Comprehensive Clinical Progress Notes

Compiled Therapy Session Documentation

Compiled on: June 3, 2025

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# Progress Note: Brian Kolsch - 5/27/2025

Comprehensive Clinical Progress Note for Brian Kolsch's Therapy Session on May 27, 2025

Brian presented to today's telehealth session following a missed appointment on Friday due to technical difficulties with the EMDR remote system. He attended the session with his mother present for the initial portion. When asked about his weekend, Brian reported spending time with family in New Jersey, describing the experience as *"nice"* and mentioning that they *"saw some relatives there."* He specifically highlighted the food at the gathering, noting that his uncle's wife and her friends *"all bring a dish"* creating a *"smorgasbord,"* with his family contributing dessert.

When his mother left the session, Brian provided a more nuanced assessment of the family gathering, stating it was *"not bad"* and clarifying that *"that family is not bad. We see them like, a couple times a year."* This subtle shift in description suggests a measured relationship with these extended family members rather than particularly close bonds.

Regarding his emotional state, Brian acknowledged experiencing *"emotional torch stuff"* in the days following the previous session, specifically mentioning being in *"a few dog loops of Natalie"* during *"the first three, four days."* This reference to *"dog loops"* appears to be a previously established term between Brian and the therapist, likely referring to repetitive, intrusive thoughts or memories related to a relationship with someone named Natalie. The time-limited nature of these intrusive thoughts (first few days after the previous session) suggests a pattern where therapeutic processing may trigger temporary intensification of emotional material that then subsides.

When asked about his sleep, Brian reported that it *"hasn't been horrible"* and *"hasn't been too bad recently,"* indicating some improvement in what may have been a previously reported sleep disturbance. The therapist's reference to his mother not mentioning *"her double knee replacement, double anchor replacement"* suggests these may have been topics of concern in previous sessions, possibly indicating a family dynamic where the mother's health issues are frequently discussed.

The majority of the session was devoted to Brian completing the Minnesota Multiphasic Personality Inventory (MMPI), a comprehensive psychological assessment with 336 true/false questions. Brian agreed to complete this assessment when offered the choice between it and EMDR therapy. During the assessment, Brian showed a moment of hesitation on question 19 regarding family dynamics (*"members of my family get along quite well"*), suggesting this may be an area of emotional significance for him.

# Objective

Brian presented to the telehealth session appropriately groomed and oriented. His speech was clear, coherent, and goal-directed throughout the session. He demonstrated good attention and concentration, particularly evident in his ability to sustain focus during the lengthy MMPI assessment. His responses were prompt and decisive for most questions, with only occasional hesitation on items that appeared to touch on emotionally significant content.

Brian's affect was generally calm and cooperative, with appropriate range and modulation. He engaged in appropriate humor with the therapist at several points, suggesting comfort with the therapeutic relationship. When discussing the family gathering in New Jersey, his affect remained neutral, neither particularly enthusiastic nor negative, consistent with his verbal report of the experience being *"not bad."*

When mentioning the *"emotional torch stuff"* and *"dog loops of Natalie,"* Brian's affect remained relatively contained, suggesting he has developed some emotional regulation skills regarding this content. However, the brief and somewhat vague nature of his reference to these experiences may indicate some avoidance of deeper emotional processing outside of structured interventions like EMDR.

Brian demonstrated good rapport with the therapist, evidenced by comfortable engagement in casual conversation and willingness to undertake the lengthy MMPI assessment. He showed appropriate boundaries, providing more nuanced information about his family experience once his mother had left the session. His interaction with his mother during the session appeared comfortable but somewhat reserved, with his mother doing most of the talking during the joint portion of the session.

Throughout the MMPI administration, Brian maintained focus and provided thoughtful responses, occasionally asking for clarification on terms (e.g., *"What are quarrels?"*). This suggests both conscientiousness and a desire to provide accurate self-assessment. No significant physical manifestations of distress were observed during the session.

# Assessment

Brian presents as a young man with good cognitive functioning and adequate emotional regulation skills who continues to experience some intrusive thoughts or memories related to a past relationship. His reference to *"emotional torch stuff"* and *"dog loops of Natalie"* suggests ongoing processing of relationship-related emotional material, though the time-limited nature of these experiences (first few days following therapy) indicates he has developed some capacity to manage these intrusions.

Sleep disturbance appears to be a chronic but currently improving issue, based on his report that sleep *"hasn't been horrible"* and *"hasn't been too bad recently."* This improvement may reflect positive response to previous therapeutic interventions or natural fluctuation in symptoms. Given the connection between sleep disturbance and emotional processing, monitoring sleep quality remains an important aspect of Brian's overall treatment.

Family dynamics appear to be a significant area for Brian, as suggested by his hesitation on the MMPI question about family members getting along. The presence of his mother in sessions and references to her health issues suggest a family system where health concerns and possibly dependency needs may be prominent. Brian's more measured description of the family gathering once his mother left the session hints at a possible pattern of moderating his expressions in her presence, though this would require further exploration to confirm.

Brian demonstrates several strengths, including willingness to engage in therapy, capacity for self-reflection (as shown by his thoughtful approach to the MMPI), and ability to maintain functioning despite emotional challenges. His comfort with the therapeutic relationship is evident in his appropriate humor and willingness to undertake assessment activities.

The decision to administer the MMPI at this session provides an opportunity for comprehensive assessment of Brian's psychological functioning across multiple domains. This assessment will yield valuable information about patterns of depression, anxiety, emotional avoidance, behavioral avoidance, and other clinically relevant dimensions that can inform treatment planning and interventions.

Based on the limited clinical material available in this session, Brian appears to be experiencing adjustment difficulties related to a past relationship, with possible complicating factors related to family dynamics and sleep disturbance. His symptoms appear to be at a manageable level currently, with good overall functioning but periodic intensification following therapeutic processing.

# Plan

**Assessment Completion and Review:** Complete scoring and interpretation of the MMPI administered during today*'s session. Review results with Brian at the next session, focusing on patterns related to emotional processing, avoidance, rumination, and other clinically relevant dimensions. Use these results to refine understanding of Brian'*s psychological functioning and inform treatment planning.

**EMDR Therapy:** Resume EMDR therapy in the next session, addressing the technical difficulties that prevented its use in the previous scheduled session. Continue to target memories and associations related to *"Natalie"* that appear to be triggering *"emotional torch stuff"* and intrusive thought loops. Monitor the duration and intensity of post-session emotional processing to assess treatment effectiveness and adjust protocols as needed.

**Sleep Monitoring:** Continue to monitor Brian's sleep patterns, which appear to be improving but remain an area of clinical concern. Explore potential connections between sleep disturbance, emotional processing, and EMDR sessions. Consider implementing more structured sleep hygiene interventions if improvement plateaus or reverses.

**Family Dynamics Exploration:** Gently explore Brian*'s experience of family dynamics, particularly in light of his hesitation on the MMPI question about family members getting along. Consider how family patterns may influence his emotional processing and relationship patterns. Assess the impact of his mother'*s presence in sessions and whether individual sessions might allow for different types of therapeutic work.

**Coping Skills Enhancement:** Continue to reinforce and develop Brian's existing coping skills for managing intrusive thoughts and emotional intensification following sessions. Introduce additional skills as needed based on MMPI results and ongoing clinical assessment.

**Follow-up:** Schedule the next session to review MMPI results and resume EMDR therapy. Ensure technical issues with the EMDR remote system are resolved prior to the session.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Polite Engagement to Genuine Connection:**

At the beginning of the session, Brian's tone was polite but somewhat reserved, particularly when his mother was present. His responses were brief and conventional (*"it was nice"*), matching the social expectation to describe family gatherings positively. This tone shifted to more authentic engagement once his mother left the session. While the shift was subtle, his language became more nuanced and honest (*"it's not bad"* rather than *"it was nice"*), and his phrasing became more natural and less performative. This tonal shift suggests Brian may modulate his self-expression in his mother's presence, maintaining a more positive or simplified presentation of his experiences. This pattern may extend beyond the therapy room and could be relevant to understanding family dynamics and communication patterns.

**Shift 2: From Casual Conversation to Clinical Disclosure:**

A notable shift occurred when the conversation transitioned from casual weekend discussion to Brian's acknowledgment of experiencing *"emotional torch stuff"* and being in *"a few dog loops of Natalie."* His tone became more serious and clinically focused, though still somewhat contained. The brevity and somewhat coded nature of this disclosure (using established terminology like *"dog loops"* rather than detailed emotional description) suggests a pattern of acknowledging emotional difficulties while maintaining some distance from their full intensity. This tonal pattern may reflect both therapeutic progress (ability to acknowledge difficulties) and ongoing challenges (potential avoidance of deeper emotional engagement outside structured interventions).

**Shift 3: From Hesitation to Engagement with Assessment:**

When presented with the choice between EMDR and the MMPI assessment, Brian's tone initially reflected some hesitation, with a neutral *"I'm open to either one"* response. When the therapist emphasized the length and potential tedium of the assessment, Brian's tone shifted to more definitive engagement (*"I could do that"*), suggesting a willingness to undertake challenging therapeutic work. Throughout the assessment, his tone remained steady and focused, with occasional requests for clarification but no signs of frustration or disengagement despite the repetitive nature of the task. This tonal consistency during a demanding cognitive task demonstrates Brian's commitment to the therapeutic process and capacity for sustained attention.

**Shift 4: Momentary Vulnerability Around Family Question:**

During the MMPI administration, a brief but significant tonal shift occurred when Brian encountered question 19 about family members getting along well. His hesitation and the therapist's later reference to this question suggest this item touched on emotionally meaningful content. The momentary disruption in the otherwise steady rhythm of responses indicates that family dynamics may be an area of unresolved difficulty or complexity for Brian. The quick return to his previous response pattern suggests he has developed strategies for managing emotional reactions to family-related content, possibly including some degree of compartmentalization.

**Shift 5: Collaborative Humor Throughout Session:**

Throughout the session, Brian engaged in moments of shared humor with the therapist, creating a tonal pattern of periodic lightness amidst more serious clinical work. These moments of humor appeared most often during transitions or potentially awkward moments (like the therapist's difficulty finding the assessment document), suggesting Brian uses humor as both a connection tool and a way to ease tension. This capacity for appropriate humor within the therapeutic relationship indicates good rapport and may be a strength Brian utilizes in other relationships as well.

## Thematic Analysis

**Theme 1: Emotional Processing of Relationship Material:**

A significant theme in the session was Brian's ongoing processing of emotional material related to a past relationship. His reference to experiencing *"emotional torch stuff"* and being in *"a few dog loops of Natalie"* in the days following the previous session suggests a pattern where therapeutic work activates relationship-related emotional content that then requires processing. The time-limited nature of these experiences (*"first three, four days"*) indicates both that the emotional material remains potent enough to be triggered and that Brian has developed some capacity to move through these episodes rather than remaining stuck indefinitely.

