaining relationships. Narrative therapy could be valuable in externalizing the *“problem-solver”* identity, exploring how this narrative has shaped his experiences and considering alternative ways of relating to family challenges that do not entail such a heavy personal cost. His strong opinions on societal issues also suggest a potential outlet for his need to solve or critique problems on a broader scale, which may serve as a displacement for unmet needs for control or agency within his personal relationships.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to reinforce Richard’s engagement in value-driven activities, such as reading and gardening, as these demonstrably improve his mood and overall well-being. Explore how these activities provide a sense of meaning and purpose, aligning with existential themes of creating a rich and meaningful life. We will further discuss how his self-reported *“7/10”* well-being is connected to his active pursuit of these values, rather than being solely dependent on external circumstances or the absence of problems.

Dialectical Behavior Therapy (DBT) Skills Training: Focus on Interpersonal Effectiveness skills, specifically boundary setting and saying *“no”* to excessive *“problem talk”* from family members. We will identify specific situations where he feels burdened and collaboratively brainstorm concrete strategies for assertive communication, such as using *“I”* statements to express his need for emotional space without invalidating others’ experiences. Role-playing scenarios related to family interactions will be considered to practice these skills in a safe environment. Additionally, we will explore self-validation for the emotional burden he experiences and self-compassion for his efforts to manage family dynamics.

Narrative Therapy Elements: Continue to externalize the *“problem-solver”* identity Richard has adopted within his family. We will explore the origins of this narrative and its impact on his current emotional burden. By externalizing this role, Richard can begin to gain distance from it, recognizing it as a story about himself rather than an inherent aspect of his identity. We will begin to co-create alternative narratives where Richard is seen as a person who cares deeply but also protects his own emotional well-being and sets appropriate limits.

Psychoeducation and Health Management: Provide further psychoeducation regarding the importance of consistent medication adherence for both mood stabilization and blood pressure management. Encourage Richard to discuss any concerns or desired adjustments to his medication with his prescribing physician rather than self-modifying his regimen. Continue to monitor sleep patterns and address any re-emergence of disturbance with appropriate sleep hygiene strategies.

Homework: Richard will identify one specific instance in the coming week where he is able to implement a boundary around *“problem talk”* with a family member and will note the outcome and his emotional response. He will also continue tracking his engagement in reading and gardening, noting any shifts in his mood or sense of well-being directly following these activities.

Supplemental Analyses

Tonal Analysis

Shift 1: From Engaged Curiosity to Animated Frustration. Richard’s tone shifted noticeably when discussing his family’s *“problem talk.”* While his initial tone was one of general conversational engagement and even amusement when detailing his hobbies and social plans, it became more animated, slightly louder, and laced with exasperation when he recounted Bianca’s discussion about the dog, stating, *“You guys do that to me all the time. That’s and you wear me out.”* This shift was triggered by the recall of feeling emotionally burdened and responsible for others’ anxieties. The sudden emergence of this frustrated, almost weary tone highlights the significant emotional toll these interactions take on him, representing a break from his generally stable presentation and revealing a core area of interpersonal strain and emotional fatigue.

Shift 2: From Societal Critique to Humorous Detachment. Richard’s tone also shifted when discussing broader societal issues like welfare and managed care. Initially, his tone was firm, opinionated, and critical, reflecting a strong sense of moral conviction and frustration with systemic inefficiencies. However, when the therapist jokingly interjected with *“I love my taxes,”* Richard’s tone immediately lightened, becoming more humorous and accepting of the banter. This shift indicates his ability to compartmentalize strong opinions and engage in lighthearted social interaction, demonstrating a flexible social affect even when discussing serious topics. It also reveals a potential coping mechanism: using humor or shifting to lighter topics to manage intensity or perceived conflict.

Thematic Analysis

Theme 1: The Burden of Responsibility and Caretaking. A pervasive theme in today’s session was Richard’s profound sense of responsibility for his family’s emotional well-being and the associated burden it places on him. This was most explicitly articulated in his frustration with *“problem talk,”* where he describes how family issues *“fester and bother”* him, leading him to feel *“worn out.”* This theme extends beyond explicit problem-solving to encompass the emotional absorption of others’ anxieties, such as his worry about the dog after Bianca mentioned it. This pattern suggests a deeply ingrained caretaking role, potentially linked to early experiences of being a primary emotional support for others, leading to difficulty in establishing healthy emotional boundaries. This theme is crucial for intervention as it directly impacts his psychological well-being and requires a focus on self-care and interpersonal assertiveness.

Theme 2: Pursuit of Autonomy and Self-Actualization through Hobbies. Counterbalancing the theme of burden, a strong and positive theme was Richard’s active pursuit of personal autonomy and self-actualization through new hobbies. His enthusiastic descriptions of reading and gardening, and his dedication to them (reading 600-page books in five days), illustrate a conscious effort to cultivate personal interests and sources of meaning independent of his familial roles or professional identity. These hobbies provide him with intellectual stimulation, a sense of accomplishment, and a positive outlet for his energy. This theme highlights his inherent drive for personal growth and serves as a significant protective factor against potential burnout from caretaking responsibilities. It also reflects an existential pursuit of purpose and meaning within his daily life, demonstrating his capacity to shape his experience through deliberate choice.

Theme 3: Control Over Personal Health and Well-being. Richard’s discussion of his medication adherence revealed a theme of his desire for control and autonomy over his own health. His decisions to skip blood pressure medication and *“stretch out”* his weight-management medication, along with his meticulous tracking of his weight, suggest a self-directed approach to health management. While this indicates a proactive stance towards his well-being, it also highlights a potential tension between medical advice and his personal sense of what he *“needs.”* This theme underscores the importance of empowering Richard through psychoeducation while also validating his desire for agency in his health decisions.

Sentiment Analysis

Sentiments About Self: Richie’s sentiments about himself were predominantly positive and confident.

- Competence/Efficacy: Evident in his pride about his reading habits ("I'm on my fourth book for the summer," "the books have been sucking me in") and his ability to manage his health and work schedule. He sees himself as effective in his chosen pursuits.  
- Stability/Well-being: Expressed through his self-rating of "7/10" and his report of improved sleep, indicating a generally good state of mind and body, not "down in the dumps."  
- Self-Awareness: Demonstrated by his ability to reflect on the impact of missing medication and the emotional burden of "problem talk," showing an understanding of his own internal states.

Sentiments About Others/External Situations: Richie’s sentiments towards others and external situations were mixed, often oscillating between affection/enjoyment and frustration/critique.

- Affection/Enjoyment (Social): Expressed positively when discussing friends for "Elvis night" and the prospect of a beach trip. He clearly values these social connections and leisure activities.  
- Frustration/Resentment (Family Burden): Directed towards family members for what he perceives as excessive "problem talk" and the emotional toll it takes on him. Statements like "you wear me out" convey a strong negative sentiment related to feeling over-burdened and drained.  
- Critique/Disagreement (Societal/Systemic): Strong negative sentiments were directed towards broader societal issues, such as welfare systems ("they get paid so much to stay home") and managed care in healthcare ("the doctor doesn't care because the doctor just has to do volume"). This reflects a clear, opinionated stance and a sense of perceived injustice or inefficiency in these systems.  
- Ambivalence (Medication/Health Systems): While actively managing his health, he expressed some skepticism or ambivalence towards his blood pressure medication, suggesting a desire for personal control that sometimes conflicts with standard medical advice.

Key Points

- Emotional Burden of Family "Problem Talk": Richard's primary area of expressed distress revolves around his role as the family's implicit problem-solver and the emotional burden ("you wear me out") this places on him. This pattern highlights a significant challenge in maintaining healthy emotional boundaries and underscores a need for interpersonal effectiveness skills. Addressing this is crucial for alleviating his emotional fatigue and enhancing his overall well-being, as it directly impacts his psychological resources.  
- Adaptive Coping Through New Hobbies: The enthusiastic adoption of reading and gardening serves as powerful, adaptive coping mechanisms for Richard. These activities provide him with a sense of purpose, mastery, and positive distraction, significantly contributing to his self-reported stable mood ("7/10"). Reinforcing and expanding these value-driven activities is essential for his continued resilience and for fostering a broader sense of meaning in his life outside of external demands.  
- Autonomy in Health Management: Richard demonstrates a strong desire for autonomy in managing his physical health, evident in his self-adjustment of medications and diligent weight monitoring. While this reflects agency, it also presents a clinical opportunity to balance this desire for control with adherence to professional medical advice, particularly regarding blood pressure and long-term medication use.

Significant Quotes

"You guys do that to me all the time. That's and you wear me out."

Richard made this statement when describing his family’s tendency to share their problems with him and the resulting emotional toll it takes. This quote is highly significant as it succinctly captures the core of his current interpersonal struggle: a pervasive feeling of emotional exhaustion and being drained by the constant influx of others’ issues. It reveals a pattern where he absorbs and internalizes family distress, indicating a potential difficulty in establishing and maintaining firm emotional boundaries. The intensity of his language (*“wear me out”*) conveys a profound sense of fatigue and hints at a long-standing dynamic where he feels responsible for others’ well-being, often at the expense of his own.

"I'm on my fourth book for the summer."

Richard shared this with notable pride and enthusiasm when discussing his recent interests. This quote is significant because it highlights a burgeoning area of positive coping and self-actualization. His immersion in reading, particularly historical non-fiction, suggests a pursuit of intellectual engagement and a new source of meaning and enjoyment. This demonstrates his capacity for resilience and his ability to cultivate new, fulfilling activities that provide a sense of accomplishment and contribute positively to his mood, serving as a vital counterpoint to the stressors he faces in other areas of his life.

"I don't think I need the pills, I think, and that's why I don't take that's why I didn't take the medicine for two days, because I feel like I don't need the blood pressure medicine..."

Richard articulated this when discussing his medication adherence. This quote is significant as it reveals his desire for autonomy and self-determination regarding his health, and a potential skepticism towards medical prescriptions. While his self-assessment reflects a proactive stance towards his well-being, it also underscores a clinical area for discussion around the importance of prescribed adherence and professional medical guidance. His brief cessation of medication, though brief, highlights a potential risk area that warrants continued monitoring and psychoeducation to ensure his well-being is not inadvertently compromised by self-management without clinical oversight.

Comprehensive Narrative Summary

Today’s session with Richard Hayes provided a comprehensive view of his current psychological landscape, marked by a general sense of stability and contentment, alongside persistent interpersonal challenges within his family system. Richard presented as highly engaged and conversational, readily sharing his experiences and feelings, reflecting a strong therapeutic alliance. His self-reported *“7/10”* mood indicates a sustained positive affect, largely underpinned by his burgeoning engagement in personally meaningful activities such as reading and gardening. These hobbies appear to serve as powerful adaptive coping mechanisms, providing intellectual stimulation, a sense of purpose, and a healthy outlet for his energy, demonstrating his capacity for value-driven action.

However, the session also brought to light Richard’s continued struggle with emotional boundaries within his family. He articulated a clear sense of being burdened by *“problem talk,”* internalizing family members’ concerns to the point of emotional exhaustion. This dynamic suggests a deeply ingrained caretaking role, where he feels an overwhelming responsibility to absorb and process others’ distress, leading to his feeling *“worn out.”* This pattern is a critical area for ongoing therapeutic intervention, particularly through the lens of DBT’s interpersonal effectiveness skills and Narrative Therapy’s approach to externalizing problematic roles. His expressed opinions on broader societal issues, while providing another outlet for his analytical mind, also hint at a pervasive desire to solve or critique problems, which might be a displacement of his difficulties in setting limits within his personal sphere.

Furthermore, Richard’s approach to medication adherence revealed a strong desire for personal autonomy in managing his physical health. His decision to self-modify his medication regimen, while reflecting his proactive nature, also underscores the need for continued psychoeducation to ensure his well-being is maintained through consistent medical management. Overall, Richard’s session underscored his robust capacity for resilience and self-direction through meaningful engagement, while simultaneously highlighting the persistent interpersonal challenges that continue to impact his emotional well-being. The therapeutic path forward will focus on reinforcing his adaptive coping strategies, empowering him to establish healthier emotional boundaries, and continuing to support his journey toward a self-defined sense of purpose and well-being.