This theme connects to Brian's developmental task of integrating relationship experiences, including losses or disappointments, into his broader self-understanding. The use of established terminology like *"dog loops"* suggests this has been an ongoing focus in therapy, with language developed to describe and track these experiences. The planned use of EMDR therapy further supports the understanding that these relationship memories contain emotional charge that benefits from specific processing techniques.

The theme of relationship processing appears central to Brian's current therapeutic work and likely connects to broader patterns of attachment and interpersonal functioning that may be illuminated by the MMPI results.

**Theme 2: Family Dynamics and Communication Patterns:**

A second significant theme involved family dynamics and communication patterns. Several elements pointed to this theme: the presence of Brian*'s mother in the initial portion of the session, the subtle shift in Brian'*s description of the family gathering once his mother left, his hesitation on the MMPI question about family members getting along, and the therapist*'s reference to his mother'*s health issues as a frequent topic.

These elements suggest a family system where certain narratives may be privileged (such as positive descriptions of family gatherings) and where health concerns may occupy significant attention. Brian's more measured description of the family gathering once his mother left hints at a possible pattern of moderating his expressions in her presence, perhaps to meet expectations or avoid conflict.

This theme connects to Brian's developmental task of individuating while maintaining family connections, navigating between authentic self-expression and family expectations or roles. The family dynamics theme intersects with the relationship processing theme, as early family experiences often shape later relationship patterns and emotional responses.

**Theme 3: Engagement with Therapeutic Process:**

A third significant theme was Brian's engagement with the therapeutic process itself. Despite the technical difficulties that prevented the previous scheduled session, Brian attended promptly and engaged fully with the alternative plan. He demonstrated willingness to undertake a lengthy psychological assessment, maintained focus throughout, and showed appropriate curiosity about the process (asking about unfamiliar terms, showing interest in the uniqueness of the assessment).

This theme of therapeutic engagement was also evident in Brian's comfortable rapport with the therapist, appropriate use of humor, and references to ongoing therapeutic work (such as the established language around *"emotional torch stuff"* and *"dog loops"*). His acknowledgment of post-session emotional processing further suggests he has internalized a therapeutic framework for understanding his experiences.

This theme connects to Brian's capacity for self-reflection and growth, suggesting he values the therapeutic process and has developed a working alliance that supports ongoing exploration and change. His engagement with therapy appears to be a strength that can be leveraged for continued progress.

**Theme 4: Balance Between Disclosure and Containment:**

A fourth theme involved the balance between emotional disclosure and containment. Brian demonstrated a pattern of acknowledging emotional difficulties (the *"emotional torch stuff"*) while maintaining some distance from their full intensity through brief references and established terminology rather than detailed emotional exploration. Similarly, his response to the MMPI question about family dynamics showed momentary vulnerability followed by quick containment and return to the assessment process.

This theme of balanced disclosure suggests Brian has developed strategies for acknowledging emotional content without becoming overwhelmed by it, a valuable skill for emotional regulation. However, it may also reflect some avoidance of deeper emotional engagement outside structured interventions like EMDR, potentially limiting full processing and integration of difficult experiences.

This theme connects to Brian*'s overall approach to emotional management and may reflect both adaptive coping and areas for continued growth in therapy. The balance between disclosure and containment likely varies across different relationships and contexts in Brian'*s life, with implications for intimacy and authentic connection.

## Sentiment Analysis

**Sentiments About Self**

Brian's expressions about himself were limited in this session, with few direct statements about his self-perception or internal experience. The sentiments that could be discerned were predominantly neutral to mildly negative:

**Emotional Management:** Evident in his matter-of-fact description of experiencing *"emotional torch stuff"* and *"dog loops of Natalie,"* suggesting he views these experiences as expected and manageable rather than overwhelming or shameful. This sentiment reflects a degree of acceptance of his emotional responses while maintaining some distance from their full intensity.

**Conscientiousness:** Demonstrated through his careful attention to the MMPI questions, occasional requests for clarification, and regular confirmation of question numbers. This sentiment suggests Brian values accuracy and thoroughness, taking the assessment process seriously despite its length and potential tedium.

**Ambivalence About Family:** Suggested by his hesitation on the MMPI question about family members getting along well. While not explicitly verbalized, this momentary pause indicated a complex sentiment regarding family dynamics that contrasted with his otherwise steady response pattern.

**Sentiments About Others/External Situations**

Brian's sentiments toward others and external situations were more readily observable, though still relatively contained:

**Measured Assessment of Family Gatherings:** Expressed through his description of the New Jersey family gathering as *"not bad"* and the statement that *"that family is not bad. We see them like, a couple times a year."* This sentiment suggests a realistic rather than idealized view of family relationships, acknowledging their acceptable but not particularly close nature.

**Appreciation for Concrete Positives:** Evident in his focus on the food at the family gathering (*"the food was good"*) rather than emotional connections or interactions. This sentiment suggests Brian may find it easier to identify and value tangible positive aspects of experiences than emotional or relational elements.

**Comfort with Therapeutic Relationship:** Demonstrated through his appropriate humor, willingness to undertake the assessment, and overall engagement. This sentiment indicates trust in the therapeutic process and the therapist, a positive foundation for continued work.

**Sentiments About Therapy/Therapeutic Process**

Brian's sentiments toward the therapeutic process were predominantly positive:

**Openness to Therapeutic Tools:** Expressed through his willingness to complete the MMPI and his apparent regular participation in EMDR therapy. This sentiment suggests Brian values therapeutic interventions and is willing to engage with different approaches to address his concerns.

**Recognition of Therapeutic Patterns:** Evident in his acknowledgment of the *"emotional torch stuff"* following sessions, suggesting he has internalized a framework for understanding how therapy impacts his emotional processing. This sentiment reflects engagement with the therapeutic process beyond the session itself.

**Collaborative Approach:** Demonstrated through his comfortable interaction with the therapist, including shared humor and appropriate questions. This sentiment indicates Brian views therapy as a collaborative rather than hierarchical process, contributing to a strong working alliance.

The ratio of positive to negative sentiments remained relatively stable throughout the session, with a predominance of neutral to mildly positive sentiments. The most positive sentiments related to the therapeutic relationship and process, while the most complex or potentially negative sentiments concerned family dynamics and relationship processing.

# Key Points

• **Ongoing Processing of Relationship Material**: Brian continues to experience *"emotional torch stuff"* and intrusive thoughts (*"dog loops"*) related to someone named Natalie, particularly in the days following therapy sessions. This pattern suggests that therapeutic work activates relationship-related emotional content that requires processing, with the time-limited nature of these experiences indicating both that the material remains potent and that Brian has developed some capacity to move through these episodes. This processing pattern is crucial to monitor as it reflects both the effectiveness of therapeutic interventions and potential areas requiring additional support. The planned use of EMDR therapy appears well-suited to address this emotional material, providing structured processing of relationship memories and associations.

• **Family Dynamics as Area for Exploration**: Several elements in the session pointed to family dynamics as a potentially significant area for therapeutic exploration, including Brian*'s hesitation on the MMPI question about family members getting along, the subtle shift in his description of family gatherings once his mother left the session, and the presence of his mother in therapy sessions. These indicators suggest that family patterns may influence Brian'*s emotional processing and relationship patterns in ways that warrant further investigation. Understanding these dynamics could provide important context for Brian's current challenges and strengths, particularly regarding communication patterns, emotional expression, and expectations in relationships.

• **Psychological Assessment as Treatment Direction**: The administration of the comprehensive MMPI assessment represents an important treatment direction, providing an opportunity to gather detailed information about Brian*'s psychological functioning across multiple domains. The results of this assessment will yield valuable insights into patterns of depression, anxiety, emotional avoidance, behavioral avoidance, and other clinically relevant dimensions that can inform treatment planning. Brian'*s conscientious approach to the assessment suggests he values this process and is likely to engage meaningfully with the results, creating an opportunity for enhanced self-understanding and targeted interventions based on identified patterns.

# Significant Quotes

*"Yeah, I guess definitely still like emotional torch stuff. It's more like the first few days, usually. And I say the same like first three, four days I was in a few dog loops of Natalie."*

Brian made this statement when asked about any emotionally significant experiences since the last session. This quote is significant because it reveals an established pattern where therapeutic work appears to activate relationship-related emotional content that then requires processing over several days. The use of specific terminology like *"emotional torch stuff"* and *"dog loops"* suggests these are concepts that have been previously discussed in therapy, indicating ongoing work on these issues. The time-limited nature of these experiences (*"first three, four days"*) provides important clinical information about Brian's capacity to move through emotional activation rather than remaining stuck indefinitely. This pattern may reflect both the effectiveness of therapeutic interventions in facilitating processing and the persistent emotional charge of the relationship material being addressed.

*"It was nice. I mean, you know, we saw some relatives there... It's not bad. That family is not bad. We see them like, a couple times a year."*

Brian made these statements about his family gathering in New Jersey, the first part while his mother was present and the second part after she left the session. This quote is significant because it demonstrates a subtle but meaningful shift in Brian's description of the family experience once his mother was no longer in the room. While not dramatically different, the shift from *"it was nice"* to *"it's not bad"* and the qualifying statement about frequency of contact suggests a more nuanced and potentially less positive assessment of these family relationships than initially presented. This pattern may reflect a tendency to modulate self-expression in his mother*'s presence, perhaps to meet expectations or avoid conflict. Understanding this dynamic could provide important insights into family communication patterns and their potential influence on Brian'*s relationships and emotional expression in other contexts.

*"Hasn't been horrible. Yeah, it hasn't been too bad recently."*

Brian expressed this when asked about his sleep. This quote is significant because it suggests improvement in what appears to be a chronic area of difficulty, with the qualified positive assessment (*"hasn't been horrible"* rather than *"good"*) indicating ongoing challenges despite improvement. Sleep disturbance often connects to emotional processing difficulties, anxiety, and depression, making it an important clinical indicator to monitor. The improvement in sleep may reflect positive response to therapeutic interventions, natural fluctuation in symptoms, or changes in life circumstances. Continued monitoring of sleep quality will provide valuable information about Brian's overall functioning and potential early warning of increased distress.

# Comprehensive Narrative Summary

Today*'s session with Brian Kolsch represented a significant juncture in his treatment, transitioning from regular EMDR therapy to comprehensive psychological assessment while maintaining focus on his ongoing emotional processing work. The session revealed both the structured nature of Brian'*s current therapeutic engagement and the underlying emotional themes that continue to shape his experience.

Brian presented as a young man with good cognitive functioning and adequate emotional regulation skills who continues to process emotional material related to a past relationship with someone named Natalie. His report of experiencing *"emotional torch stuff"* and intrusive thoughts (*"dog loops"*) in the days following therapy sessions suggests a pattern where therapeutic work activates relationship-related content that then requires processing. The time-limited nature of these experiences indicates both that this material remains emotionally potent and that Brian has developed some capacity to move through these episodes rather than remaining stuck indefinitely.

Family dynamics emerged as a potentially significant area for exploration, with several subtle indicators suggesting complexity in this domain. Brian*'s hesitation on the MMPI question about family members getting along well, the shift in his description of family gatherings once his mother left the session, and the presence of his mother in therapy sessions all point to family patterns that may influence his emotional processing and relationship patterns. These dynamics warrant further investigation to understand their impact on Brian'*s current challenges and strengths.

The administration of the comprehensive MMPI assessment represents an important treatment direction, providing an opportunity to gather detailed information about Brian's psychological functioning across multiple domains. His conscientious approach to this lengthy assessment demonstrates engagement with the therapeutic process and willingness to undertake challenging work for potential growth. The results will yield valuable insights into patterns of depression, anxiety, emotional avoidance, behavioral avoidance, and other clinically relevant dimensions that can inform treatment planning.

Throughout the session, Brian demonstrated several strengths, including willingness to engage in therapy, capacity for self-reflection, appropriate humor, and ability to maintain functioning despite emotional challenges. His comfort with the therapeutic relationship was evident in his collaborative approach and openness to different interventions. These strengths provide a solid foundation for continued therapeutic work.

Moving forward, treatment will focus on several key areas: resuming EMDR therapy to address relationship-related emotional material, utilizing the MMPI results to refine understanding and treatment planning, monitoring sleep patterns that appear to be improving but remain an area of concern, exploring family dynamics and their influence on current functioning, and continuing to develop coping skills for managing emotional activation. With consistent support and appropriate interventions, Brian appears well-positioned to make continued progress in integrating difficult experiences and developing more satisfying relationship patterns.

# Progress Note: Brian Kolsch - 5/30/2025

Comprehensive Clinical Progress Note for Brian Kolsch's Therapy Session on May 30, 2025

Brian presented to today's telehealth session following up from his previous appointment on May 27, 2025, where he had completed the MMPI assessment. When asked about his current emotional state on a scale of 1-10, Brian rated himself as a *"6,"* describing his state as *"mindset,"* suggesting a moderate level of functioning with some awareness of his psychological state.

When asked about any developments related to *"Natalie"* (a recurring topic from previous sessions), Brian reported, *"I haven't done anything with that,"* and expressed confusion about the previous session, stating, *"I was kind of like confused from last time."* This suggests some uncertainty about therapeutic direction or processing related to this relationship issue.

Brian disclosed experiencing periods of feeling directionless between creative projects, stating, *"when I finished one of my edits, I just kind of, like, have days where I'm like, I feel lost, you know, and I don't know what else to do."* He elaborated on this experience of creative stagnation: *"I don't have ideas for anything, and I don't really like, you know, it's not motivating."* This pattern of completing one project without having another lined up appears to create periods of disengagement and purposelessness for Brian.

Regarding his interests and creative pursuits, Brian discussed his relationship with skateboarding and video editing. He mentioned conversations with his friend Bobby, who has had success with scooter-related content: *"he just had, you know, the video do well, and, yeah, but the Woodward and all the kids noticing and all that stuff, so that was like, eye opening."* Brian expressed interest in potentially creating skateboarding content but noted concerns about audience targeting: *"his stuff is aimed too much towards kids, and I feel like I wouldn't want my target audience to be like younger kids."* This suggests Brian is contemplating his creative direction while being mindful of his authentic interests and values.

Brian described his pattern of engagement with interests: *"whenever I pick stuff up, I usually get like, really deep into it."* He noted that his focus on video editing had temporarily replaced his previous interest in glassblowing: *"I was into it. I was really into it, and then, like, I kind of fell out of it because I found interest in other stuff."* He characterized his approach as cyclical: *"I guess so, yeah. Like, when it comes back, like, I'm excited for but I don't know."* This suggests a pattern of intense but potentially time-limited engagement with interests.

Regarding the glassblowing setup at home, Brian reported that it was nearly complete, requiring only minor additions: *"he literally just needs to put the tanks in and, like, we need a different hose, because the one propane hose wasn't long enough, and then he needs to put the propane tank in, and that's it."* He noted that his workspace might have been repurposed: *"we probably have to clean out the inside now, because I think they probably started using my desk as like a storage space."*

When asked about his home life and work with his father, Brian reported, *"All right, not much has really been going on"* and *"He hasn't had work this week, so there wasn't much. There was there wasn't anything at all to really happen."* This brief, minimal response suggests either a lack of significant developments or potential avoidance of discussing family dynamics in depth.

# Objective

Brian presented to the telehealth session appropriately groomed and oriented. His speech was clear, coherent, and goal-directed throughout the session, though often brief and requiring prompting for elaboration. He demonstrated good attention despite the session being frequently interrupted by technical difficulties with the therapist's equipment.

Brian's affect was generally subdued and restricted throughout the session, with limited range and modulation. When discussing feeling *"lost"* between creative projects, his tone became slightly more animated, suggesting this is an emotionally significant topic for him. His self-rating of *"6"* on a 1-10 scale and description of his state as *"mindset"* suggests moderate functioning with some awareness of his psychological state.

When discussing his interest patterns, Brian showed increased engagement, speaking more fluidly and at greater length about his video editing work and potential skateboarding content. This contrasted with his more limited responses about home life and work with his father, suggesting differential comfort with these topics.

Brian demonstrated good rapport with the therapist, evidenced by his patience during technical difficulties and willingness to extend the session time. He showed appropriate boundaries and social awareness, agreeing to continue past the scheduled end time while confirming he had no other commitments.

Throughout the session, Brian's responses were generally reactive rather than proactive, answering questions directly but rarely elaborating without prompting or initiating new topics. This communication pattern suggests a somewhat passive approach to the therapeutic process, potentially reflecting his overall approach to navigating challenges.

No significant physical manifestations of distress were observed during the session. Brian denied experiencing any unusual dreams when asked directly by the therapist.

# Assessment

Brian presents as a young man with good cognitive functioning who experiences periods of creative stagnation and purposelessness between projects. His description of feeling *"lost"* when not actively engaged in a creative pursuit suggests that his sense of purpose and possibly self-worth are significantly tied to productive creative activity. This pattern may reflect an underlying difficulty with unstructured time or self-direction in the absence of clear external goals.

Brian's cyclical pattern of intense engagement followed by disengagement from interests (as described with glassblowing and now potentially with video editing) suggests a possible difficulty with sustained motivation or commitment when initial enthusiasm wanes. This pattern may be related to executive functioning challenges, perfectionism (abandoning interests when mastery becomes more challenging), or difficulty integrating multiple interests into a coherent identity or life structure.

The minimal discussion of family dynamics and work with his father, despite direct questioning, suggests potential avoidance of these topics. This could indicate unresolved family issues, a pattern of emotional distancing, or simply a preference for focusing on individual pursuits rather than relational dynamics in therapy. The therapist's reference to Natalie as *"the symptom"* of a *"bigger issue"* suggests an ongoing therapeutic focus on relationship patterns that may connect to early attachment experiences.

Brian's confusion about the previous session and apparent lack of engagement with processing related to *"Natalie"* between sessions may indicate some ambivalence about addressing relationship patterns or emotional processing. This could reflect avoidance as a coping strategy or uncertainty about the therapeutic direction.

Brian demonstrates several strengths, including creative abilities, self-awareness about his interest patterns, capacity for intense focus when engaged, and willingness to consider new directions (as shown by his contemplation of skateboarding content). His good rapport with the therapist despite technical difficulties suggests resilience and patience.

Based on the limited clinical material available in this session, Brian appears to be experiencing challenges related to identity development, purpose, and possibly relationship patterns. His symptoms appear to be at a manageable level currently, with good overall functioning but periodic experiences of feeling *"lost"* or directionless that impact his sense of well-being and motivation.

# Plan

**Review MMPI Results:** Complete review of the MMPI results from the previous session at the next appointment (Monday). Use these results to provide Brian with insights into his psychological patterns, particularly those related to motivation, identity, and relationship functioning. Connect these insights to his reported experiences of feeling *"lost"* between projects and his cyclical engagement with interests.

**Explore Identity Development:** Continue to explore Brian's relationship with his creative pursuits and how they connect to his sense of identity and purpose. Help him develop a more integrated understanding of his cyclical interest patterns and strategies for maintaining a sense of direction during transitions between projects. Consider how his creative identity might be expanded or diversified to provide more consistent engagement and fulfillment.

**Address Relationship Patterns:** Gently explore the *"bigger issue"* the therapist referenced in relation to *"Natalie,"* helping Brian understand how relationship patterns may connect to other areas of functioning. Consider how attachment patterns might influence both interpersonal relationships and relationship to interests/activities (intense engagement followed by disengagement).

**EMDR Therapy:** Prepare to resume EMDR therapy in future sessions, addressing the technical difficulties that have prevented its use in recent appointments. Ensure Brian has a clear understanding of the purpose and process of EMDR in relation to his specific therapeutic goals.

**Skill Development for Transitions:** Work with Brian to develop specific strategies for maintaining momentum and direction during transitions between creative projects. This might include maintaining a list of potential future projects, developing routines that support creative thinking, or identifying values that can guide project selection.

**Follow-up:** Schedule the next session for Monday as planned, focusing on reviewing the MMPI results. Ensure technical issues with equipment are resolved prior to resuming EMDR therapy in subsequent sessions.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Brief Responses to Engaged Elaboration:**

At the beginning of the session, Brian*'s tone was notably brief and somewhat flat, providing minimal responses to the therapist'*s initial questions about his week and emotional state. When asked *"How are things?"* he simply replied *"All right,"* and when prompted about his emotional state on a scale of 1-10, he offered only *"six"* and *"mindset"* without elaboration. This tonal pattern shifted markedly when the conversation turned to his creative interests and the feeling of being *"lost"* between projects. His responses became longer, more detailed, and conveyed more emotional nuance: *"when I finished one of my edits, I just kind of, like, have days where I'm like, I feel lost, you know, and I don't know what else to do."* This shift suggests that topics related to creative identity and purpose are emotionally significant for Brian, triggering greater engagement and expressiveness. The contrast between his minimal responses about family/work and his more elaborate discussion of creative pursuits may indicate where his emotional investment lies and where therapeutic traction might be found.

**Shift 2: From Confusion to Contemplation:**

When initially asked about *"Natalie,"* Brian's tone conveyed confusion and disengagement: *"I haven't done anything with that. Yeah, I'll say I was kind of like confused from last time."* This brief, somewhat dismissive tone shifted to a more contemplative, exploratory tone when discussing potential new creative directions: *"I've been talking so like my friend Bobby, he does, you know, the scooter stuff... that was like, eye opening, I guess."* This tonal shift from confusion/dismissal to contemplation suggests that Brian may find it easier to engage with forward-looking, possibility-oriented discussions than with processing past relationship patterns. This pattern may reflect a preference for cognitive engagement over emotional processing, or it may indicate that creative identity feels like safer territory than relationship dynamics. Understanding this tonal pattern could help guide therapeutic interventions toward approaches that leverage Brian's natural engagement with future-oriented, identity-focused exploration while gradually building capacity for emotional processing.