# Sarah Palladino

**Client:** Sarah Palladino **Total Sessions:** 4 **Session Date Range:** 2025-06-19 to 2025-07-18

## Session 1: 2025-06-19

**Date:** 2025-06-19 **Source File:** Summary of Sarah Palladino Appointment 6-19-2025 1900 hrs.pdf.eml

Comprehensive Clinical Progress Note for Sarah Palladino’s Therapy Session on June 19, 2025

Subjective

Sarah attended today’s session expressing a complex mix of fatigue from a demanding travel schedule and renewed energy regarding potential career opportunities. She described herself as *“so tired on Monday,”* but felt *“okay”* and *“not like I’m being dragged down,”* indicating she was *“probably close to [burnout]”* but not fully there. This suggests a high-functioning individual pushing her limits while attempting to monitor her well-being.

A significant portion of the session focused on her career transition. She enthusiastically discussed a promising phone interview with REI for a fully remote Retail Project Manager role, stating, *“I can nail this… I like retail. Retail is a very fun and easy thing for me.”* This highlights her confidence in her professional abilities and a strong desire for work-life balance that the remote role could provide. In contrast, she expressed significant disinterest and frustration with a potential onsite interview at Northwell, describing the hiring manager as a *“bitch”* and the job as *“so fucking far,”* despite the higher pay. This reveals her clear preferences and willingness to prioritize qualitative aspects of a job (remote work, positive work environment) over purely financial incentives.

Sarah also reported on her relationship with Andrew, who is *“all in”* on her moving in. She expressed a surprising ambivalence to his enthusiasm, stating, *“What the fuck wrong with you? Nothing. I know. I know. And then I tell everybody, how’s Andrew? He’s great, but I hate him.”* This paradoxical statement suggests a discomfort with unconditional positive regard or a need to maintain an ironic distance from perceived ease or happiness.

Her family dynamics, particularly with her mother (Patty), emerged as a consistent source of frustration. Sarah recounted a recent dinner where her mother exhibited unusual communication patterns, such as difficulty answering concrete questions about table availability at a restaurant, leading Sarah to describe their interactions as akin to *“ABA”* (Applied Behavior Analysis) in needing direct, clear prompts. She also noted her father’s disengagement during the dinner, attributing it to his forgetting his hearing aids. Sarah further elaborated on her mother’s *“autistic”* communication style and the revelation that Patty is a *“clean hoarder,”* connecting these observations to her mother’s history of *“very traumatic shit”* and her tendency to *“dissociate.”* Sarah articulated her approach to communicating with her mother as needing to *“literally, like, like, pointing it out like that. Otherwise it’ll end up just me getting frustrated.”*

Objective

Sarah presented to the session appearing alert and oriented, with her usual high-energy and rapid-fire speech. Her affect was broad and animated, especially when discussing the exciting prospects of the REI job. She displayed a quick wit and employed frequent sarcastic humor, often punctuated with expletives, which served to both convey her strong opinions and potentially to mitigate the intensity of underlying frustration or vulnerability. For instance, when describing her discomfort with Andrew’s open acceptance, her tone shifted to one of self-deprecating humor (*“fucking cunt”*), briefly masking what appeared to be genuine confusion or discomfort.

Her thought process was logical and goal-directed, demonstrating clear planning and strategic thinking regarding her job search (*“scheming”*). However, her narrative flow occasionally became tangential when discussing family dynamics, reflecting the complex and often circular nature of these relationships. Body language was generally open and engaged, though there were moments of visible exasperation and arm gestures when recounting frustrating interactions with her mother.

Her reporting on her mother’s *“autistic text message”* and hoarding, while presented with a degree of analytical detachment, also carried an undercurrent of long-standing frustration and a subtle plea for validation of her own experience within this family dynamic. She was able to articulate the impact of her mother’s behavior on her, such as the need for direct communication, without significant emotional dysregulation during the session, suggesting a degree of self-awareness and developed coping mechanisms, albeit ones that can be blunt or overly controlling.

Assessment

Sarah continues to navigate a period of significant life transitions, marked by both professional uncertainty and relational developments. While not meeting criteria for a formal mental health diagnosis at this time, her presentation is consistent with high-functioning individuals experiencing situational stress, potentially exacerbated by long-standing family system dynamics.

Her experience of being *“close to burnout”* highlights a pattern of managing stress through excessive activity and a strong drive for productivity. This strategy, while enabling her to meet demanding professional expectations, may prevent deeper processing of emotional fatigue and the development of more sustainable self-care practices. Her *“scheming”* to manage her current job’s travel demands while simultaneously job searching reflects a high need for control in uncertain situations, a pattern that, while adaptive in some contexts, can also lead to rigidity and increased stress when external circumstances are beyond her influence.

The core dynamic with her mother, characterized by Patty’s *“autistic”* communication style, *“hoarding,”* and potential dissociation, reveals a family system where boundaries are permeable and direct, emotionally congruent communication is challenging. Sarah’s coping strategy of *“pointing it out like that”* or using *“ABA”* tactics, while effective in gaining clarity, risks perpetuating a transactional rather than an emotionally intimate relationship. This long-standing pattern likely influences her current relational styles, including her ambivalence towards Andrew’s seemingly unconditional acceptance, where genuine positive regard may feel unfamiliar or even suspicious due to a history of conditional or incongruent relational experiences. This suggests underlying core beliefs about the nature of relational connection and perhaps a discomfort with vulnerability.

Her self-identification with professional roles (*“I can nail this,”* *“retail is a very fun and easy thing for me”*) indicates that her self-worth is significantly tied to competence and achievement. The job search, therefore, is not merely a practical endeavor but also an arena where her identity is being renegotiated. The strong aversion to the Northwell job, despite its financial benefits, suggests an emerging value for work-life balance and a deeper need for autonomy, indicating a potential shift in her core values.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to utilize ACT to help Sarah observe her thoughts and feelings (e.g., her ambivalence towards Andrew's acceptance, her "scheming" for control, her frustration with her mother) without fusion or judgment. This will promote psychological flexibility and allow her to respond from a place of values rather than automatic reactions.  
- Explore values clarification regarding her career choices, specifically contrasting the external validation of high pay with intrinsic values like autonomy, work-life balance, and enjoyment. Help her commit to actions aligned with these deeper values, even when faced with uncertainty or discomfort.  
- Introduce concepts of "clean" versus "dirty" pain in relation to burnout and stress, helping Sarah differentiate the natural discomfort of a demanding schedule from the additional suffering created by resistance or over-control.

Dialectical Behavior Therapy (DBT) Elements:

- Focus on Interpersonal Effectiveness skills to enhance Sarah's ability to communicate her needs and set boundaries more effectively and compassionately, particularly with her mother. We will explore alternative communication strategies beyond "pointing it out," aiming for greater validation and reciprocal interaction while still asserting her truth.  
- Reinforce Distress Tolerance skills to manage the intense emotions that arise from job search uncertainty and challenging family interactions, particularly when she feels "frustrated" or close to "burnout."  
- Practice Emotion Regulation by identifying and labeling the nuances of her emotional experience (e.g., the underlying discomfort beneath the humor with Andrew, or the deeper needs beneath the frustration with her mother).

Narrative Therapy Approaches:

- Continue to externalize problematic patterns, such as "the chaos" she experiences or the "ABA" dynamic with her mother, viewing them as external influences rather than inherent flaws. This can empower her to develop new responses.  
- Explore her narrative around receiving unconditional positive regard, particularly her statement about Andrew. We will work to deconstruct any "story" that suggests something must be "wrong" when things are "too welcomed," creating space for a more affirming self-narrative.  
- Begin to re-author her professional identity narrative, focusing on her agency in choosing roles that align with her evolving values rather than solely those that provide external validation or high income.

Existentialism:

- Continue to address themes of freedom and responsibility in her career and relationship choices. Explore her underlying discomfort with "loneliness" and how her busy schedule and active approach to life transitions might be an avoidance of deeper existential questions or feelings of emptiness.  
- Discuss the meaning-making process in her life transitions, helping her find purpose and direction not just in external achievements but in her internal growth and authentic self-expression.

Homework: Sarah will practice mindfully observing her internal reactions during her upcoming job interview and note any instances where she feels the need to *“scheme”* or control. She will also identify one specific instance with her mother where she can attempt to communicate a boundary using a newly explored interpersonal effectiveness skill, focusing on expressing her need directly without relying on her previous *“pointing it out”* tactic.

Supplemental Analyses

Tonal Analysis:

Shift 1: From Overwhelmed to Enthusiastic/Strategic. Sarah’s tone transitioned from an initial weary resignation about her travel (*“I can’t keep up with life. I’m trying. I’m trying my hardest. Yeah, bless you. Someone has December on the bed.”*) to a marked shift of enthusiasm and strategic planning when discussing the REI job. Her voice became more rapid, animated, and confident, punctuated with excited expletives (*“fucking crazy,”* *“I can nail this”*). This shift was triggered by the concrete details of the REI role, particularly its fully remote nature and alignment with her skill set. This tonal shift is clinically significant as it highlights her capacity for motivation and engagement when a clear, values-aligned path emerges, contrasting with her default mode of managing perceived chaos through humor or exhaustion.

Shift 2: From Exasperated/Assertive to Analytical/Humorous (Family Dynamics). When discussing her mother’s communication, Sarah’s tone became overtly exasperated and assertive, rising in volume and intensity (*“I was like, do they look crowded? Or do or are they open? Or it doesn’t matter? She’s like, Oh yeah, I think, I think it’s open. I was like, Okay. I was like, so this is why I’m asking you. Said I am asking you because if it is crowded, you will need to go say hi. I would like an outside table, because I have more tissue with me. And she’s like, okay, so, like, what do you want me to do? Oh, I said, bitch…”*). This later shifted to a more analytical and somewhat darkly humorous tone when describing her mother’s *“autistic”* text messages or her *“clean hoarding.”* This shift is clinically significant because it demonstrates Sarah’s intellectual and emotional attempts to make sense of and cope with what she perceives as illogical or boundary-violating family behaviors. The humor serves as a protective mechanism, allowing her to discuss deeply frustrating dynamics without becoming entirely overwhelmed, but also potentially distancing her from fully acknowledging the emotional impact.

Thematic Analysis:

Theme 1: Autonomy vs. Entanglement/Control. A pervasive theme was Sarah’s desire for autonomy and control over her life circumstances, often in direct conflict with external demands or relational patterns. This was evident in her strong preference for the remote REI job, her *“scheming”* to manage current travel, and her assertion of personal space (e.g., booking a hotel in Boston instead of staying with friends of Andrew’s friend). Conversely, she described feeling entangled or controlled by her current demanding job’s travel schedule and, more deeply, by her mother’s communication style and implicit demands (*“I don’t think she likes the cycles”*). Her ambivalence towards Andrew’s seemingly unconditional acceptance (*“What the fuck wrong with you?”*) also speaks to a struggle with relinquishing a degree of control or embracing a relationship where her autonomy might feel less *“tested.”* This theme is central to her journey as it reflects a lifelong negotiation between her individual needs and the demands of her environment and relationships, particularly within her family of origin.

Theme 2: Self-Worth, Authenticity, and Performance. Sarah’s discussion of her career and relationships revealed a deep connection between her self-worth and her ability to perform effectively and authentically. Her confidence in *“nailing”* the REI job, contrasted with her strong dislike for the Northwell role, suggests a need for work that aligns with her skills and personal values, not just financial gain. Her candid, sometimes blunt, communication style, including the use of expletives and sarcastic humor, indicates a high value on authenticity (*“literally, I’m still here. I’m doing fine, doing enough.”*). However, her discomfort with Andrew’s seemingly unconditional positive regard hints at a potential underlying belief that acceptance is conditional on her *“performance”* or an active struggle to maintain control, rather than simply being herself. This theme relates to her ongoing development of a stable sense of self that can withstand both external pressures and internal discomforts, moving beyond performance-based validation.

Sentiment Analysis:

Sentiments About Self: Sarah’s sentiments about herself were predominantly characterized by a blend of **confidence**, **resilience**, and a subtle undercurrent of **self-skepticism**.

- Confidence/Competence: Evident in statements like "I can nail this," "Retail is a very fun and easy thing for me," and her detailed descriptions of her professional capabilities. This indicates a strong belief in her practical skills and ability to manage complex tasks.  
- Resilience/Endurance: Expressed through her ability to push through demanding travel and work schedules, noting, "I'm not burnt out, but I was probably close to it," and "I'm still here. I'm doing fine, doing enough." This highlights her capacity to tolerate and adapt to high-stress environments.  
- Self-Skepticism/Discomfort with Ease: Revealed in her paradoxical reaction to Andrew's eagerness to move in, "What the fuck wrong with you? Nothing. I know. I know. And then I tell everybody, how's Andrew? He's great, but I hate him." This sentiment suggests a possible discomfort with unconditional positive regard or a tendency to view ease/happiness with suspicion, perhaps rooted in past relational experiences where positive outcomes were often conditional or followed by difficulty.