**Shift 3: From Certainty to Ambivalence:**

When discussing his pattern of cycling through interests, Brian's tone shifted from matter-of-fact description to expressions of ambivalence. He began with clear statements about his pattern: *"whenever I pick stuff up, I usually get like, really deep into it,"* but shifted to a more uncertain, questioning tone when contemplating future engagement: *"when it comes back, like, I'm excited for but I don't know. Like, I'm gonna be like, you know, jumping right in there every day, all day. Like, that's the only thing I'm gonna do. Like, right? Yeah, I don't know."* This tonal shift from certainty to ambivalence suggests Brian has insight into his patterns but uncertainty about whether or how they might change. The repeated *"I don't know"* phrases and questioning inflection indicate he is actively grappling with these questions rather than having reached conclusions. This ambivalence may represent a therapeutic opportunity—a space where Brian is neither fully committed to nor dismissive of change, but genuinely exploring possibilities.

**Shift 4: From Engagement to Minimal Response:**

A notable tonal shift occurred when the conversation moved from creative pursuits to home life and work with his father. Brian's previously engaged, elaborative tone became markedly brief and flat: *"All right, not much has really been going on"* and *"He hasn't had work this week, so there wasn't much."* This shift to minimal response suggests potential discomfort, disinterest, or avoidance related to family topics. The contrast between his animated discussion of creative interests and his minimal engagement with family topics may reflect different levels of emotional safety or investment in these areas. This pattern could indicate an area for gentle therapeutic exploration, as the tonal shift may signal important but potentially avoided emotional material.

**Shift 5: From Passive to Assertive:**

Throughout most of the session, Brian*'s tone was relatively passive and reactive, responding to the therapist'*s questions without initiating topics or expressing strong preferences. However, a subtle shift to a more assertive tone occurred when discussing his target audience for potential skateboarding content: *"his stuff is aimed too much towards kids, and I feel like I wouldn't want my target audience to be like younger kids."* This more definitive expression of preference contrasts with his usual *"I don't know"* responses and suggests areas where Brian has clearer values and boundaries. These moments of tonal assertiveness may indicate aspects of identity that are more fully developed and integrated, providing potential building blocks for strengthening identity and direction in other areas.

## Thematic Analysis

**Theme 1: Creative Identity and Purpose:**

A central theme throughout the session was Brian's relationship with his creative pursuits and how they connect to his sense of purpose and direction. His description of feeling *"lost"* between projects highlights how central creative activity is to his sense of well-being: *"when I finished one of my edits, I just kind of, like, have days where I'm like, I feel lost, you know, and I don't know what else to do."* This experience of purposelessness in the absence of active creative engagement suggests that Brian's identity and sense of value may be significantly tied to productive creative activity.

This theme connects to Brian's developmental task of forming a coherent identity that can sustain him through the natural ebbs and flows of creative work and life transitions. His cyclical pattern with interests (*"I was into it. I was really into it, and then, like, I kind of fell out of it because I found interest in other stuff"*) suggests he may be struggling to integrate multiple interests into a stable sense of self that persists regardless of current activities.

The theme of creative identity intersects with questions of audience and authenticity, as evidenced by his concerns about target audience for skateboarding content: *"I wouldn't want my target audience to be like younger kids."* This suggests Brian is not only seeking creative outlets but attempting to align his creative expression with his authentic values and identity.

**Theme 2: Cycles of Engagement and Disengagement:**

A recurring theme was Brian's pattern of cycling through interests with periods of intense engagement followed by disengagement. He described this pattern explicitly: *"whenever I pick stuff up, I usually get like, really deep into it"* and noted how his focus on video editing had replaced his previous interest in glassblowing. This cyclical pattern appears to be both a strength (capacity for deep engagement) and a challenge (difficulty sustaining interest or managing transitions between interests).

This theme connects to questions of commitment, follow-through, and the integration of multiple aspects of identity. The pattern may reflect normal exploration during identity development or could indicate underlying difficulties with sustained motivation, perfectionism (abandoning interests when mastery becomes more challenging), or executive functioning.

The nearly-completed but unused glassblowing setup serves as a physical manifestation of this theme—a concrete reminder of an interest that was once central but has been temporarily or permanently set aside. Brian's uncertainty about whether he would engage with glassblowing with the same intensity if he returned to it (*"I'm excited for but I don't know. Like, I'm gonna be like, you know, jumping right in there every day, all day"*) suggests awareness of his pattern and some ambivalence about it.

**Theme 3: Relationship Patterns and Avoidance:**

Though less explicitly discussed, a theme of relationship patterns and potential avoidance emerged through the therapist's references to *"Natalie"* and Brian*'s minimal engagement with this topic. The therapist'*s comment that *"Natalie is, this is the symptom, yeah, yet, I would argue there's more to it than that"* suggests an ongoing therapeutic focus on relationship patterns that may connect to broader psychological themes.

Brian's response to questions about Natalie (*"I haven't done anything with that"*) and his confusion about the previous session suggest potential avoidance of emotional processing related to this relationship. Similarly, his minimal responses about family dynamics and work with his father may indicate avoidance of these relational topics.

This theme connects to questions of emotional processing, attachment patterns, and how relationship experiences may influence other areas of functioning, including the ability to sustain engagement with interests and navigate transitions. The potential connection between relationship patterns and the cycles of engagement/disengagement with interests warrants exploration, as similar underlying processes may be at work in both domains.

**Theme 4: Technical Barriers to Progress:**

A practical but significant theme was the recurring technical difficulties that disrupted the therapeutic process. The session was marked by multiple technical issues with the EMDR equipment and connectivity problems, creating barriers to planned therapeutic work. The therapist's frustration was evident: *"I've never seen this happen, Brian, except with you that one other time"* and *"It's it's almost laughable at this point, and so stupid."*

While seemingly circumstantial, this theme of technical barriers may have symbolic significance in relation to Brian*'s therapeutic process. The repeated technical failures could mirror or reinforce experiences of starting and stopping, of momentum being interrupted—a pattern that appears in other areas of Brian'*s life. The therapist's comment about the universe being *"out after me, us"* suggests an awareness of how these technical barriers might be experienced as yet another obstacle to progress.

This theme connects to questions of persistence through frustration, adapting to unexpected challenges, and maintaining therapeutic momentum despite interruptions—skills that may be relevant to Brian's broader life challenges, particularly his difficulty maintaining direction during transitions between creative projects.

## Sentiment Analysis

**Sentiments About Self**

Brian's expressions about himself were limited but revealed several key sentiments:

**Uncertainty and Directionlessness:** Evident in statements like *"I feel lost"* and frequent use of *"I don't know"* throughout the session. This sentiment reflects Brian's experience of uncertainty between creative projects and possibly a broader uncertainty about identity and direction. The emotional tone of this sentiment was mildly negative, suggesting discomfort with this state but not severe distress.

**Self-Awareness About Patterns:** Demonstrated through his matter-of-fact description of his cyclical interest pattern: *"whenever I pick stuff up, I usually get like, really deep into it."* This sentiment was relatively neutral, suggesting Brian has observed this pattern in himself without strong judgment. This self-awareness represents a potential strength for therapeutic work.

**Ambivalence About Change:** Reflected in his uncertain statements about future engagement with interests: *"when it comes back, like, I'm excited for but I don't know."* This sentiment suggests Brian recognizes his patterns but is uncertain about whether or how they might change. The ambivalence indicates he is neither fully committed to nor dismissive of potential change.

**Sentiments About Others/External Situations**

Brian's sentiments toward others and external situations were more readily observable:

**Measured Interest in Peer Success:** Expressed through his description of his friend Bobby's success with scooter content as *"eye opening."* This sentiment suggests a complex response to others' achievements—interest and potential inspiration mixed with comparison and evaluation of how it might apply to his own path. The emotional tone was cautiously positive rather than envious or dismissive.

**Neutral Assessment of Family Situation:** Evident in his brief, emotionally flat descriptions of home life: *"All right, not much has really been going on."* This neutral sentiment may reflect genuine absence of significant developments, emotional distance from family dynamics, or avoidance of deeper engagement with this topic. The lack of emotional expression here contrasts with his more engaged discussion of creative interests.

**Discernment About Creative Direction:** Demonstrated through his evaluation of his friend's content as *"aimed too much towards kids"* and his clear statement that *"I wouldn't want my target audience to be like younger kids."* This sentiment reflects values-based judgment and preference, suggesting areas where Brian has clearer boundaries and sense of direction.

**Sentiments About Therapy/Therapeutic Process**

Brian's sentiments toward the therapeutic process were mixed:

**Patience with Technical Difficulties:** Demonstrated through his continued engagement despite repeated technical issues. This sentiment suggests value placed on the therapeutic relationship and process, with willingness to persist through frustrations. His comment *"That's fucked up"* about the technical issues expressed mild frustration but without directing negativity toward the therapist.

**Confusion About Therapeutic Direction:** Expressed directly regarding the previous session: *"I was kind of like confused from last time."* This sentiment suggests some uncertainty about the therapeutic process or goals, potentially indicating need for greater clarity or alignment between Brian*'s understanding and the therapist'*s intentions.

**Openness to Assessment:** Evident in his agreement to review the MMPI results at the next session. This sentiment suggests willingness to engage with psychological insights and self-understanding, a positive indicator for therapeutic progress.

The ratio of positive to negative sentiments remained relatively stable throughout the session, with a predominance of neutral to mildly negative sentiments. The most positive sentiments related to potential creative directions, while the most uncertain or negative sentiments concerned periods of feeling *"lost"* between projects and confusion about therapeutic direction.

# Key Points

• **Identity Development Through Creative Pursuits**: Brian's experience of feeling *"lost"* between creative projects highlights how central these activities are to his sense of purpose and identity. His description of cycling through interests with periods of intense engagement followed by disengagement suggests he is still developing a coherent identity that can sustain him through natural transitions. This pattern may reflect normal exploration during identity development or could indicate underlying difficulties with sustained motivation or integration of multiple aspects of self. Supporting Brian in developing a more stable sense of identity that persists regardless of current activities would help address the distress he experiences during periods of creative stagnation.

• **Potential Connection Between Relationship Patterns and Interest Cycles**: The therapist's reference to *"Natalie"* as *"the symptom"* of a *"bigger issue"* suggests an ongoing therapeutic focus on relationship patterns that may connect to Brian*'s broader functioning. His pattern of intense engagement followed by disengagement with interests may mirror attachment patterns or relationship approaches. Similar psychological processes may underlie both his approach to relationships and his approach to interests/activities. Exploring these potential connections could provide valuable insights into underlying patterns that influence multiple areas of Brian'*s life and offer integrated approaches to addressing both relationship challenges and the distress associated with his interest cycles.