Sentiments About Others/External Situations: Sarah’s sentiments towards others and external situations were varied, showing strong preferences and clear boundaries, often tinged with **frustration**, **optimism**, and **criticality**.

- Frustration/Exasperation (towards Mother and Challenging Work Environments): Most pronounced when discussing her mother's communication patterns ("bitch, we could see the tables," "I just don't know") and the demanding nature of her current job's travel schedule ("five weeks in a row"). This reflects her low tolerance for perceived illogicality or lack of consideration from others, especially authority figures or close family.  
- Optimism/Excitement (towards REI job and Andrew): Strong positive sentiments were expressed towards the REI job opportunity ("fucking crazy," "that's beautiful. That's the best, best case scenario") and her relationship with Andrew, despite her stated ambivalence ("he's great"). This indicates her capacity for hope and enthusiasm when external circumstances align with her aspirations.  
- Criticality/Skepticism (towards Northwell and societal systems): Her disdain for the Northwell job and its director ("bitch, not like her") and her general skepticism towards systems (e.g., the unemployment process, or the job market for "people my age") reflect a critical lens through which she evaluates external circumstances, often perceiving unfairness or intentional difficulty.

Key Points

- High-Functioning Coping with Underlying Vulnerability: Sarah demonstrates remarkable resilience and capacity for managing multiple stressors through proactive planning and activity. However, her reports of being "close to burnout" and her discomfort with unconditional acceptance (from Andrew) suggest that her high-activity coping mechanisms may be a defense against underlying emotional vulnerability, including fatigue or a struggle with truly receiving positive regard without suspicion. This is a crucial leverage point for deepening therapeutic work, moving beyond external management to internal emotional processing.  
- Interpersonal Boundaries and Communication in Family System: The dynamic with her mother continues to be a primary source of frustration, highlighting long-standing patterns of porous boundaries and incongruent communication. Sarah's "ABA" approach, while effective in gaining clarity, points to a need for developing more nuanced and less confrontational interpersonal effectiveness skills. Addressing these dynamics is vital for reducing her overall stress load and improving relational satisfaction, extending beyond her family to other interpersonal contexts.  
- Identity Negotiation Amidst Life Transitions: Her intense engagement in the job search and the decision to move in with Andrew are not merely practical life changes but are also deeply entwined with her sense of self-worth and identity. The REI job, in particular, represents a values-aligned path, allowing her to integrate her professional competence with her desire for autonomy and work-life balance. Navigating these transitions offers a rich opportunity to explore and solidify a more intrinsic sense of self-worth, less dependent on external achievements or conditional acceptance.

Significant Quotes

- "I'm not burnt out, but I was probably close to it."

Sarah made this statement when reflecting on her demanding travel schedule and the intensity of her current work. This quote is significant as it encapsulates her high tolerance for stress and her ability to function effectively even on the brink of exhaustion. It highlights a common pattern where her resilience allows her to push past typical limits, potentially delaying the recognition of cumulative fatigue. Clinically, it points to a need for developing more proactive and preventative self-care strategies rather than solely relying on her capacity for endurance. It also suggests a subtle pride in her ability to withstand pressure, which might make it challenging to fully embrace rest or vulnerability.

- "What the fuck wrong with you? Nothing. I know. I know. And then I tell everybody, how's Andrew? He's great, but I hate him."

Sarah uttered this in response to Andrew’s open enthusiasm about her moving in. This quote is profoundly significant as it reveals Sarah’s complex relationship with unconditional positive regard. Her immediate, somewhat aggressive, questioning of Andrew’s genuine acceptance (*“What the fuck wrong with you?”*) followed by a concession of *“Nothing”* and then the ironic, almost self-sabotaging *“I hate him,”* points to a deep-seated discomfort with receiving something seemingly *“too good”* or unearned. This pattern suggests that her internal working models of relationships may be rooted in conditional love or experiences where ease was often followed by difficulty, making genuine, straightforward acceptance feel foreign or suspicious. Addressing this paradox is critical for her to develop a more secure attachment style and to fully embrace healthy, supportive relationships.

- "This is the only way I can get through to her [mother], is if I literally, like, like, pointing it out like that. Otherwise it'll end up just me getting frustrated. Like, ABA."

Sarah made this statement when describing her method of communicating with her mother. This quote is significant because it illustrates Sarah’s direct, almost clinical, approach to managing difficult interpersonal dynamics, particularly within her family. Her reference to *“ABA”* (Applied Behavior Analysis) underscores her professional tendency to apply structured, task-oriented solutions to complex relational issues. While this approach may yield practical results (getting her mother to understand a specific question), it bypasses emotional nuance and genuine reciprocal communication, leading to her own frustration. This highlights a key area for therapeutic work: developing more flexible and emotionally attuned interpersonal effectiveness skills that can foster deeper connection while still maintaining healthy boundaries, rather than relying solely on blunt directives.

Comprehensive Narrative Summary

Today’s session with Sarah Palladino provided a vivid portrayal of a highly driven individual navigating significant life transitions with characteristic intensity and strategic thinking. Her presentation was a dynamic interplay of near-exhaustion and renewed vigor, reflecting her high-activity coping mechanisms in the face of demanding professional and personal landscapes. While she acknowledged being *“close to burnout,”* her enthusiasm for the fully remote REI job opportunity underscored a strong internal compass guiding her toward greater work-life balance and autonomy, even over higher financial incentives. This desire for control and alignment with her values is a central driver in her current career renegotiation.

A prominent theme was the ongoing complexity of her family dynamics, particularly with her mother. Sarah’s detailed, often exasperated, recounting of her mother’s *“autistic”* communication style and the revelation of her *“clean hoarding”* painted a picture of a family system marked by porous boundaries and an absence of clear, emotionally congruent communication. Sarah’s chosen coping strategy of *“pointing it out”* or employing *“ABA”*-like directness, while effective in gaining superficial clarity, clearly contributes to her frustration and highlights a long-standing need for more nuanced interpersonal effectiveness skills. This pattern likely influences her other relationships, subtly shaping her comfort with intimacy and vulnerability.

The session also touched on Sarah’s budding cohabitation plans with Andrew, revealing a fascinating paradox in her emotional landscape. Andrew’s open acceptance and enthusiasm (*“he’s all in”*) triggered a self-deprecating, almost suspicious, response from Sarah (*“What the fuck wrong with you?… I hate him”*). This profound ambivalence towards unconditional positive regard suggests a deeper struggle with vulnerability and perhaps an ingrained belief that genuine acceptance must be earned or is too good to be true. This hints at the possibility that her high-achieving, proactive persona may, in part, be a defense against a more vulnerable self or a history of conditional relational experiences.

Overall, Sarah presents as a highly capable and insightful individual whose current life transitions are unearthing core beliefs about self-worth, control, and relational dynamics. The therapeutic path will involve supporting her in building sustainable self-care practices, refining her interpersonal skills to navigate complex relationships with greater ease and less frustration, and exploring the underlying roots of her discomfort with unconditional acceptance, fostering a more secure and intrinsically validated sense of self.

## Session 2: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Sarah Palladino Appointment 7-14-2025 1000 hrs.pdf.eml

Comprehensive Clinical Progress Note for Sarah Palladino’s Therapy Session on July 14, 2025

Subjective

Sarah attended today’s session reporting an overall positive emotional state, stating the weekend was *“fine,”* *“okay,”* and *“good,”* specifically highlighting that she *“didn’t fucking feel bad.”* This indicates a significant improvement in her mood and a reduction in distressing symptoms reported in previous sessions. She described a relaxed weekend, sleeping in, an *“adventure”* to get Lydia a cupcake, and mini-golfing with Andrew and his family, whom she humorously described as *“trained children.”* Sarah shared a poignant moment of crying because she was *“happy, but knowing that the happy will not always be there,”* reflecting a nuanced awareness of the transient nature of emotions. She also mentioned playing in a volleyball tournament, which left her *“very sore.”*

Regarding her career, Sarah was highly optimistic about her second interview with REI, describing it as going *“really well.”* She found the role’s explanation exciting and felt *“comfortable”* with the interviewer. She reported that REI wants to *“move fast,”* aiming for a job offer by the end of the month, which aligns with her desire for stability. In contrast, she was *“kind of fine with”* the cement company’s decision to not move forward with the position she interviewed for, understanding their shift to *“lower-grade admin roles”* and expressing relief at not needing to be *“on-site every day with construction men.”* She sees the REI opportunity as a way to return to retail, leveraging her *“unique skills”* without assuming a store leadership role.

Sarah also provided an update on her housing situation. She informed her landlords of her August move-out date. They countered with an offer of $100 off her rent for a year lease, which she declined, explaining it wouldn’t sufficiently address her financial needs given the uncertainty of her job search. She mentioned that her friend Sam is interested in taking over the lease, despite Sam owning a 60-pound purebred pit bull named Mando who recently bit Sam’s finger (due to a fight over a tennis ball), leading to Mando attending a month-long obedience sleepaway camp. Sarah expressed unwillingness to watch Mando due to his size and jumping behavior.

Her relationship with Andrew continues to be a significant positive influence. She described him as *“the keeper”* and *“so sweet,”* highlighting his patience and supportive nature. He wants to give her a key to his house this week. A key coping mechanism Sarah employed this weekend was meticulously measuring Andrew’s entire house and creating floor plan diagrams when she felt *“in a fucking mood”* or *“getting really tired.”* She explicitly stated this helped her *“not fucking freak out”* and that she’s been engaging in this *“full autism”* activity since she was a teenager.

Finally, Sarah expressed strong disapproval of her mother, Patty’s, recent behavior, describing it as *“inappropriate,”* *“weird,”* and *“not respectful,”* stating she would *“actually resent her”* for not being more considerate of boundaries. Upcoming plans include a Palladino family double kid birthday this weekend and a work family gathering in New Jersey, though Sarah expressed preference for a Pomeranian meetup in the city.

Objective

Sarah presented to the session casually dressed in flats, noting that she usually wears sneakers. She was alert and oriented x3, maintaining consistent eye contact throughout the session. Her speech was clear, coherent, and highly animated, particularly when discussing her relationship with Andrew, her weekend activities, and the prospective REI job. Her thought process was logical and linear, demonstrating a strong ability to articulate complex situations (e.g., job market, housing logistics) with detailed analysis.

Her affect was broad and congruent with her reported emotional states, characterized by enthusiasm and humor when discussing positive experiences, and a more pragmatic, analytical tone when discussing setbacks (e.g., cement job rejection, dog bite incident). While discussing the *“crying because I was happy”* moment, her expression conveyed a nuanced mix of contentment and reflective melancholy, yet without overt sadness. Her physical presentation was generally relaxed, though she mentioned feeling *“very sore”* from the volleyball tournament, suggesting recent high physical activity levels. Her engagement throughout the session was high, marked by active participation and reciprocal conversation, indicating comfort and trust within the therapeutic relationship.

Assessment

Sarah continues to demonstrate significant progress in mood regulation and adaptive coping. Her reported subjective well-being (*“didn’t fucking feel bad”*) and animated presentation highlight a notable reduction in depressive or anxious symptoms that have been present in previous sessions. This positive shift appears to be largely supported by the stability in her romantic relationship and the promising outlook for a career opportunity that aligns with her core values.

A central theme emerging from today’s session is Sarah’s active and conscious pursuit of stability, both professionally and personally. Her move away from the *“turbulent”* startup environment towards a more established company like REI signifies a mature re-evaluation of her career priorities. Her clear articulation of her unique skills and the value she brings to a role, coupled with her *“no bullshit”* approach in interviews, underscores a growing sense of professional self-worth and authenticity. This shift reflects an increasing alignment between her external choices and internal needs for security and predictability.

Sarah’s *“full autism”* coping mechanism of creating detailed floor plans functions as a powerful, idiosyncratic distress tolerance strategy. This long-standing behavior provides a concrete way for her to manage anxiety and regain a sense of control when feeling overwhelmed or *“in a mood.”* While highly effective, this reliance on external structure and intellectualization warrants continued exploration to enhance her capacity for direct emotional experience and flexibility.

Furthermore, Sarah is demonstrating improved boundary setting and self-advocacy. Her firm but polite refusal of the landlord’s offer, grounded in a clear financial rationale, highlights her growing capacity to prioritize her own needs. Similarly, her strong reaction to her mother’s perceived boundary violation (*“inappropriate,”* *“weird,”* *“not respectful”*) indicates an emerging assertiveness and a clearer differentiation of self within familial relationships. Her secure relationship with Andrew continues to serve as a robust source of emotional support and stability, reinforcing her positive self-concept and contributing to her overall well-being.

The nuanced experience of *“crying because I was happy, but knowing that the happy will not always be there”* reflects a sophisticated level of emotional processing. This capacity to hold both joy and the awareness of impermanence without falling into despair is a testament to developing psychological flexibility, a core tenet of Acceptance and Commitment Therapy. This indicates a growing ability to engage with her emotions authentically and accept their transient nature.

Plan

Therapeutic Modalities:

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize ACT to deepen Sarah's psychological flexibility. We will explore the value of "stability" and how her current actions (e.g., job search, housing decisions) align with this value. We will continue to practice defusion techniques for any thoughts that might undermine her sense of agency or create anticipatory anxiety, particularly around the job offer timeline. The nuanced experience of "happy but fleeting" will be reframed as an opportunity to practice present moment awareness and acceptance of emotional impermanence, fostering a richer, more open relationship with all emotional experiences.  
- Narrative Therapy Elements: Continue to co-construct a new professional narrative for Sarah, shifting from the "turbulent startup" narrative to one of "strategic stability" and "expert contribution." Her ability to articulate her unique value in job interviews will be reinforced, externalizing "competence" as a core aspect of her professional identity. We will also explore the evolving narrative of her relational autonomy, particularly in the context of boundary setting with her mother and landlords.  
- Dialectical Behavior Therapy (DBT) Distress Tolerance: Reinforce Sarah's "full autism" floor-planning as an effective distress tolerance skill. Explore the possibility of expanding her repertoire of healthy coping mechanisms to manage moments of emotional overwhelm that may not lend themselves to structured, analytical solutions, focusing on sensory or self-soothing techniques. We will also continue to encourage conscious emotional labeling and validation of her experiences, especially the complex emotions she reported.

Actionable Steps:

- Career: Sarah will continue to engage in the REI interview process. We will debrief the panel interview and any subsequent job offer, processing it through the lens of her value for stability and aligning with her authentic professional identity.  
- Housing: Sarah will continue to manage the logistics of her apartment move-out, including supporting Sam in her negotiations with the landlords. We will process any anxieties related to this transition, reinforcing her capacity for self-advocacy.  
- Relational: Continue to explore the healthy dynamics of her relationship with Andrew, including processing the significance of receiving a house key. We will further discuss strategies for managing perceived boundary violations with her mother, Patty, and reinforce her developing sense of relational autonomy.  
- Self-Care/Coping: Encourage Sarah to continue utilizing her unique coping mechanisms that provide a sense of control and calm. Support her in balancing her demanding career search with self-care and enjoyable activities.

Next Session Focus:

The next session will focus on debriefing the outcome of the REI job offer, further processing her insights into her coping mechanisms, and continuing to explore the integration of her personal values with her career and relational choices. We will also address any developments regarding her housing transition and her plans for the upcoming weekend gatherings.

Supplemental Analyses

Tonal Analysis

- Shift 1: From Casual to Enthusiastic/Excited (REI Job Discussion): Sarah's tone shifted from generally casual and conversational to noticeably more enthusiastic, rapid, and higher-pitched when discussing the REI job interview and the prospect of an offer. Her language became more declarative and confident (e.g., "it all tracks," "really exciting," "stability," "no bullshit at all"). This shift indicates genuine excitement and a strong emotional investment in this potential career move, which aligns with her expressed value for stability and professional growth. This tonal change is clinically significant as it reflects a shift from a somewhat guarded or resigned baseline to one of hope and agency regarding her future.  
- Shift 2: From Animated to Resigned/Observational (Cement Job Rejection

## Session 3: 2025-07-14

**Date:** 2025-07-14 **Source File:** Summary of Sarah Palladino Appointment 7-14-2025 1330 hrs.pdf.eml

Comprehensive Clinical Progress Note for Sarah Palladino’s Therapy Session on July 14, 2025

Subjective

Sarah attended today’s session expressing a general sense of feeling *“fine,”* stating the weekend was *“good”* because she *“didn’t fucking feel bad.”* This phrasing suggests a baseline where the absence of negative affect is the primary marker of well-being, rather than the active experience of positive emotions. She shared details about her weekend, including a successful second interview with REI, her boyfriend Mark’s family mini-golf outing, a volleyball tournament, and a unique coping mechanism involving diagramming her boyfriend’s house. Sarah described crying on Saturday night, explaining it was *“crying because I was happy, but knowing that the happy will not always be there.”* This poignant statement highlights her awareness of the impermanence of positive states and an underlying anxiety about their fleeting nature, a theme she linked to her general emotional experience. She elaborated that she was not crying because it was going to go away, but rather that she was enjoying the moment while holding the awareness of its transient nature. Regarding her housing situation, she recounted telling her landlords she was moving out by the end of August, rejecting their offer of reduced rent due to financial precarity and her inability to commit to another year without a secure job. She was candid about her anxiety about the house situation, especially when at the airport with a colleague, describing herself as *“getting very anxious”* and needing to *“stop right now.”* Her decision to diagram her boyfriend’s house (*“going full autism”*) was a direct response to this anxiety, a method she described as making her *“less stressed about everything else.”* She spoke openly about her job search, expressing optimism about the REI role due to its alignment with her skills and, crucially, its *“stability.”* She also shared that a previous job prospect with *“cement”* was no longer moving forward, stating she was *“kind of fine with”* this as it would have required daily on-site presence, which she did not desire. Her descriptions of dog interactions (Lydia, Morty, Sam’s pit bull) provided anecdotal insights into her emotional responses, including hysterical laughter and strong aversions to certain behaviors (jumping, *“bully trained”*).

Objective

Sarah presented to the session in casual attire, specifically *“Toms,”* which she noted as unusual given her preference for sneakers, highlighting her self-awareness of her presentation. She was alert and oriented, with clear, articulate speech, though she occasionally used strong expletives (e.g., *“fucking”*) when describing frustrating or intense situations. Her thought processes were logical and well-organized, particularly evident in her detailed explanation of the complex vaccine redistribution and cooler-sized-as-coffins story from her recent work trip. Her affect demonstrated a notable range: initially somewhat flat and pragmatic when discussing her general well-being, shifting to enthusiastic and animated when discussing the REI interview and her house diagramming project, and then showing vulnerability and a tinge of melancholy when reflecting on the transience of happiness. Her body language was generally open and engaged, maintaining good eye contact throughout, except for brief moments of introspection. There were no overt signs of distress in her physical presentation, although she reported being *“very sore”* and *“very hard to move”* from her volleyball tournament. Her meticulous hand-drawn floor plans were presented as tangible evidence of her structured coping mechanisms.

Assessment

Sarah continues to navigate significant life transitions, specifically the uncertainty surrounding her employment and housing. Her self-reported *“fine”* mood, coupled with her statement about *“not feeling bad,”* suggests a potential underlying anhedonia or a coping mechanism of emotional constriction, where the absence of negative feelings is prioritized over the pursuit of positive ones. This aligns with a defensive posture against emotional vulnerability. Her candid admission of crying due to the transient nature of happiness directly speaks to an existential struggle with impermanence. This indicates a cognitive pattern where positive experiences are immediately filtered through a lens of future loss, potentially contributing to a dampened emotional range and a difficulty in fully inhabiting positive affect. Clinically, this could be interpreted as a form of *“joy avoidance”* or a depressive cognitive schema that anticipates loss even amidst gain. The *“going full autism”* behavior of meticulously diagramming her boyfriend’s house is a highly significant coping mechanism. This serves as a potent method of externalizing and mastering internal anxiety related to uncertainty (moving, job security). It demonstrates her need for control, structure, and predictability, particularly in the face of perceived chaos or vulnerability. This is consistent with an individual who thrives on organization and tangible problem-solving as a way to manage internal emotional states. Her strategic approach to the REI interview, emphasizing *“stability,”* further underscores her current values and needs, indicating a shift from the turbulent *“startup”* narrative of her past towards a more secure professional identity. Her effective boundary-setting with her landlord and her clear articulation of her financial limitations and future uncertainties demonstrate strong interpersonal effectiveness and self-advocacy skills. The dynamic with Patty and the *“inappropriate”* sharing of bathroom pictures, contrasted with Mark’s response, highlights Sarah’s strong sense of appropriate boundaries and her frustration when they are violated, even passively. This suggests a sensitivity to perceived relational transgressions and a need for clear, consistent expectations in her interactions.

Plan

- Acceptance and Commitment Therapy (ACT) Interventions: Continue to support Sarah in developing psychological flexibility. Explore her concept of "feeling fine" as an avoidance strategy versus a genuine experience of well-being. Utilize mindfulness to help Sarah observe and make space for the thought "this is not gonna last forever" when experiencing positive emotions, rather than fusing with it or allowing it to diminish her present experience. Connect her "full autism" coping mechanism to underlying values of order and control, validating its function while exploring other flexible responses to uncertainty.  
- Dialectical Behavior Therapy (DBT) Elements: Reinforce emotion regulation skills, particularly distress tolerance during moments of anxiety (e.g., airport situation, housing uncertainty). Continue to strengthen interpersonal effectiveness skills, as demonstrated in her interactions with her landlord and in job interviews, by validating her clear communication and boundary setting.  
- Narrative Therapy Approach: Explore the evolving narrative of her professional identity. Discuss her past experiences with "opening" new ventures and her current desire for "stability" at REI as a new chapter she is authoring for herself. Help her externalize the "uncertainty" or "instability" as an external force she is actively navigating, rather than an inherent personal deficit.  
- Existential Psychotherapy Focus: Directly address the theme of impermanence and the anxiety associated with the fleeting nature of happiness. Encourage Sarah to find meaning and purpose not solely in external achievements or circumstances (job, housing) but in her internal resources, relationships, and chosen values. Explore how her coping mechanisms, while effective, might also be a way of avoiding confronting the inherent uncertainties of life.  
- Practical and Behavioral Activation: Continue to monitor progress on the REI job offer and housing transition. Encourage Sarah to engage in activities that bring her genuine joy (e.g., Pomeranian meetup) and to actively notice and savor these moments, even with the awareness of their impermanence.

Supplemental Analyses

Tonal Analysis

Shift 1: From Pragmatic to Enthusiastic/Engaged. Sarah’s tone shifted from a somewhat flat, pragmatic delivery when discussing her general well-being (*“fine,”* *“didn’t fucking feel bad”*) to notably more animated and enthusiastic when discussing the REI interview. This was accompanied by increased vocal energy, more varied pitch, and quicker pacing. This shift was particularly pronounced when she described the interviewer’s positive feedback and the alignment of the role with her desire for *“stability.”* This tonal change is clinically significant as it indicates genuine engagement and activation when discussing areas of competence and future promise, contrasting with her more reserved opening. It suggests that while she may not always express overt joy, she is capable of enthusiasm when her sense of agency and future security is affirmed.

Shift 2: From Vulnerable to Organized/Controlled. A distinct tonal shift occurred when Sarah moved from expressing the raw, vulnerable emotion of crying over transient happiness to describing her meticulous floor-plan diagramming. Her voice became more measured, precise, and detailed, reflecting a regaining of internal control and a shift into a more intellectualized, problem-solving mode. This shift represents her rapid mobilization of coping mechanisms in the face of emotional discomfort or uncertainty. It highlights her capacity to quickly externalize and structure her anxiety through concrete action, moving from an experience of internal emotional overwhelm to an externalized, manageable task.

Thematic Analysis

Theme 1: Control vs. Uncertainty. This was a dominant theme throughout the session. Sarah’s *“full autism”* floor-planning directly demonstrates her need to impose order and control over a situation (impending move, housing uncertainty) that otherwise feels chaotic or uncertain. Her preference for *“stability”* in a new job, her pragmatic approach to the *“cement”* job rejection, and her need to *“stop”* the anxious conversation at the airport all underscore a deep-seated need for predictability and mastery in her environment. This theme connects to her personal history of navigating turbulent *“startups”* and suggests an adaptive mechanism developed in response to unpredictable environments.