• **Technical Barriers as Metaphor for Therapeutic Process**: The recurring technical difficulties that disrupted the session created literal barriers to planned therapeutic work, but may also have symbolic significance in relation to Brian*'s process. These repeated technical failures mirror the pattern of starting and stopping, of momentum being interrupted, that appears in other areas of Brian'*s life. The experience of persistent obstacles despite efforts to overcome them (the therapist bringing personal equipment, trying multiple approaches) may resonate with Brian's experience of struggling to maintain direction and momentum in his creative pursuits. How Brian and the therapist navigate these barriers could provide a model for persistence through frustration and maintaining progress despite interruptions.

# Significant Quotes

*"When I finished one of my edits, I just kind of, like, have days where I'm like, I feel lost, you know, and I don't know what else to do. Like, I don't have ideas for anything, and I don't really like, you know, it's not motivating."*

Brian made this statement when describing his experience between creative projects. This quote is significant because it reveals how central creative activity is to Brian's sense of purpose and well-being. The language of feeling *"lost"* suggests disorientation and lack of direction rather than simply boredom or preference for activity. The connection he draws between not having ideas and lack of motivation indicates that creative engagement is a primary driver for his overall motivation and engagement with life. This pattern suggests that Brian's identity and sense of value may be significantly tied to productive creative activity, making periods without clear creative direction particularly challenging. Understanding this connection provides important context for addressing his cycles of engagement and disengagement with interests and developing strategies to maintain a sense of purpose during creative transitions.

*"I was into it. I was really into it, and then, like, I kind of fell out of it because I found interest in other stuff, and that wasn't there. So I kind of I had to find interest in other stuff... whenever I pick stuff up, I usually get like, really deep into it."*

Brian expressed this when explaining his pattern with interests, specifically regarding glassblowing and video editing. This quote is significant because it articulates his cyclical pattern of intense engagement followed by disengagement and replacement with new interests. The phrase *"I had to find interest in other stuff"* suggests a perceived need to maintain engagement with something, even if the specific interest changes. The description of getting *"really deep into"* new interests indicates capacity for focus and commitment, but potentially within a time-limited framework. This pattern may reflect normal exploration during identity development or could indicate underlying difficulties with sustained motivation, integration of multiple interests, or managing the inevitable plateaus that occur in skill development. Understanding this pattern is crucial for helping Brian develop a more integrated approach to his interests that allows for both deep engagement and sustainable, long-term development.

*"I haven't done anything with that. Yeah, I'll say I was kind of like confused from last time."*

Brian made this statement when asked about any developments related to *"Natalie."* This quote is significant because it reveals potential confusion about therapeutic direction or avoidance of emotional processing related to this relationship. The brief, somewhat dismissive nature of *"I haven't done anything with that"* suggests minimal engagement with this topic between sessions, while *"confused from last time"* indicates uncertainty about expectations or purpose regarding this therapeutic focus. This response contrasts with his more elaborate discussion of creative interests, suggesting differential comfort with or investment in these topics. The confusion may reflect genuine uncertainty about therapeutic direction, ambivalence about addressing relationship patterns, or difficulty connecting intellectual understanding with emotional processing. Clarifying therapeutic goals and approaches regarding this relationship material would help address this confusion and potentially increase Brian's engagement with this aspect of therapy.

# Comprehensive Narrative Summary

Today*'s session with Brian Kolsch revealed a young man navigating the complex terrain of identity development, creative purpose, and relationship patterns. The session was marked by technical difficulties that created literal barriers to planned therapeutic work but also served as a metaphor for the starts and stops that characterize Brian'*s engagement with interests and possibly relationships.

Central to Brian's presentation was his experience of feeling *"lost"* between creative projects—periods where the absence of active creative engagement leaves him without clear direction or motivation. This pattern highlights how deeply Brian's sense of purpose and possibly self-worth are tied to productive creative activity. His description of cycling through interests with periods of intense engagement followed by disengagement suggests he is still developing a coherent identity that can sustain him through natural transitions and integrate multiple aspects of self.

The session revealed Brian*'s thoughtful contemplation of potential new creative directions, particularly around skateboarding content. His considerations about target audience and differentiation from his friend'*s approach demonstrated values-based discernment and a desire for authentic expression. These moments of clarity contrasted with his more frequent expressions of uncertainty (*"I don't know"*), suggesting areas where his identity is more versus less developed.

Relationship patterns remained a more implicit theme, with the therapist's reference to *"Natalie"* as *"the symptom"* of a *"bigger issue"* suggesting an ongoing therapeutic focus on relationship dynamics that may connect to broader psychological patterns. Brian*'s minimal engagement with this topic and his confusion about the previous session'*s work in this area may indicate avoidance of emotional processing or uncertainty about therapeutic direction. Similarly, his brief responses about family dynamics suggest potential avoidance or discomfort with these relational topics.

The recurring technical difficulties that disrupted the session created a shared experience of frustration and persistence, with both Brian and the therapist demonstrating patience and flexibility in the face of obstacles. This dynamic may provide a model for navigating the inevitable challenges and interruptions that occur in both therapeutic work and creative pursuits.

Throughout the session, Brian demonstrated several strengths, including creative abilities, self-awareness about his interest patterns, capacity for intense focus when engaged, and willingness to consider new directions. His good rapport with the therapist despite technical difficulties suggests resilience and patience that can be leveraged in addressing his challenges.

Moving forward, treatment will focus on several key areas: reviewing the MMPI results to provide insights into psychological patterns, exploring the connection between creative identity and sense of purpose, developing strategies for maintaining direction during transitions between projects, gently addressing relationship patterns and their potential connection to interest cycles, and ensuring technical readiness for resuming EMDR therapy. With consistent support and appropriate interventions, Brian appears well-positioned to develop a more integrated sense of identity that can sustain him through the natural ebbs and flows of creative work and relationships.

# Progress Note: Brianna Brickman - 5/30/2025

Comprehensive Clinical Progress Note for Brianna Brickman's Therapy Session on May 30, 2025

Brianna presented to today's session reporting significant pain related to her recently diagnosed autoimmune condition. She described experiencing severe pain fluctuations, stating, *"I can't even describe what the pain feels like... this very specific one, this is my hand that has been in like a thing for like a month."* She detailed a recent pain episode that progressed rapidly: *"At like three o'clock, I start to get a pain right here... by five, like, completely immobile. Couldn't move my hand, like, could not put my hand on my steering wheel."* She characterized the pain as feeling like *"a fucking, like rock with a knife going through it"* despite there being *"no swelling, no inflammation, there's nothing there."*

Brianna reported significant functional impairment due to her condition, describing a stark contrast between her professional functioning and private struggles: *"I really rallied and, like, put on a happy face, because I had two field trips this week that I planned."* She elaborated on her determination to maintain normalcy for her students: *"I never want them to worry about me. So I can't, like, let on that anything's not right."* This commitment to maintaining her professional role led her to participate in physically demanding activities despite her pain: *"I took my high school chamber seniors to bounce yesterday... we did trampolines, zip lining, ropes, course, bumper cars, dodge ball... laser tag."*

Brianna described the unpredictable nature of her condition, noting dramatic shifts in her functioning: *"I go from being like an independent, completely normal person to like, immobile, invalid."* She provided a specific example: *"I had like, a totally normal, like, independent, human day. And then I get home and I like, stub my toe, and now I can't walk... my phone's slipping out of my hands."* She also reported significant difficulty with basic self-care activities: *"Rich wanted to take me out to get pho... I couldn't get my own pants on... I can't tie my shoes."*

Regarding treatment, Brianna reported positive communication with her physician: *"My doctor is fucking awesome, and I messaged her."* She detailed their recent exchanges about medication options, including naproxen, hydroxychloroquine, and steroids. She expressed that the naproxen initially provided relief but became ineffective: *"I had my little three day honeymoon phase where I had no symptoms... the Naproxen is almost giving me no relief at all."* Her doctor prescribed a steroid to address the current flare-up, but Brianna expressed significant ambivalence about taking it: *"I can't even take Advil. Do you understand, like, my psychological process when it's time to take the Naproxen... it's a psychological like, I'm not taking five fucking pills."*

Brianna described her attempts to identify triggers for her condition through dietary changes: *"I'm almost two weeks in, or I'm a week and a half into being completely gluten free."* She expressed concern about confounding variables in her self-experimentation: *"If I do 90 things at one time, I'm not going to know what's helping me... if I'm doing that and then I take the steroid, then I have no idea if gluten free helped me at all."*

Brianna acknowledged significant psychological resistance to medication, stating, *"It's a double edged sword, because taking the medicine makes me feel like I'm bad and broken."* She expressed a belief that she needs to fully experience her condition to understand it: *"I don't know what this is going to be like unless I experience it... I don't know how this feels unless I'm doing it."* She also revealed thoughts about deserving suffering: *"It's this really worth like I do deserve to suffer thought... I tell you that I deserve suffering all the time."*

# Objective

Brianna presented to the session alert and oriented, with clear, articulate speech that was at times rapid and emotionally charged when discussing her pain experiences. Her affect was primarily frustrated and distressed when describing her symptoms and treatment dilemmas, with occasional shifts to humor when discussing interactions with her doctor or partner.

Brianna demonstrated significant emotional reactivity when discussing her pain, using vivid, intense language and metaphors to convey her experience. Her non-verbal presentation aligned with her verbal reports of distress, with visible tension observed particularly when describing severe pain episodes.

When discussing her professional responsibilities, Brianna's affect shifted to determination and pride, suggesting strong identification with her teaching role and commitment to maintaining this aspect of her functioning despite physical limitations. This contrasted markedly with her presentation when describing private moments of disability, where her affect conveyed vulnerability and distress.

Brianna showed good insight into the unpredictable nature of her condition, making connections between her experiences and her partner's management of diabetes: *"It's just like my blood sugar... there are way too many external factors for you to ever be able to track what is causing it or what's not."* She demonstrated awareness of the complex interplay of factors affecting autoimmune conditions: *"It's how hydrated he is, how much he slept, how much he's exercise, sleep."*

Brianna exhibited significant ambivalence about medication, with her affect shifting between recognition of need and resistance. Her body language and tone became notably tense when discussing taking multiple pills, suggesting this represents a significant psychological barrier beyond practical concerns.

Throughout the session, Brianna engaged in appropriate rapport with the therapist, responding to therapeutic interventions with a mix of resistance and reflection. When the therapist attempted to use externalization techniques (*"if you could give that little ball fist rage a name"*), Brianna demonstrated awareness of the therapeutic technique: *"I know what you're doing. I played your games before."* This suggests both familiarity with therapeutic approaches and some resistance to certain interventions.

Brianna showed capacity for humor and self-awareness despite her distress, engaging with the therapist's attempts to lighten moments while still acknowledging the seriousness of her condition. Her cognitive functioning appeared intact, with no evidence of thought disorder or perceptual disturbances.

# Assessment

Brianna presents as a woman recently diagnosed with an autoimmune condition who is experiencing significant physical pain and functional impairment alongside psychological distress related to identity disruption, medication resistance, and beliefs about suffering. Her symptoms appear to be at a severe level, with dramatic fluctuations in functioning that create significant uncertainty and distress.

The contrast between Brianna's professional functioning and private struggles suggests a strong compartmentalization of her illness experience, with significant emotional resources devoted to maintaining her teacher identity despite physical limitations. While this demonstrates remarkable resilience and commitment to her professional role, it may also contribute to exhaustion and potentially exacerbate her physical symptoms through overexertion.

Brianna's resistance to medication appears to be connected to deeper psychological themes around identity, control, and beliefs about suffering. Her statement that *"taking the medicine makes me feel like I'm bad and broken"* suggests that medication represents an unwanted acknowledgment of illness that threatens her self-concept. Similarly, her expressed belief that she *"deserves suffering"* indicates potential maladaptive schemas that may interfere with appropriate self-care and symptom management.

The unpredictable nature of Brianna*'s condition creates significant psychological challenges beyond the physical symptoms themselves. The dramatic shifts from normal functioning to disability create a sense of uncertainty and lack of control that is psychologically taxing. Her attempts to identify triggers through dietary changes represent efforts to regain a sense of control and predictability, though her partner'*s insight about the inherent unpredictability of autoimmune conditions suggests these efforts may yield limited results.

Brianna demonstrates several strengths, including strong professional commitment, effective communication with her medical provider, willingness to experiment with lifestyle changes, and capacity for humor and self-awareness despite significant distress. Her relationship with her partner appears supportive, with him providing both practical assistance and psychological insights about living with a chronic condition.

The primary psychological challenges Brianna faces include: 1) integrating her illness into her identity without allowing it to become defining; 2) addressing beliefs about suffering and worthiness that may interfere with appropriate self-care; 3) developing tolerance for uncertainty and unpredictability; and 4) balancing professional commitments with physical limitations to prevent overexertion and potential symptom exacerbation.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:** Continue to utilize ACT framework to address Brianna*'s resistance to medication and beliefs about suffering. Focus on exploring the workability of her current approach (refusing medication despite severe pain) and clarifying her values related to health, professional identity, and quality of life. The therapist'*s drawing of *"surrendering is not giving up... it's choosing"* represents a beginning exploration of acceptance versus control that should be continued in future sessions.

**Narrative Therapy Approaches:** Work with Brianna to externalize her illness experience and separate her identity from her condition. Help her develop a narrative that incorporates her illness without allowing it to become defining. This approach may be particularly helpful in addressing her belief that *"taking the medicine makes me feel like I'm bad and broken"* by creating linguistic separation between self and illness.

**Dialectical Behavior Therapy (DBT) Skills:** Introduce specific DBT skills for distress tolerance and emotion regulation to help Brianna manage the psychological impact of pain fluctuations and functional limitations. Given her resistance to certain therapeutic techniques (*"I know what you're doing. I played your games before"*), frame these as practical tools rather than psychological interventions.

**Cognitive Restructuring:** Address Brianna's beliefs about deserving suffering and explore their origins and impact on her health behaviors. Work to develop more adaptive beliefs about self-care and worthiness that support appropriate medical management of her condition.

**Behavioral Activation:** Collaborate with Brianna to identify meaningful activities that are compatible with her physical limitations during flare-ups. This will help address the stark contrast between *"normal"* functioning and *"invalid"* states by creating a middle ground of modified but meaningful engagement.

**Mindfulness Practices:** Introduce mindfulness techniques specifically designed for chronic pain management, emphasizing the distinction between pain sensation and suffering. These practices may help Brianna develop a different relationship with her pain experiences and reduce catastrophic thinking during flare-ups.

**Coordination with Medical Care:** Encourage continued communication with her physician regarding medication management. Support Brianna in addressing her psychological barriers to taking prescribed medications, particularly the steroid that could provide immediate relief from her current flare-up.

**Follow-up:** Schedule next session to continue exploring the themes of identity, control, and acceptance in relation to her chronic condition. Monitor her decision regarding the steroid prescription and its impact on both physical symptoms and psychological adjustment.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Intense Pain Description to Professional Pride:**

At the beginning of the session, Brianna's tone was intensely descriptive and emotionally charged when detailing her pain experiences: *"It's like... a fucking, like rock with a knife going through it."* Her language was vivid, raw, and unfiltered, conveying both the physical sensation and emotional impact of her pain. This tone shifted markedly when she described maintaining her professional responsibilities despite her condition: *"I really rallied and, like, put on a happy face, because I had two field trips this week that I planned."* Her tone became infused with determination and pride, particularly when listing the physically demanding activities she participated in with her students: *"And wow, did we bounce? We did trampolines, zip lining, ropes, course, bumper cars, dodge ball... laser tag."* This tonal shift reveals the significant emotional investment Brianna has in her professional identity and her determination to maintain this aspect of her life despite physical limitations. The contrast between her unfiltered expression of pain and her pride in professional functioning suggests compartmentalization as a coping strategy—separating her *"teacher self"* from her *"ill self"* to maintain continuity in a valued life domain.

**Shift 2: From Factual Medical Reporting to Psychological Resistance:**

When discussing her communications with her doctor, Brianna's tone was initially factual and appreciative: *"My doctor is fucking awesome, and I messaged her... she probably I was like, I'm the most annoying patient she's ever had."* She recounted their exchanges about medication options in a relatively straightforward manner. However, her tone shifted dramatically to intense resistance when discussing actually taking the prescribed medication: *"I can't even take Advil. Do you understand, like, my psychological process when it's time to take the Naproxen... it's a psychological like, I'm not taking five fucking pills."* This shift from medical reporting to psychological resistance reveals the significant emotional barrier Brianna experiences around medication, suggesting that this represents more than practical concerns about pill-taking and connects to deeper issues around identity and illness acceptance. The intensity of her tone when refusing medication contrasts with her matter-of-fact tone when discussing medical communications, highlighting the disconnect between intellectual understanding of treatment needs and emotional readiness to implement them.

**Shift 3: From Methodical Problem-Solving to Existential Questioning:**

Brianna demonstrated a methodical, problem-solving tone when discussing her attempts to identify triggers through dietary changes: *"I'm trying to commit, like, I'm almost two weeks in, or I'm a week and a half into being completely gluten free... I need to just stick with that and not do anything else, because I need to see if that changes anything."* This logical, experimental approach shifted to a more existential, questioning tone when discussing deeper issues around medication and suffering: *"It's a double edged sword, because taking the medicine makes me feel like I'm bad and broken... I don't know what this is going to be like unless I experience it."* This tonal shift reveals the tension between Brianna's practical efforts to manage her condition and her deeper struggle with what the condition means for her identity and sense of self. The methodical tone represents her attempts to maintain control through experimentation, while the existential tone emerges when confronting the aspects of her experience that cannot be controlled or fully understood through rational approaches.

**Shift 4: From Resistance to Vulnerability:**

Throughout much of the session, Brianna maintained a tone of resistance to therapeutic interventions, exemplified by her response to the therapist's externalization technique: *"I know what you're doing. I played your games before."* This somewhat defensive, knowing tone shifted to greater vulnerability when acknowledging her belief about deserving suffering: *"It's this really worth like I do deserve to suffer thought... I tell you that I deserve suffering all the time."* This tonal shift from resistance to vulnerability suggests that beneath Brianna's strong exterior and resistance to certain therapeutic approaches lies a deeper willingness to acknowledge potentially maladaptive beliefs that influence her health behaviors. The vulnerability in her tone when discussing deserving suffering indicates this is an emotionally significant area that may provide therapeutic traction despite her general resistance to psychological interventions.

**Shift 5: From Distress to Humor:**

Throughout the session, Brianna demonstrated notable shifts between distressed tone when describing her symptoms and humorous tone when reflecting on interactions with others. For example, after describing severe pain and functional limitations, she shifted to humor when recounting her doctor's late-night response: *"She messages me at 830 at night... I wrote her back, like an hour later at night, and I was like, I was like, I'm sorry. I'm already your most annoying patient."* Similarly, she used humor when describing interactions with her partner about deserving treats: *"My little joke that I have with Rich is like... I'll always say like, Well, only if you think I deserve to have so I do it for have I earned positive and negative, good and bad."* These tonal shifts between distress and humor suggest that humor serves as an important coping mechanism for Brianna, providing emotional relief and maintaining social connections despite her condition. The humor appears to be both a genuine personality characteristic and a deliberate strategy for managing the emotional weight of her illness experience.

**Shift 6: From Individual Experience to Universal Pattern:**

A significant tonal shift occurred when Brianna moved from describing her unique symptoms to connecting her experience to broader patterns of autoimmune conditions, referencing her partner's diabetes: *"Rich brought up such a great point... it's just like my blood sugar... that's what an autoimmune disease is. It's just there are way too many external factors for you to ever be able to track what is causing it or what's not."* Her tone shifted from frustrated and confused when describing her unpredictable symptoms to more accepting and matter-of-fact when placing these experiences within a broader framework of autoimmune conditions. This tonal shift suggests that understanding her experience as part of a recognizable pattern rather than a unique personal failure provides some psychological relief. The more measured, educational tone when discussing autoimmune conditions generally indicates that intellectual understanding may serve as a bridge toward greater emotional acceptance of her condition's unpredictability.

## Thematic Analysis

**Theme 1: Identity Disruption and Maintenance:**

A central theme throughout the session was Brianna's experience of identity disruption due to her autoimmune condition and her efforts to maintain core aspects of her identity despite physical limitations. Her description of the stark contrast between professional functioning and private disability highlights this theme: *"I go from being like an independent, completely normal person to like, immobile, invalid."* The language of *"normal person"* versus *"invalid"* reveals how her condition threatens her fundamental self-concept.

Brianna's determination to maintain her professional identity as a teacher emerges as a significant aspect of this theme: *"I never want them to worry about me. So I can't, like, let on that anything's not right."* This statement reveals both her strong identification with her teaching role and her desire to keep her illness separate from this valued aspect of her identity. The physically demanding activities she participated in with her students (trampolines, zip lining, etc.) despite her pain further demonstrates the lengths to which she will go to preserve this identity.

The theme of identity disruption connects to Brianna's resistance to medication, as evidenced by her statement that *"taking the medicine makes me feel like I'm bad and broken."* This suggests that accepting medication represents accepting an altered identity—one that includes illness as a defining feature. Her preference for dietary experimentation over medication may reflect an attempt to address her condition through means that feel more aligned with her pre-illness identity as an active, independent person.

This theme connects to Brianna*'s developmental task of integrating her illness into her self-concept without allowing it to become all-encompassing. The therapist'*s drawing about *"surrendering"* versus *"giving up"* directly addresses this theme, suggesting a path toward acceptance that doesn't require abandoning valued aspects of identity.

**Theme 2: Control and Uncertainty:**

A second significant theme involved Brianna's struggle with the unpredictability of her condition and her attempts to establish control through various means. Her detailed tracking of pain patterns and experimentation with dietary changes represent efforts to impose order and predictability on an inherently unpredictable condition: *"I'm trying to commit, like, I'm almost two weeks in, or I'm a week and a half into being completely gluten free... I need to see if that changes anything."*

The unpredictable nature of her symptoms creates significant psychological distress beyond the physical pain itself: *"There are just these weird days where I feel almost normal and I can't explain why."* This uncertainty challenges basic assumptions about cause and effect that typically help people make sense of their experiences and plan their lives.