Theme 2: Impermanence and Existential Anxiety. This theme was most acutely highlighted by Sarah’s statement about crying from happiness *“knowing that the happy will not always be there.”* This reflects a profound awareness of life’s transient nature and the inherent sorrow that can accompany moments of joy when one is acutely attuned to their fleeting quality. It suggests an underlying existential anxiety about loss and change, even when those changes are positive or growth-oriented. This theme is crucial for understanding her anhedonic tendencies and her difficulty in fully embracing positive experiences without an immediate cognitive filter of their potential cessation.

Sentiment Analysis

Sentiments About Self: Sarah’s sentiments about herself were predominantly positive regarding her capabilities and resilience. She expressed confidence in her interview performance (*“I think it went really well”*) and her ability to navigate complex situations (landlord negotiations, work logistics). There was an underlying sentiment of competence and self-sufficiency, particularly in her *“do it with my eyes shut”* attitude towards retail. However, a subcurrent of vulnerability emerged when discussing happiness, indicating a self-perception that joy is inherently fragile and transient (*“not gonna last forever”*). This points to a deeper emotional landscape where self-worth might be influenced by external stability and control, and where internal emotional states are carefully managed.

Sentiments About Others/External Situations: Sarah’s sentiments towards others were varied and nuanced. Her descriptions of Mark/Andrew were consistently positive and appreciative, reflecting a secure and supportive relationship. She expressed admiration for the *“trained children”* and their mother, indicating a value for order and appropriate conduct. Her sentiments towards the REI interviewer were highly positive, characterized by respect for transparency and recognition of her unique skills. Conversely, her sentiments towards Patty revealed frustration and disbelief regarding perceived inappropriate boundaries. Towards external systems like the job market and her housing, her sentiments were pragmatic and analytical, acknowledging challenges (e.g., financial strain of rent, turbulence of startups) but also demonstrating agency in navigating them. There was a general sentiment of seeking reliability and predictability in her external world.

Key Points

- Existential Struggle with Impermanence: Sarah's candid description of crying from happiness due to the awareness of its transient nature highlights a significant existential theme of grappling with impermanence. This pattern may contribute to her difficulty in fully embracing positive emotional states and should be a central focus for therapeutic exploration, linking to ACT principles of acceptance and defusion.  
- Structured Coping for Anxiety Management: The detailed floor-plan diagramming ("going full autism") serves as a highly effective, albeit rigid, coping mechanism for managing anxiety and uncertainty. This intellectualized and control-oriented approach provides temporary relief but may limit her psychological flexibility in adapting to situations where external control is not possible. Interventions should aim to broaden her repertoire of distress tolerance and acceptance skills.  
- Evolving Professional and Personal Identity: Sarah's job search for "stability" at REI signifies a conscious shift in her professional narrative, moving away from the "turbulent" startup world. This transition presents an opportunity to explore and solidify a more stable sense of self and purpose that is less contingent on external volatility. Her housing transition further emphasizes this search for a grounded, secure foundation in both her professional and personal life.  
- Strong Boundary Setting and Self-Advocacy: Sarah consistently demonstrates effective boundary setting and self-advocacy (with landlords, in job interviews, and in personal interactions like the airport). This is a significant strength and protective factor that should be acknowledged and reinforced, as it allows her to navigate challenges assertively and protect her well-being.

Significant Quotes

"I didn't fucking feel bad." Sarah made this statement when asked about her weekend, immediately qualifying it as "good." This quote is significant because it encapsulates her current baseline for well-being: the absence of distress is equated with a positive state. It suggests a potential anhedonic quality or a protective emotional constriction, where emotional equilibrium is defined by what is not present (negative feelings) rather than what is present (positive ones). Clinically, this indicates a valuable entry point for exploring her emotional range and developing skills for savoring positive experiences, aligning with ACT's focus on valued living and emotional expansion.  
  
 "crying because I was happy, but knowing that the happy will not always be there." This profound statement reveals Sarah's acute awareness of impermanence and her underlying existential anxiety. Made while describing a happy moment with her boyfriend, it highlights a cognitive filter through which positive experiences are immediately contextualized by their inevitable end. This quote is crucial as it points to a core struggle with acceptance of life's transient nature, impacting her capacity for sustained joy. It directly informs the therapeutic focus on existential themes and ACT's concept of defusion from thoughts that diminish present experience.  
  
 "I had to go to sleep, but I can't because, like, fucking 5pm that would be stupid. Or I was like, I just didn't get out of the house. So then I just went to him, yeah, and told him that, to avoid me getting into a mood, I'm going to go full autism. And I measured his entire house and made diagrams." This lengthy quote is highly significant as it provides a detailed and candid account of Sarah's primary coping mechanism for anxiety and emotional dysregulation. Her self-identification of "going full autism" to describe her meticulous, highly structured approach to managing distress through a physical, logical task (diagramming) is a powerful insight. It illustrates her reliance on external control and intellectualization as a defense against internal emotional overwhelm and "getting into a mood." This quote serves as a direct guide for therapeutic intervention, emphasizing the need to validate this coping strategy while also exploring its limitations and fostering more flexible responses to uncertainty and emotional discomfort.  
  
 "transparently, stability." Sarah offered this direct and concise explanation for why she was interested in the REI job over her past "turbulent" startup experiences. This quote is significant because it articulates a core value and current need that is driving her major life decisions. It reflects a shift in her professional and personal narrative from one of constant "opening" and high-risk environments to a desire for a more grounded and predictable existence. This statement provides a clear therapeutic direction, highlighting her pursuit of security and its connection to her overall well-being and sense of purpose. It signals a potential for building a new narrative centered on sustained engagement rather than transient ventures.

Comprehensive Narrative Summary

Today’s session with Sarah Palladino provided a rich tapestry of her current psychological landscape, marked by significant life transitions, robust coping mechanisms, and an underlying existential grappling with impermanence. Sarah presented as a highly competent and pragmatic individual, navigating the complexities of a job search and an impending move with a clear, direct style. Her enthusiasm for the REI opportunity, rooted in a desire for *“stability”* after a career in *“turbulent”* startups, indicates a conscious shift in her professional identity and a deep-seated need for security. This search for stability extends to her housing situation, where she exhibited strong self-advocacy and financial prudence in her negotiations with her landlord.

Central to the session was Sarah’s revelation of her unique coping mechanism: meticulously diagramming her boyfriend’s house to manage intense anxiety (*“going full autism”*). This behavior, while highly functional in providing a sense of control and reducing stress, highlights her tendency to intellectualize and externalize emotional discomfort, a pattern consistent with experiential avoidance. The depth of her emotional world became most apparent when she described crying from happiness, immediately followed by the poignant realization that *“the happy will not always be there.”* This statement is a profound window into her existential anxiety, demonstrating how the awareness of impermanence filters even positive experiences, potentially contributing to a dampened emotional range or anhedonia.

From an ACT perspective, Sarah’s coping strategies, while adaptive, also reveal areas for developing greater psychological flexibility—learning to observe difficult thoughts and emotions without fusion or avoidance. Her pursuit of *“stability”* aligns with core values, and exploring how to live in accordance with these values, even amidst uncertainty, will be key. DBT principles can reinforce her already strong interpersonal effectiveness skills, while also introducing more direct emotion regulation and distress tolerance techniques that are less reliant on externalizing control. Narrative therapy offers an avenue to re-author her professional story, from one defined by transient *“openings”* to one of building and sustained contribution. Finally, an existential lens will be crucial for helping Sarah process her anxieties about impermanence, find meaning beyond external circumstances, and cultivate a deeper acceptance of life’s inherent fragility. The session underscored Sarah’s resilience and her capacity for profound self-awareness, making her a highly engaged and insightful participant in her therapeutic journey.

## Session 4: 2025-07-18

**Date:** 2025-07-18 **Source File:** Sarah Palladino Appointment July 18, 2025.eml

Comprehensive Clinical Progress Note for Sarah Palladino’s Therapy Session on July 18, 2025

Subjective

Sarah attended today’s session expressing a general sense of *“fine”* about her week, noting her first return to the office for work in some time, which she described as *“awkward.”* Her primary focus shifted to the ongoing job interview process, where she is awaiting a response by the end of this week or early next week, indicating a desire for a new role by August 1st. She articulated a clear timeline for the job offer and her subsequent two-week notice, strategically placing it after her birthday. A significant portion of the session was dedicated to her mother’s (Patty’s) therapy process with Nora, another therapist. Sarah reported that her mother *“thinks that I just attack her all the time”* and believes her mother is *“afraid”* of her, referencing past physical altercations and her mother’s misinterpretation of Sarah’s direct communication style as yelling or physical threat. Sarah expressed profound frustration with her mother’s inability to follow simple directions and her tendency to *“make the trauma her identity,”* stating, *“She loves where she’s at, but she also makes the trauma her identity.”* Sarah articulated a strong desire for her mother to *“care about herself,”* confessing that her mother’s self-neglect is *“an embarrassment thing”* for her. She voiced significant pessimism about their relationship ever reaching a state of *“trust,”* highlighting long-standing issues of boundary violations and her mother sharing private information. Sarah’s primary hope for the upcoming joint session with Nora and her mother is to *“prove to her that I’m not being a bully”* and for her mother to *“take care of herself”* and *“hear what I’m saying rather than jumping to conclusions.”* She concluded by stating that if her mother *“gives up on this,”* she will *“definitely resent her for the rest of my life.”*

Objective

Sarah presented to the session engaged and articulate, maintaining consistent eye contact throughout. Her speech was clear and logical, with a rapid pace when discussing her mother, indicative of her frustration. While generally calm when discussing her job prospects and logistical planning, her affect became noticeably agitated and exasperated when recounting interactions with her mother. She frequently used vivid analogies and direct language to convey her experience, such as *“She only knows the book definition… she doesn’t understand that it’s contextual.”* Her body language was open but occasionally stiffened when recounting perceived injustices or her mother’s lack of comprehension. Sarah exhibited a high degree of insight into the dysfunctional family dynamics, particularly her mother’s defensive mechanisms and trauma responses. She actively participated in the discussion, readily offering examples to support her points. Despite her stated *“low expectations”* regarding her mother’s change, her persistent engagement in discussing the issue and arranging the joint session with Nora suggests an underlying, albeit frustrated, desire for improvement in the relationship.

Assessment

Sarah continues to navigate significant interpersonal challenges within her family system, particularly concerning her relationship with her mother. The current impetus for a joint family session highlights a critical juncture in addressing long-standing patterns of communication breakdown, perceived psychological unsafety, and a profound breach of trust. Sarah’s perception of her mother’s fear and the mother’s identification with trauma (*“she loves where she’s at, but she also makes the trauma her identity”*) points to a complex dynamic rooted in developmental history and unaddressed interpersonal trauma. Sarah’s own frustration and *“embarrassment”* regarding her mother’s self-neglect and lack of responsibility suggest a significant emotional burden and a core value conflict around self-care and personal agency. This dynamic is exacerbated by her mother’s cognitive rigidity and concrete thinking, which impedes effective communication and genuine understanding. From an ACT perspective, Sarah is struggling with the acceptance of her mother’s current state and her own emotional responses to it, leading to a sense of resentment and low expectations. The concept of *“psychological safety,”* articulated in session, is a critical missing component in their relationship, preventing the development of trust, connection, and a healthy bond. Narrative therapy offers a valuable lens through which to understand her mother’s *“trauma identity”* as a dominant, perhaps self-protective, but ultimately limiting narrative. Sarah’s desire to be seen as *“not a bully”* is an attempt to re-author her own identity within this challenging dynamic, moving away from a narrative imposed by her mother’s misperceptions. Her willingness to engage in this process, despite pessimism, indicates a commitment to her underlying values of respect and connection.

Plan

- Interpersonal Effectiveness (DBT-informed):Continue to process Sarah's communication challenges with her mother, focusing on strategies to convey her perspective directly yet effectively without being perceived as attacking. We will review skills such as DEAR MAN (Describe, Express, Assert, Reinforce, Mindful, Appear Confident, Negotiate) as Sarah prepares for the joint session with Nora and her mother.  
- Acceptance and Commitment Therapy (ACT) Interventions:Explore Sarah's "low expectations" regarding her mother's change. We will work to foster acceptance of what she cannot control in her mother's behavior while strengthening her commitment to actions aligned with her own values (e.g., self-care, maintaining healthy boundaries, expressing her truth without attachment to outcome). This includes distinguishing between "clean pain" (natural emotional distress related to the situation) and "dirty pain" (suffering caused by fusion with negative thoughts and avoidance).  
- Narrative Therapy Elements:Continue to support Sarah in externalizing the "bully" narrative her mother imposes on her, helping Sarah to articulate her intentions and actions as rooted in care and a desire for genuine connection, rather than malice. Encourage Sarah to reflect on alternative narratives of her own strength and resilience in navigating this complex family dynamic.  
- Psychoeducation on Psychological Safety:Review and reinforce the concept of psychological safety (safety leads to trust, which leads to connection, which leads to relationship) as a foundational element for healthier interpersonal dynamics. This framework will be a point of discussion for the upcoming joint session, helping Sarah to articulate the fundamental issues in their relationship in a depersonalized, skill-based manner.  
- Collaborative Problem Solving:Continue to brainstorm with Sarah specific, measurable "1% changes" that could be introduced for her mother, emphasizing the behavioral rather than abstract nature of these changes, to be discussed in the joint session with Nora.  
- Referral/Coordination:Support Sarah in coordinating the logistics of the joint session with Nora and her mother, ensuring she feels prepared and has a clear "hope" or goal for the session.

Supplemental Analyses

Tonal Analysis

Shift 1: From Casual to Exasperated.A distinct tonal shift occurred when Sarah moved from discussing her job prospects and moving logistics to recounting interactions with her mother. Her tone transitioned from relaxed and mildly enthusiastic to one of pronounced exasperation and frustration. This shift was triggered specifically when she began to describe her mother’s perceived fear of her and her mother’s difficulty with comprehension and following directions. Her voice gained a sharper edge, and her speech became more rapid and emphatic as she provided examples of her mother’s illogical responses. This shift is clinically significant as it reveals the deep well of emotional burden Sarah carries regarding her mother’s behavior and the significant impact these interactions have on her emotional state, moving from a relatively stable emotional baseline to one of heightened distress and impatience.

Shift 2: From Analytical to Resigned.As the discussion progressed into the core issues of trust and the possibility of her mother’s change, Sarah’s tone, while still articulate, took on a quality of weary resignation. This shift was particularly evident when she stated, *“I don’t know if we’ll ever get to that trust, because she’s so like…”* Her voice became slightly quieter, and the rapid pace lessened, replaced by a slower, more reflective cadence. This resignation was triggered by the contemplation of the long-standing and deeply entrenched nature of her mother’s patterns. This shift is clinically significant as it highlights Sarah’s internal struggle with hope versus realism in the context of a chronically dysfunctional relationship. It suggests an underlying protective mechanism of preparing for the worst, possibly to manage the disappointment of unfulfilled expectations, while still investing effort into seeking resolution.

Thematic Analysis

Theme 1: Breakdown of Psychological Safety and Trust.A pervasive theme throughout the session was the complete erosion of psychological safety and trust in Sarah’s relationship with her mother. This was evident in Sarah’s statements about her mother’s fear (*“she thinks that I just attack her all the time… she’s afraid of me”*) and her mother’s boundary violations (*“I can’t tell her something without her telling the whole goddamn world,”* *“she oversteps and reaches out”*). Sarah explicitly articulated the model of *“safety, trust, connection, relationship,”* identifying that their relationship is fundamentally stuck at the lowest level due to the absence of safety. This theme is clinically significant as it points to the foundational issues that must be addressed for any progress in their relationship. The lack of safety and trust prevents open communication, fosters resentment, and perpetuates a cycle of misunderstanding and emotional distance.

Theme 2: Identity Fusion and Conditional Self-Worth.A second significant theme emerged in Sarah’s description of her mother’s pattern of *“making trauma her identity”* and her observation that her mother *“loves where she’s at”* in that identity. This suggests a fusion of self with past experiences, where the trauma narrative becomes central to her mother’s self-concept, potentially serving as a protective mechanism or an explanation for current limitations. For Sarah, this manifests as *“embarrassment”* and a deep frustration with her mother’s lack of self-care, as if her mother’s self-neglect reflects on Sarah’s own sense of self or familial standing. This theme is clinically significant as it illuminates the internal barriers to change for the mother and the complex intergenerational impact on Sarah. Addressing this theme will involve helping both mother and daughter to differentiate identity from experience and to cultivate a sense of intrinsic self-worth independent of external circumstances or historical narratives.

Sentiment Analysis

Sentiments About Self:Sarah’s sentiments about herself were predominantly characterized by a desire for validation of her intentions, a sense of burden, and a commitment to directness.

- Misunderstood/Misrepresented:Evident in her goal to "prove to her that I'm not being a bully." This reflects her experience of being unjustly perceived and her desire for her mother to accurately interpret her actions.  
- Responsible/Burdened:Expressed through her deep frustration with her mother's lack of self-care and her feeling of "embarrassment," suggesting a sense of responsibility for her mother's well-being and appearance.  
- Direct/Assertive:Illustrated by her verbal challenges to her mother's illogical statements and her refusal to enable self-sabotaging behavior (e.g., cancelling a hair appointment). This reflects her coping style and her value of straightforward communication.

Sentiments About Others/External Situations:Sarah’s sentiments towards her mother and the family dynamic were largely negative, characterized by frustration, resentment, and pessimism, alongside an underlying hope.

- Frustration/Exasperation:Pervasive when discussing her mother's cognitive and behavioral patterns (e.g., inability to follow directions, making trauma her identity, illogical responses).  
- Resentment:Explicitly stated when she mentioned, "I will definitely resent her for the rest of my life" if her mother gives up on therapy. This is tied to a sense of unfulfilled effort and perceived self-sabotage by her mother.  
- Pessimism:Evident in her "low expectations" regarding her mother's capacity for change and her doubt that "we'll ever get to that trust." This sentiment serves as a protective emotional stance against potential disappointment.  
- Underlying Concern/Care:Despite the negative sentiments, Sarah's persistent engagement, effort to arrange the joint session, and desire for her mother to "care about herself" indicate a deep, albeit frustrated, love and concern for her mother's well-being.

Key Points

- Intergenerational Trauma and Identity:The session highlighted how Sarah's mother's "trauma as identity" profoundly impacts her capacity for self-care, communication, and relational safety. This pattern not only limits the mother's well-being but also places a significant emotional burden on Sarah, fostering resentment and a deep sense of frustration. Addressing this intergenerational pattern requires a nuanced approach that acknowledges historical context while facilitating new behavioral and cognitive patterns.  
- Foundational Breakdown of Psychological Safety and Trust:The core issue in Sarah's relationship with her mother is the profound lack of psychological safety and trust, which Sarah astutely identified as impeding connection and a healthy relationship. This absence manifests in boundary violations, misinterpretations of intent, and a chronic sense of unsafety for both parties. Therapeutic interventions must prioritize establishing elements of safety and repairing trust, even through small, consistent behavioral changes, to create a foundation for relational healing.

Significant Quotes

"She loves where she's at, but she also makes the trauma her identity."Sarah made this insightful observation when describing her mother's resistance to change and her tendency to cling to past hurts. This quote is significant because it encapsulates a central therapeutic challenge: the difficulty of motivating change when an individual's identity has become intertwined with their suffering or past experiences. It suggests a form of secondary gain or a deeply ingrained coping mechanism where the trauma narrative provides a sense of self or protection from perceived greater fears (e.g., the "scary" unknown of a different identity). This highlights the need for a narrative therapy approach to help her mother explore alternative self-stories and dislodge the trauma from her core identity, allowing for greater agency and self-care.  
  
 "I don't know if we'll ever get to that trust, because she's so like..."Sarah expressed this sentiment when contemplating the long-term prospects of her relationship with her mother, immediately after discussing the foundational role of trust in relationships. This quote is significant because it reveals Sarah's deep-seated pessimism and the cumulative impact of years of unmet expectations and perceived betrayals of trust. It underscores the severity of the relational breakdown and the significant challenges ahead. From an ACT perspective, this highlights Sarah's fusion with the thought that trust is impossible, which could impede her willingness to engage fully in interventions aimed at fostering connection. It also signals the importance of managing expectations in therapy, focusing on small, actionable steps rather than immediate grand transformations.

Comprehensive Narrative Summary

Today’s session with Sarah Palladino provided a poignant exploration of her complex and deeply challenging relationship with her mother, set against the backdrop of Sarah’s personal and professional transitions. While she presented with a collected demeanor when discussing her anticipated job offer and moving plans, a significant shift in her emotional state occurred when the conversation turned to her mother. Sarah articulated profound frustration and a sense of enduring emotional burden stemming from her mother’s communication patterns, perceived fear, and self-sabotaging behaviors. She acutely observed her mother’s tendency to *“make the trauma her identity,”* a crucial clinical insight suggesting a deep-seated resistance to change rooted in a protective but ultimately limiting self-narrative. Sarah’s candid report of her mother’s misinterpretation of her direct communication as *“bullying”* or even physical threat underscored a fundamental breakdown in psychological safety and trust within their dynamic, which Sarah perceptively identified as the bedrock missing from their relationship. Despite her stated *“low expectations”* for significant change, Sarah’s proactive engagement in scheduling a joint session with Nora and her mother, coupled with her heartfelt desire for her mother to *“care about herself,”* revealed an underlying commitment to improving the relationship, even in the face of deep-seated pessimism and resentment. The session clearly illuminated Sarah’s struggle with acceptance of her mother’s limitations, alongside a powerful assertion of her own values around self-care, boundaries, and authentic communication. Future therapeutic work will focus on equipping Sarah with robust interpersonal effectiveness skills, leveraging ACT principles to manage her emotional responses and commit to values-aligned actions regardless of her mother’s choices, and utilizing narrative therapy to help both mother and daughter re-author their identities and relational narratives towards greater agency and connection.

# Zena Frey

**Client:** Zena Frey **Total Sessions:** 2 **Session Date Range:** 2025-07-18 to 2025-07-25

## Session 1: 2025-07-18

**Date:** 2025-07-18 **Source File:** Summary of Zena Frey Appointment 7-18-2025 1400 hrs.pdf.eml

Comprehensive Clinical Progress Note for Zena Frey’s Therapy Session on July 18, 2025

Subjective

Zena attended today’s session expressing an initial sense of anticipation, stating she was *“looking forward to meeting you”* and felt a *“connection”* after our prior phone conversation. Currently, she reports feeling *“very angry and upset,”* describing a pervasive *“rage about what’s happening”* that feels like an *“infection that’s just not cleaning up.”* She explicitly linked this current rage to a *“very parallel, very parallel emotion or rage that I had while I was married to my husband through my son.”* Zena explained this rage stemmed from both her younger and older sons mirroring her ex-husband’s abusive behaviors, specifically citing *“parental alienation.”* She recounted the profound distress caused by her older son, Cooper, cutting her off for three years after he left for college, describing how she *“pleaded, begged, pursued him like a jilted lover”* and experienced intense stress and insomnia during that period. She identified having been *“abused”* by her ex-husband, stating it was *“very scary to leave him.”* Zena detailed her sons’ accusations (e.g., stealing father’s money, narcissism, selfishness, using men) as mirroring her ex-husband’s *“vile descriptions”* (e.g., *“fucking bitch,”* *“daughter of a witch bitch”*). She described feeling *“boxed in”* during her marriage, lacking a support system as her family (Holocaust survivors) was in Canada, and she felt the need to protect them rather than burden them. Zena reflected that her self-confidence was *“pretty low”* even before the marriage, and her ex-husband *“completely crushed”* her self-esteem. She characterized him as a *“classic misogynist,”* *“very, very controlling, very angry man.”* She recalled suffering a *“nervous breakdown”* with severe insomnia, fearing sleep due to his nocturnal rage, and feeling like a *“prisoner of war”* who needed approval for every small purchase. Zena questioned her own role, asking, *“Was I a good mom?”* She also articulated a profound sense of self-blame, stating she *“picked him because that’s where I was in my life”* and felt she *“paid my dues”* for her own insecurity, even suggesting it was *“fair to suffer like that.”* She acknowledged some pragmatic reasons for marriage (stable career, family support) but also admitted to *“lust”* and *“immature”* decision-making, where she *“wasn’t a developed woman.”* She introduced the concept of *“Elizabeth”* as her named mind for cognitive defusion and expressed a greater confidence in herself now. Zena reported her current well-being as a *“nine”* on a 0-10 scale and shared that she woke up, enjoyed breakfast, and then started painting and framing vintage pieces, indicating engagement in valued activities.