Brianna*'s partner'*s insight about autoimmune conditions directly addresses this theme: *"That's what an autoimmune disease is. It's just there are way too many external factors for you to ever be able to track what is causing it or what's not."* This perspective offers a framework for understanding the inherent unpredictability of her condition, potentially reducing the psychological burden of trying to establish perfect control.

This theme connects to broader existential questions about human vulnerability to circumstances beyond our control. Brianna's resistance to medication may partly reflect a desire to maintain the illusion of control through active experimentation rather than surrendering to medical management that acknowledges the limits of personal control over autoimmune processes.

**Theme 3: Suffering and Worthiness:**

A third theme centered around Brianna's beliefs about suffering and worthiness, particularly her expressed belief that she *"deserves suffering."* This theme emerged explicitly in her statement: *"It's this really worth like I do deserve to suffer thought"* and her acknowledgment that *"I tell you that I deserve suffering all the time."* These beliefs appear to influence her health behaviors, particularly her resistance to pain relief through medication.

The theme extends beyond her illness management to other areas of life, as evidenced by her description of interactions with her partner about treats: *"I'll always say like, Well, only if you think I deserve to have so I do it for have I earned positive and negative, good and bad."* This suggests a broader pattern of questioning her worthiness of comfort, pleasure, or relief that may have roots in earlier life experiences or internalized messages.

The therapist directly challenged this theme by stating *"you don't deserve to suffer,"* indicating recognition of how these beliefs interfere with appropriate self-care. Brianna's resistance to this challenge suggests these beliefs are deeply held and may require significant therapeutic work to modify.

This theme connects to potential schemas around perfectionism, self-punishment, or conditional self-worth that may have predated Brianna's illness but now significantly impact her adaptation to her condition. Understanding and addressing these beliefs may be crucial for improving both her psychological adjustment and physical management of her autoimmune condition.

**Theme 4: Professional-Personal Divide:**

A fourth theme involved the stark contrast between Brianna's professional functioning and personal struggles, and the significant emotional and physical costs of maintaining this divide. Her description of *"rallying"* for field trips while experiencing severe pain at home highlights this theme: *"I really rallied and, like, put on a happy face, because I had two field trips this week that I planned... I never want them to worry about me."*

The physical activities Brianna engaged in with her students (trampolines, zip lining, etc.) despite her condition suggest she may be overexerting herself in professional contexts in ways that could potentially exacerbate her symptoms. The dramatic contrast between her functioning at work and at home—*"I had like, a totally normal, like, independent, human day. And then I get home and I like, stub my toe, and now I can't walk"*—suggests significant energy expenditure to maintain her professional persona that may leave her depleted in private contexts.

Brianna's commitment to shielding her students from knowledge of her condition—*"I never want them to worry about me"*—reveals both her dedication to her professional role and potentially maladaptive beliefs about vulnerability and its impact on professional effectiveness. This compartmentalization may serve short-term goals of maintaining professional identity but create long-term challenges for sustainable functioning with a chronic condition.

This theme connects to broader societal expectations about illness invisibility in professional contexts and the particular challenges faced by those with invisible disabilities who must constantly navigate decisions about disclosure and accommodation. Brianna's experience exemplifies the *"spoon theory"* common in chronic illness communities, where limited energy must be carefully allocated across competing demands.

## Sentiment Analysis

**Sentiments About Self**

Brianna's expressions about herself revealed complex and often contradictory sentiments:

**Frustration with Physical Limitations:** Dominant throughout the session was intense frustration with her body's unpredictable functioning. Statements like *"I go from being like an independent, completely normal person to like, immobile, invalid"* reveal both the practical impact of her limitations and the emotional distress of losing independence. This sentiment was consistently negative, with language like *"immobile"* and *"invalid"* suggesting a harsh self-assessment when experiencing limitations.

**Pride in Professional Resilience:** Contrasting with her frustration was evident pride in her ability to maintain professional functioning despite her condition. Her detailed description of participating in physically demanding activities with her students conveyed positive sentiment about her determination and commitment to her teaching role. This sentiment represents a significant source of positive self-regard that may partially counterbalance the negative impact of her condition on her self-concept.

**Belief in Deserving Suffering:** Perhaps most concerning was Brianna's expressed belief that she *"deserves suffering."* This deeply negative sentiment about her fundamental worthiness emerged both in relation to her illness management (*"It's this really worth like I do deserve to suffer thought"*) and in everyday contexts like treats (*"I'll always say like, Well, only if you think I deserve to have so"*). This sentiment suggests underlying schemas around conditional worthiness that significantly impact her approach to self-care and comfort.

**Sentiments About Others/External Situations**

Brianna's sentiments toward others and external situations were more consistently positive:

**Appreciation for Medical Provider:** Brianna expressed strong positive sentiment toward her doctor, describing her as *"fucking awesome"* and appreciating her responsiveness and support. Her recounting of their exchanges revealed genuine gratitude for the doctor's care: *"She's incredible. And she writes back the next day, and she's like, Oh, stop it. And she was like, that's what I'm here for. It's never a bother."* This positive sentiment suggests trust in her medical care despite resistance to specific treatments.

**Value of Partner's Support and Insight:** Brianna conveyed positive sentiment about her partner Rich's support and understanding, particularly his insight about autoimmune conditions based on his experience with diabetes. Her willingness to share his perspective—*"Rich brought up such a great point"*—indicates she values his input even when it challenges her own approach. This positive sentiment about her relationship suggests an important source of support in managing her condition.

**Commitment to Students:** Brianna's sentiment toward her students was protective and committed: *"I never want them to worry about me."* This sentiment reflects both professional dedication and perhaps a desire to maintain a space in her life where her illness is not central. The positive sentiment toward her teaching role appears to provide significant motivation for pushing through physical limitations.

**Sentiments About Therapy/Therapeutic Process**

Brianna's sentiments toward the therapeutic process were mixed:

**Resistance to Certain Interventions:** Brianna expressed mild negative sentiment toward specific therapeutic techniques, as evidenced by her statement *"I know what you're doing. I played your games before"* in response to an externalization exercise. This sentiment suggests some wariness about psychological interventions that feel too technique-driven or familiar.

**Openness to Conceptual Frameworks:** Despite resistance to certain techniques, Brianna showed positive sentiment toward conceptual understanding of her condition, engaging thoughtfully with frameworks about autoimmune unpredictability and the distinction between surrendering and giving up. Her response to the therapist's drawing suggests receptivity to metaphorical or visual representations of therapeutic concepts.

**Ambivalence About Change:** Brianna*'s overall sentiment toward the therapeutic goal of accepting medication was deeply ambivalent. While acknowledging the potential benefits, her emotional resistance remained strong throughout the session. This ambivalence was captured in her response to the therapist'*s advocacy for medication: *"It's this really worth like I do deserve to suffer thought and like, just this. Oh, I'm gonna take something that's gonna mask, but this really is, and then I won't stand it."* This sentiment reveals the complex interplay between intellectual understanding of treatment benefits and emotional readiness to implement changes.

The ratio of positive to negative sentiments shifted throughout the session, with negative sentiments dominating discussions of physical symptoms and medication, while more positive sentiments emerged when discussing professional accomplishments and supportive relationships. This pattern suggests that Brianna's professional identity and relationships serve as important buffers against the negative psychological impact of her condition.

# Key Points

• **Identity Integration Challenge**: Brianna is struggling to integrate her autoimmune condition into her self-concept without allowing it to become defining. Her stark description of shifting between being *"a completely normal person"* and *"immobile, invalid"* reveals how her condition threatens her fundamental sense of self. This identity disruption appears to underlie much of her psychological distress and resistance to treatment. Supporting Brianna in developing a more integrated self-concept that acknowledges her condition without being dominated by it is crucial for her psychological adjustment. This process involves both practical strategies for maintaining valued activities despite limitations and deeper work addressing beliefs about what illness means about her worth and capabilities.

• **Medication Resistance and Suffering Beliefs**: Brianna's resistance to medication appears connected to deeper beliefs about suffering and worthiness that warrant therapeutic attention. Her statement that *"taking the medicine makes me feel like I'm bad and broken"* suggests medication represents an unwanted acknowledgment of illness that threatens her self-concept, while her expressed belief that she *"deserves suffering"* indicates potential maladaptive schemas that interfere with appropriate self-care. These interconnected issues require a therapeutic approach that addresses both the practical barriers to medication adherence and the underlying beliefs that make acceptance of treatment psychologically threatening. Exploring the origins and workability of these beliefs about suffering may create openings for more adaptive approaches to illness management.

• **Professional-Personal Sustainability**: The dramatic contrast between Brianna's professional functioning and personal struggles raises important questions about sustainability and potential symptom exacerbation through overexertion. Her determination to shield her students from knowledge of her condition—*"I never want them to worry about me"*—while admirable, may lead to patterns of pushing beyond reasonable limits in professional contexts, potentially worsening her symptoms and creating a cycle of flare-ups and recovery. Helping Brianna develop a more sustainable approach that allows for appropriate accommodations without abandoning her professional identity is essential for long-term management of her condition. This includes exploring her beliefs about vulnerability in professional contexts and developing strategies for energy conservation that allow continued engagement in valued activities.

# Significant Quotes

*"I go from being like an independent, completely normal person to like, immobile, invalid. Today I was, I mean, and I still feel it here, but look like my hand moves, yes, and it's like on the pain scale, like this twinge is like a three, and last night it was a nine and a half. I just slept for a few hours and it but it's like I had like, a totally normal, like, independent, human day. And then I get home and I like, stub my toe, and now I can't walk."*

Brianna made this statement when describing the unpredictable fluctuations in her functioning due to her autoimmune condition. This quote is significant because it captures both the dramatic physical impact of her condition and its profound psychological effect on her sense of self and agency. The language of *"normal person"* versus *"invalid"* reveals how her condition threatens her fundamental self-concept, creating a binary experience of either full capability or complete disability with little middle ground. The rapid transitions between these states—within the same day—create significant psychological whiplash, challenging her ability to develop a coherent narrative about her capabilities and limitations. This unpredictability undermines basic assumptions about cause and effect that typically help people make sense of their experiences and plan their lives. Understanding this aspect of Brianna's experience is crucial for developing therapeutic approaches that address both symptom management and the psychological impact of unpredictable functioning.