Objective

Zena presented to the session well-groomed and casually dressed. She appeared alert and oriented, with clear, articulate speech. Her thought process was logical and coherent, although she engaged in some thematic tangents (e.g., reflections on office art, past client anecdotes) which she self-identified as *“ADHD as a guest.”* Despite these tangents, she consistently re-centered on the core themes of her distress. Her affect demonstrated a wide range, initially open and engaged, then shifting to intense and expressive when discussing her experiences of abuse and rage. She used strong, vivid language to convey her emotional state, such as *“rageaholic”* and *“prisoner of war.”* Her body language reflected her emotional intensity; she leaned forward during distressing narratives, and her gestures emphasized her points. Zena was highly responsive to interventions, particularly embracing the suggestion to *“name her mind”* as *“Elizabeth”* as a tool for cognitive defusion. She actively engaged in the discussion about shame, guilt, embarrassment, and humiliation as fight-or-flight responses, identifying with all four, and further engaged in the nuanced differentiation between empathy and compassion. Her verbal report of her mood as a *“nine”* out of ten, coupled with her reported engagement in creative activities (painting and framing) prior to the session, suggests significant resilience and capacity for functioning despite discussing deeply painful and unresolved trauma. Her willingness to challenge the therapist’s statements (*“I don’t find this as arguments. I really don’t.”*) and engage in deeper self-reflection underscored her desire for authentic processing and growth.

Assessment

Zena is currently grappling with pervasive, unintegrated anger and rage that she explicitly identifies as a *“parallel”* experience to the abuse endured in her past marriage, now reactivated by ongoing parental alienation. This pattern of re-experiencing past trauma is highly indicative of Complex Post-Traumatic Stress Disorder (CPTSD), characterized by difficulties in emotional regulation (rage), negative self-perception (profound self-blame, low self-esteem, feeling she *“paid her dues”*), and disturbed relationships (with sons mirroring the abuser). Her reported history of a *“nervous breakdown”* and chronic insomnia during the marriage further supports this formulation. A central dynamic in Zena’s presentation is her deep-seated tendency towards self-blame and shame. Despite being a clear victim of severe abuse and control, she internalizes responsibility for her past choices, believing her low self-esteem led her to *“pick him”* and that she subsequently *“paid her dues”* for this perceived deficiency. This conditional self-worth is likely rooted in her earlier family dynamics, where she felt a burden to protect her Holocaust survivor parents rather than receiving reciprocal support, leading her to seek external validation and to take on others’ burdens (e.g., *“fixing him”*). The discussion of her former husband’s extreme control and her feeling like a *“prisoner of war”* underscores the severe power imbalance she endured, which continues to manifest in her struggle with agency and her perception of external systems. Her intellectual curiosity and willingness to engage with ACT concepts, such as naming her mind and differentiating empathy from compassion, highlight significant strengths in self-awareness and a capacity for psychological flexibility. However, the intensity of her *“infection-like”* rage and entrenched self-blame suggest these core issues require continued, deliberate therapeutic intervention to foster self-compassion, integrate past trauma, and build a more stable, intrinsic sense of self-worth.

Plan

Acceptance and Commitment Therapy (ACT) Interventions:

- Continue to utilize the concept of "naming the mind" (Elizabeth) to foster cognitive defusion. This will help Zena practice observing her rage-filled and self-blaming thoughts without fusion, recognizing them as mental events rather than commands or objective truths.  
- Further explore psychological flexibility, particularly the process of acceptance for difficult internal experiences. We will work to help Zena lean into the natural pain and anger without letting it consume her, differentiating between the emotion itself and the struggle with the emotion, which she currently describes as an "infection."  
- Reinforce values-based living. Zena's engagement in painting and framing is a clear example of valued action. We will continue to connect these activities to building a life aligned with her values, independent of past trauma or external validation, strengthening her sense of self-efficacy and purpose.

Narrative Therapy Elements:

- Continue to externalize the narratives of "self-blame" and "paying dues" that Zena has internalized. By separating her identity from these stories, we can challenge the belief that she "deserved" or was responsible for the abuse.  
- Co-construct alternative narratives focusing on her resilience, courage in leaving the marriage, and remarkable capacity for self-empowerment (e.g., self-teaching new skills to gain independence). This will highlight her agency and strengths.  
- Explore the broader societal and systemic influences (e.g., misogyny, family dynamics) that shaped her experiences, further externalizing the problem and reducing the burden of individual blame.

Trauma-Informed Approach:

- Maintain and reinforce the safe, transparent, and trusting therapeutic relationship established today, consistently validating Zena's experiences of invalidation and control by clearly defining professional boundaries and patient protection.  
- Provide psychoeducation on the nature of complex trauma and abuse, emphasizing that she "did not choose" the abuse, to directly counter her deeply ingrained self-blame and shame.  
- Continue the discussion differentiating empathy (over-identification) from compassion, guiding Zena towards a more balanced approach in relationships that fosters connection without taking on others' burdens or attempting to "fix" them.

Homework:

- Zena will continue to engage in her creative activities (painting/framing) daily, consciously noticing moments of flow or peace and how these activities connect to her sense of self-worth outside of her relational history.  
- She will practice observing "Elizabeth's" (her mind's) thoughts, particularly those related to self-blame, shame, or rage, noting them without judgment or engagement.

Supplemental Analyses

Tonal Analysis:

Shift 1: From Engaged to Intense/Rageful. Zena’s tone began engaged and open, discussing the initial connection with the therapist. However, when she transitioned to describing her current anger and the historical abuse from her ex-husband and sons, her tone became notably more intense, with increased volume and a faster pace. Words like *“rage,”* *“vile descriptions,”* and *“prisoner of war”* were delivered with significant emotional charge, indicating a deep well of unresolved anger and pain. This shift was clinically significant as it showed the depth of the emotional wound and the pervasive nature of her unintegrated trauma.Shift 2: From Intense to Reflective/Self-Blaming. Following the intense recounting of abuse, Zena’s tone softened, becoming more reflective and somber, particularly when she stated, *“I picked him because that’s where I was in my life”* and *“I feel like I think I paid my dues.”* Her voice became quieter, and her pace slowed. This shift, from externalized rage at abusers to internalized self-blame, highlights a core pattern of trauma and shame. It indicates her ongoing struggle to differentiate herself from the abuse and to cultivate self-compassion, suggesting that while external anger is present, internal self-criticism remains a significant and active force.Shift 3: From Reflective to Curious/Engaged with Insight. Towards the end of the session, particularly during the discussion of empathy versus compassion, Zena’s tone became more curious and inquisitive. Phrases like *“What are you trying to say to me?”* and *“I have to really think about this”* were delivered with an open, thoughtful quality, indicating a willingness to process new concepts and integrate insights. This shift demonstrates her intellectual engagement and capacity for growth, moving beyond emotional reactivity to a more analytical and self-aware stance, suggesting a readiness for deeper therapeutic work.

Thematic Analysis:

Theme 1: Unresolved Rage and Parallel Trauma. A dominant theme throughout today’s session was Zena’s *“rage”* stemming from her ex-husband’s abuse and its re-activation through her sons’ *“parental alienation.”* She explicitly stated, *“I’m experiencing very parallel… rage that I had while I was married to my husband through my son.”* This theme highlights how past trauma is not merely remembered but actively re-experienced in present relationships, indicating a profound and unintegrated traumatic response that pervades her emotional landscape. The metaphor of rage as an *“infection that’s just not cleaning up”* underscores its pervasive and uncontained nature.Theme 2: Self-Blame, Shame, and Conditional Self-Worth. Despite being a victim of severe abuse, Zena expressed strong sentiments of self-blame and internalization: *“I picked him because that’s where I was in my life”* and *“I think I paid my dues.”* Her past low self-esteem and her early role in *“fixing”* her husband and protecting her parents point to a deep-seated belief that her worth is conditional and that she is somehow responsible for others’ well-being or even for the abuse she endured. This theme is critical for therapeutic focus, requiring interventions to challenge distorted cognitions and foster unconditional self-acceptance and compassion.Theme 3: Power, Control, and Agency. Zena’s narrative was replete with instances of her ex-husband’s extreme control (*“prisoner of war,”* *“needed approval for everything,”* *“took all my money”*) and her significant efforts to reclaim agency (self-teaching skills, leaving the marriage, seeking financial independence). Her current focus on external systems and her interpretation of empathy as *“stealing problems”* also reflect an ongoing struggle with control—both being controlled and attempting to control others’ narratives or emotions. This theme underscores her journey from disempowerment to empowerment, but also the residual impact of relational power dynamics on her current psychological functioning and boundaries.

Sentiment Analysis:

Sentiments About Self: Zena expressed a complex and fluctuating mix of negative and positive sentiments about herself throughout the session, reflecting internal conflict and a journey of growth.

- Negative: Predominantly, sentiments of Anger/Rage ("very angry and upset," "rage about what's happening," "rageaholic"). Strong evidence of Self-blame/Shame ("I picked him because that's where I was in my life," "I think I paid my dues," "immature," "wasn't a developed woman"). Underlying Insecurity/Low Self-Esteem ("I had no confidence," "my self-esteem got worse," "crushed me," "felt so low about yourself"). Themes of Victimization/Helplessness were also present ("prisoner of war," "boxed in," "very alone").  
- Positive: Significant sentiments of Resilience/Empowerment ("took a lot of courage to leave," "self-taught myself," "gained knowledge and a skill," "empowering myself," "I'm more confident now"). Also evident was strong Self-Awareness/Insight (e.g., naming her mind, recognizing "immature" decisions, questioning her own "empathy").

Sentiments About Others/External Situations: Zena’s sentiments toward others and external circumstances were largely negative, reflecting significant past and ongoing relational trauma.

- Negative: Strong Resentment/Anger towards Abusers (ex-husband's "rage," "treated me like this," "classic misogynist," "very controlling"; sons "mimicking this behavior," "abandoned me," "vile descriptions"). Themes of Mistrust/Betrayal (sons cutting her off, ex-husband walking out on therapists).  
- Mixed/Ambivalent: Her sentiments toward her Family (Parents) were complex, indicating a sense of duty and protection, yet also a feeling of being unsupported or unable to burden them. Her feelings about her general Support System highlighted a feeling of being "very alone" during the abuse, with ambivalence towards others' capacity to understand her experience.

Key Points

- Persistent Rage as a Trauma Response: Zena's intense, "parallel rage" points to a profound and unintegrated trauma response stemming from prolonged spousal abuse and ongoing parental alienation. This rage acts as a defense mechanism but also perpetuates her suffering by keeping her trapped in past emotional patterns. Addressing this anger requires processing the underlying pain and working through the self-blame that maintains her sense of deserving the suffering.  
- Self-Blame and Shame as Central Obstacles: Despite being a victim of severe abuse, Zena internalizes blame for her past choices and her perceived role in the abuse, interpreting it as "paying her dues." This core belief is rooted in her conditional self-worth and her family history (protecting parents). Overcoming this self-blame is paramount for her to achieve self-compassion and move beyond the cycle of victimization, fostering a more secure and intrinsic sense of self.  
- Reclaiming Agency and Self-Definition: Zena's remarkable resilience in leaving her abusive marriage by self-empowering through skills acquisition demonstrates a powerful capacity for agency. However, the ongoing struggle with parental alienation and her past experiences of extreme control suggest a continuous need to define her worth intrinsically, separate from external validation or control by others. The therapeutic space can serve as a safe environment for her to assert her truth and redefine her narrative of self-worth.  
- Distinguishing Empathy from Compassion: The nuanced discussion on empathy versus compassion highlights Zena's historical pattern of over-identification with others' problems, possibly stemming from her early role in her family. Learning to differentiate these allows her to offer connection and support without taking on others' burdens or attempting to "fix" them, which often leads to resentment and a re-enactment of control dynamics in her relationships.

Significant Quotes

- "I feel like no rage about what's happening... I'm experiencing very parallel... rage that I had while I was married to my husband through my son." Zena made this statement when describing her current emotional state, directly linking it to the historical trauma of her marriage and the ongoing impact of parental alienation. This quote is significant because it starkly illustrates the concept of trauma re-enactment, showing how past wounds are actively re-experienced in present relationships. The "parallel" nature emphasizes the striking similarity in emotional patterns and intensity across different life stages and relationships, highlighting the pervasive and unintegrated nature of her rage. This indicates that the core emotional wound from her abusive marriage is still actively impacting her, particularly through her relationship with her sons, making it a critical focus for treatment.  
- "I picked him because that's where I was in my life based on my my own upbringing or history or how I felt about myself. I think if I felt more full as a person, I would never have married. But that that's, I guess what I'm saying. So I feel like it's fair to suffer like that, because that's where I was at. No, I don't agree with that, but you have to acknowledge like I feel like I think I paid my dues." This extended quote is profoundly significant as it encapsulates Zena's core struggle with self-blame and conditional self-worth. Despite intellectually acknowledging that she "didn't agree" with suffering, she still feels she "paid her dues" for her past emotional state. This highlights the deep internalization of responsibility for her own abuse, a common and challenging pattern in trauma survivors. It reveals a fundamental conflict between her rational understanding and her deeply ingrained emotional patterns, making this a critical area for therapeutic work focused on self-compassion and challenging distorted cognitions.  
- "I was like standing like a prisoner of war. I did. I was a gun. You really were prisoner. I was, yeah, I was my kids. No clue what I went through." This quote vividly describes the extreme control and psychological confinement Zena experienced during her marriage. The metaphor "prisoner of war" powerfully conveys the profound sense of disempowerment, fear, and lack of agency she lived under. The latter part of the quote, "my kids. No clue what I went through," underscores the isolating nature of her abuse and the immense burden she carried in silence. This isolation contributed to her "nervous breakdown" and highlights a potential source of disconnect that may contribute to her sons' current perspective and their involvement in parental alienation.  
- "Empathy is, Tell me more, in case it happens to me, and it has a friend of me called over identification, where it's like, let me steal your shoes so I can walk in them and tell you about why you shouldn't purchase these. And then compassion is I am with you." (Therapist's statement, followed by Zena's engagement) While spoken by the therapist, Zena's subsequent engagement with this concept ("What are you trying to say to me, like it was almost self serving to think that I went it was the inappropriate for me to think that she goes straight to shame, my goodness, straight to it I want to break is so mean.") and her later reflection ("I have to really think about this") indicates its profound impact. This quote is significant because it introduces a new framework for Zena to understand her relational patterns, particularly her historical tendency to over-identify with others' suffering or attempt to "fix" them. This distinction between empathy and compassion offers a pathway to developing healthier boundaries, less self-sacrificing relational dynamics, and ultimately, greater self-compassion by not taking on others' burdens as her own.

Comprehensive Narrative Summary

Today’s session with Zena was a powerful and clinically rich exploration of the deep-seated rage and unresolved trauma stemming from her abusive marriage and the ongoing pain of parental alienation. Zena entered the session expressing an initial sense of connection and a current state of intense anger, which she explicitly likened to an *“infection”* that refused to clear. This rage, she articulated, was a *“parallel”* experience to the emotional landscape of her marriage, re-activated by her sons’ accusations and emotional cutoff, highlighting a pervasive pattern of trauma re-enactment.

The session unfolded as Zena courageously recounted the psychological and emotional imprisonment she endured during her marriage, vividly describing herself as a *“prisoner of war”* under her ex-husband’s extreme control and verbal abuse. She detailed the *“vile descriptions”* used by her sons, mirroring her ex-husband’s past behavior, and expressed profound distress over the *“parental alienation,”* particularly her older son’s three-year emotional cutoff. A central, and clinically significant, theme was Zena’s profound internalization of blame for the abuse. Despite being a clear victim, she expressed a deep-seated belief that she *“picked him because that’s where I was in my life”* and that she subsequently *“paid her dues”* for her past insecurity. This self-blame, rooted in her historical low self-esteem and a childhood pattern of protecting her parents, highlights a core cognitive distortion and a significant barrier to her healing and self-compassion.

Despite this deeply painful narrative, Zena’s remarkable resilience shone through. She spoke of her courage in leaving the marriage, her resourcefulness in self-teaching new skills to gain financial independence, and her current engagement in valued activities like painting and framing. Her willingness to engage with ACT concepts, such as *“naming her mind”* (Elizabeth) to practice cognitive defusion, demonstrates her openness to new therapeutic strategies and her inherent capacity for self-awareness and psychological flexibility. The discussion distinguishing empathy from compassion offered a crucial framework for Zena to understand her historical relational patterns, particularly her tendency to over-identify and potentially *“steal”* others’ problems. This insight lays the groundwork for developing healthier boundaries and fostering a more compassionate, rather than self-sacrificing, approach to relationships. The session concluded with a sense of Zena’s continued strength, intellectual engagement, and determination to process her trauma, supported by a growing sense of trust in the therapeutic relationship and her own innate resources.

## Session 2: 2025-07-25

**Date:** 2025-07-25 **Source File:** Summary of Zena Frey Appointment 7-25-2025 1700 hrs.pdf.eml

Comprehensive Clinical Progress Note for Zena Frey’s Therapy Session on July 25, 2025

Subjective

Zena attended today’s session expressing that she felt *“a little bit like, overwhelmed towards the end”* of the previous session due to the volume of information covered. She described rereading the session notes twice, once before the session, and found herself impressed by the therapist’s ability to *“capture all of that.”* Zena noted that reading the notes about her past was *“a different experience,”* feeling *“like an out of body thing.”* She found it validating, stating, *“I felt like he got me. He understood me,”* which felt *“good.”* However, she also reported it felt *“a little traumatic”* as it *“brings you back to, like, I think, some, some tough times.”*

Zena then inquired if she appeared distressed when discussing her family matters, including her children and ex-husband. She reflected on her tendency to be mindful of who she shares personal information with, particularly around family dynamics. She articulated a cynical but honest perspective on others’ interest in her difficulties, stating, *“people who ask me about him know that I have issues with him, but I think people thrive on other people’s, you know, pain they almost like because it validates, oh, their life is so bad. And I really could smell it.”* She described oscillating between being *“very aloof”* and *“just none of their business”* or opening up when feeling vulnerable, but noted, *“it’s never really a positive thing to do. And for unfortunately, there’s people really don’t care.”* She extended this sentiment to close relationships, feeling that even those who love her may not fully pay attention to her experiences due to their own preoccupations, describing interactions as *“transactional.”*

Zena raised a concern about a comment in the previous notes regarding *“boundary violations,”* questioning her own empathic tendencies: *“Am I trying hard doing that because I want to be liked, or do I over send myself to others for the wrong reasons?”* She revealed that her younger son, Walker (28), has repeatedly told her he needs *“boundaries”* with her, and that both her sons and ex-husband attend the same therapy practice, with two seeing the same therapist. This arrangement makes her feel like *“the outsider”* and previously evoked anger, as she questioned the professional ethics of therapists seeing family members separately who might be discussing each other, though she now states she’s *“kind of over it.”* She interpreted her son’s assertion of *“boundaries”* as him believing she is *“not to be trusted”* and that she will *“tell everybody in town.”* She also expressed a deep desire to understand if her past actions *“wounded”* her sons, stating, *“I’ll be the first to pick up the phone and apologize like I’m here for the truth if I did anything that really wounded them in some way or hurt them that I was unaware.”*

Zena also explored the concept of intergenerational trauma, particularly in relation to her parents being Holocaust survivors. She questioned how this background made her *“vulnerable to abusive relationships”* and how it might relate to her relationships with her own children. She shared a profoundly impactful personal experience: her mother, despite Zena’s adoration, *“never, ever in her lifetime, ever said she loves me.”* Zena connected this directly to her current relationship with her son Walker, who similarly *“can’t say it back”* when Zena expresses love, leaving her feeling *“I got it on that end, and this end.”* She wonders if she has truly *“resolved”* the pain from her mother’s inability to express love, acknowledging her desire to *“forgive her, you know, because she wasn’t taught and she just was not she went through so much like she just was not capable.”* She expressed openness to EMDR, though initially confused about how it might *“erase”* her past, inquiring if it changes perspective rather than eradicates memory.

Objective

Zena presented to the session alert and oriented, with well-organized thought processes and coherent speech. She was casually dressed and appeared well-groomed. While discussing the previous session’s notes and her family dynamics, her affect was generally engaged, yet there were discernible moments of emotional intensity and vulnerability. When discussing her mother’s inability to express love and its parallel with her son, she visibly reacted, stating she got *“chill bumps.”* This physical manifestation of emotion highlighted the depth of her internal experience despite her general composure.

Her non-verbal communication was largely consistent with her verbal content, demonstrating active listening and thoughtful processing. She maintained good eye contact throughout the session, except for brief moments of reflection when formulating a question or processing an insight. Her intellectual curiosity was evident in her detailed questions regarding clinical concepts such as *“boundaries”* versus *“limits,”* intergenerational trauma, and the mechanism of EMDR. She actively took notes when assigned homework, demonstrating commitment to the therapeutic process. Her capacity for self-reflection was clearly observable through her direct inquiries about her own potential *“distress”* during previous discussions and her willingness to examine her own role in family dynamics, despite the discomfort this might entail.

Assessment

Zena continues to engage deeply with her therapeutic process, demonstrating significant self-awareness and a strong capacity for introspection. Her experience of feeling *“overwhelmed”* by the previous session’s notes, followed by validation and a sense of being *“gotten,”* yet also feeling *“traumatic”* by revisiting painful past events, highlights her readiness for deeper trauma work while also underscoring the delicate balance required in pacing. This dynamic indicates a robust therapeutic alliance built on trust and a perceived sense of attunement from the therapist.

A central theme that emerged was Zena’s struggle with interpersonal boundaries and vulnerability. Her concern about *“oversending”* herself to others for validation (*“wanting to be liked”*) reflects a pattern of conditional self-worth and a potential external locus of validation. This is further complicated by her cynicism regarding others’ genuine interest in her pain, suggesting a protective mechanism against perceived exploitation or judgment. Her description of *“faking good”* serves as an adaptive, albeit isolating, coping strategy, effectively shielding her vulnerability but potentially hindering genuine connection. This aligns with an experiential avoidance pattern where emotional expression is suppressed to maintain control or protect against perceived harm.

The discussion around her family’s concurrent therapy, her feeling like an *“outsider,”* and her son’s assertion of *“boundaries”* (which the therapist reframed as *“limits”*) points to complex family system dynamics and potentially unresolved attachment issues. The profound emotional impact of her mother’s inability to express love, mirrored in her current relationship with her son, is a powerful manifestation of intergenerational trauma. This pattern suggests a deep-seated wound related to conditional affection and a historical pattern of emotional disconnection within her family system. This vicarious and intergenerational trauma has likely informed her relational patterns, contributing to a vulnerability to relationships where her emotional needs may not be met or where she overextends herself.

Zena’s demonstrated *“grit”* (passion and perseverance), as highlighted by the therapist, signifies a significant internal resource for navigating life’s challenges. Her capacity to engage with the distinction between *“A happened to B”* and *“A happened for B”* suggests a budding ability to re-author her narrative from one of victimhood to one of agency and informed experience. This psychological flexibility is crucial for processing past traumas and developing new, more adaptive ways of relating to herself and others. Her explicit desire to understand any *“wounding”* she may have inadvertently caused her children reflects a profound commitment to self-awareness, accountability, and a healthier future for her family, aligning well with principles of attachment-based and family systems therapies.

Plan

Acceptance and Commitment Therapy (ACT) Interventions: Continue to utilize the ACT framework to address Zena’s experiential avoidance and enhance psychological flexibility. The discussion around *“faking good”* will be reframed as a form of avoidance that, while adaptive historically, now creates distance in relationships. We will explore the function of this behavior and introduce mindfulness practices to foster a greater willingness to experience discomfort without immediately resorting to old coping mechanisms. The homework assignment to identify her 10 core values directly aligns with the ACT concept of clarifying values as a compass for intentional living, differentiating them from concrete goals.

Narrative Therapy Elements: Further integrate Narrative Therapy principles by continuing to explore the *“A happened for B”* perspective. This reframing challenges a deterministic view of her past, empowering Zena to externalize problems and recognize her agency in constructing alternative narratives of resilience and growth. The discussion of EMDR as a tool for *“renarration”* or *“regeneration of the narrative”* is consistent with Narrative Therapy’s aim to re-story traumatic experiences, allowing individuals to view their past from a more empowered stance.