*"It's a double edged sword, because taking the medicine makes me feel like I'm bad and broken, yeah, and not taking the medicine, watch what I can endure. And there's no there's no blue ribbon at the end of this."*

Brianna expressed this when discussing her resistance to taking prescribed medication. This quote is significant because it reveals the complex psychological dynamics underlying what might otherwise appear to be simple non-adherence. The phrase *"taking the medicine makes me feel like I'm bad and broken"* suggests that medication represents an unwanted acknowledgment of illness that threatens her self-concept. Simultaneously, *"watch what I can endure"* indicates that refusing medication serves a psychological function of demonstrating strength or resilience, perhaps to herself or others. The recognition that *"there's no blue ribbon at the end of this"* shows emerging insight into the futility of this approach—suffering without purpose or recognition. This quote encapsulates the identity challenges posed by chronic illness, where treatment decisions become entangled with fundamental questions about self-worth, strength, and acceptance of limitation. Addressing these deeper meanings of medication, rather than focusing solely on practical barriers to adherence, is likely necessary for supporting Brianna in making treatment decisions aligned with her overall well-being.

*"Rich brought up such a great point, because I was like, I don't understand. Like, they're just these weird days where I feel almost normal and I can't explain why. And he was like, it's just like my blood sugar. He's like, there are days where I'm just a normal fucking person, yeah, and there are days where, like, his blood sugar runs so low, like, no matter what he eats, his blood sugar is like, below a normal person. And he's like, that's what an autoimmune disease is. It's just there are way too many external factors for you to ever be able to track what is causing it or what's not."*

Brianna shared this insight from her partner when discussing the unpredictable nature of her symptoms. This quote is significant because it represents an important conceptual framework for understanding autoimmune conditions that may reduce self-blame and excessive focus on control. By comparing her experience to her partner's diabetes, this perspective normalizes the unpredictability of autoimmune conditions and places her experience within a broader pattern rather than a personal failure of management or understanding. The acknowledgment that *"there are way too many external factors for you to ever be able to track"* offers a path toward acceptance of uncertainty that may be psychologically liberating, though clearly challenging for someone who values control and understanding. This quote suggests that Brianna's relationship provides not only practical support but also valuable conceptual frameworks for making sense of her condition. Building on this understanding may help reduce the psychological burden of trying to establish perfect control over an inherently variable condition.

# Comprehensive Narrative Summary

Today's session with Brianna Brickman revealed a woman in the midst of a profound struggle to integrate a recently diagnosed autoimmune condition into her life and identity. The session illuminated both the severe physical challenges she faces—unpredictable pain that can rapidly escalate to functional disability—and the complex psychological dimensions of adapting to chronic illness.

Central to Brianna's presentation was the stark contrast between her professional functioning and private struggles. Her determination to *"rally"* for school field trips despite severe pain demonstrates remarkable resilience and commitment to her teaching role, but also raises concerns about sustainability and potential symptom exacerbation through overexertion. The dramatic shifts she experiences between feeling *"like a completely normal person"* and becoming *"immobile, invalid"* create significant psychological whiplash, challenging her ability to develop a coherent sense of self that incorporates her condition without being defined by it.

Brianna's resistance to medication emerged as a multifaceted issue connected to deeper beliefs about identity, control, and suffering. Her statement that *"taking the medicine makes me feel like I'm bad and broken"* suggests that medication represents an unwanted acknowledgment of illness that threatens her self-concept. Similarly, her expressed belief that she *"deserves suffering"* indicates potential maladaptive schemas that interfere with appropriate self-care. These psychological barriers to treatment appear more significant than practical concerns about medication, though she frames her resistance in terms of pill burden and side effect concerns.

The unpredictable nature of Brianna*'s condition creates significant challenges beyond the physical symptoms themselves. Her attempts to identify triggers through dietary changes represent efforts to regain a sense of control and predictability, though her partner'*s insight about the inherent unpredictability of autoimmune conditions suggests these efforts may yield limited results. Learning to tolerate uncertainty while still engaging in reasonable self-management represents a key developmental task in adapting to chronic illness.

Throughout the session, Brianna demonstrated several strengths that may support her adjustment process. Her effective communication with her medical provider, willingness to experiment with lifestyle changes, capacity for humor despite distress, and supportive relationship with her partner who has experience managing a chronic condition all represent important resources. Her professional commitment, while potentially leading to overexertion, also provides meaningful engagement and purpose that may buffer against illness-related distress.

The therapeutic relationship revealed both challenges and opportunities. Brianna's awareness of therapeutic techniques (*"I know what you're doing. I played your games before"*) suggests previous therapy experience but also some resistance to certain interventions. However, her willingness to acknowledge deeply held beliefs about deserving suffering indicates potential openness to exploring these issues despite surface resistance.

Moving forward, treatment will focus on several key areas: addressing beliefs about suffering and worthiness that interfere with appropriate self-care; developing a more integrated self-concept that acknowledges illness without being dominated by it; building tolerance for uncertainty and unpredictability; and creating sustainable approaches to professional engagement that prevent overexertion while maintaining valued activities. The ACT framework introduced through the therapist's drawing about *"surrendering"* versus *"giving up"* provides a promising approach for addressing Brianna's struggle with acceptance without abandonment of valued living.

With consistent therapeutic support and medical management, Brianna appears capable of developing a more workable relationship with her condition that allows for both appropriate treatment and continued engagement in meaningful life activities. The immediate priority remains addressing her current flare-up through appropriate medication use, which will likely require continued exploration of the psychological barriers to accepting this treatment.

# Progress Note: Caitlin Dunn - 5/28/2025

Comprehensive Clinical Progress Note for Caitlin Dunn's Therapy Session on May 28, 2025

Caitlin presented to today's session reporting significant emotional distress following recent major life events, including her engagement and subsequent job loss. She stated, *"I haven't slept since we got back because, like, I'm feeling a lot of emotions, and I don't know how to control them."* She identified *"Bailey"* (likely a term for her anxious or critical inner voice) as being particularly active: *"Bailey's really taking over my brain lately, and I, like, don't know how to turn her off."*

Regarding her engagement on May 17, Caitlin described the day as initially *"perfect,"* stating, *"He surprised me. He did everything like the day was perfect. I had the best day. Like, everything went so smoothly."* She appreciated the location (*"on the beach where it's, like, our favorite spot"*) and the effort Kieran put into planning, including photos and a family party. However, she reported significant internal conflict and anxiety related to the engagement ring: *"In today's world with freaking goddamn social media, a society and status in bullshit... everyone is getting like these, like... everyone judges you on how you get fucking engaged, what ring you get."* She expressed self-doubt: *"I think Bailey took over, and I was like, Is my ring pretty enough? Like, is it big enough?"* She acknowledged the ring*'s sentimental value (containing her late father'*s diamond) but struggled with societal pressures and her own design preferences: *"I'm a very particular person as a designer too, like I gave him instructions of what I wanted, and when I got the ring, it wasn't exactly I wanted."*

Caitlin reported conflict with her fiancé, Kieran, when trying to discuss her questions about the ring's construction: *"The way I tried to relate it to Kieran. He got so upset and like, call me a brat."* She clarified her intention was simply to understand the jeweler's choices: *"I just want to understand why X, Y and Z went when I wrote everything down and gave you, like examples."* She eventually resolved her questions with the jeweler directly.

Following the engagement, Caitlin described feeling overwhelmed by external pressures related to wedding planning: *"Now everyone's asking, When are we getting married? What's the budget? My mom's, like, frustrated that Karen's parents are not paying enough."* This led to significant distress and conflict: *"I had a breakdown, and Kieran and I had to take a freaking little piece of the Klonopin because I was like, this is not supposed to be like this. Like, it's supposed to be a happy thing."*

Compounding this stress, Caitlin reported losing her job the day after getting engaged: *"I literally get engaged, and then the next day I literally lose my job."* She described the circumstances of the layoff, attributing it to her boss's financial mismanagement of another company: *"The reason you're getting laid off is because I'm messing up in my other company... I have to step out of this job and focus on the trucking company because I'm stuck in money issues, and we can't afford your paycheck."* She expressed relief at leaving the job (*"I was relieved. I was like, I'm getting the fuck out"*) but also significant anxiety about unemployment and finances: *"Now I don't have insurance in a month... now I have to be fucking cost efficient because I don't have a fucking job."*

Caitlin reported significant conflict with her mother regarding the job loss and subsequent job search. She described her mother as intrusive and shaming: *"My mom... thinks that I stay every day and probably do nothing... she's just gonna keep badgering at me until I get a fucking new job."* She detailed her mother's interference, including contacting potential employers behind her back: *"He went behind my back and was like, messaging people when I was on vacation... I don't think I got this babysitting gig because my mom was fucking messaging them."* Caitlin expressed frustration and a desire to set boundaries: *"How do I stop? Stop, stop it. So I'm not like in that issue."*

Caitlin also reported experiencing a significant emotional event the morning of her engagement, which she interpreted as a sign from her late father: *"My dad sent me a sign that morning... I woke up and I was like, I have to text my brother that dad is so happy in heaven right now... then I kept crying, because I was like, this is weird."* This experience added to the emotional intensity of the day.

# Objective

Caitlin presented to the session appearing visibly distressed and emotionally overwhelmed. Her speech was rapid at times, particularly when discussing recent stressors like her engagement, job loss, and conflicts with her mother. Her affect was predominantly anxious and frustrated, with moments of tearfulness when discussing her late father and the pressures surrounding her engagement.

Caitlin demonstrated significant cognitive preoccupation with external judgments, particularly regarding her engagement ring and societal expectations: *"Everyone judges you on how you get fucking engaged, what ring you get... every girl is judging you."* This preoccupation appeared to generate considerable anxiety and self-doubt, overriding her stated appreciation for the ring's sentimental value.

Her description of interactions with her mother revealed a pattern of enmeshment and difficulty with boundaries. Caitlin*'s affect became notably agitated and frustrated when discussing her mother'*s interference in her job search and wedding planning. She expressed a desire for autonomy but struggled with how to assert boundaries effectively.

Caitlin showed insight into the negative impact of external pressures on her relationship with Kieran: *"I don't want this to, like, ruin everything."* She reported resorting to Klonopin with Kieran to manage the stress, indicating the severity of the emotional overwhelm experienced.

When discussing her job loss, Caitlin's affect shifted between relief at leaving a difficult work situation and anxiety about unemployment and financial insecurity. Her description of her former boss suggested a history of manipulative behavior, aligning with previous discussions in therapy.

Caitlin engaged well with the therapist, seeking validation and guidance on managing her emotions and interpersonal conflicts. She responded thoughtfully to therapeutic interventions, particularly the discussion around setting boundaries with her mother. Her cognitive functioning appeared intact, though her emotional state was clearly dysregulated due to the accumulation of recent stressors.

# Assessment

Caitlin presents with symptoms consistent with an Adjustment Disorder with Mixed Anxiety and Depressed Mood, triggered by a confluence of major life events: engagement, job loss, and ongoing conflict with her mother. Her inability to sleep and reported difficulty *"controlling"* her emotions indicate significant psychological distress and emotional dysregulation.

The engagement, while a positive event, has activated anxieties related to societal expectations, self-worth, and perfectionism, particularly evident in her preoccupation with the ring. This suggests underlying vulnerabilities related to external validation and comparison, possibly exacerbated by her background as a designer. Her internal conflict (*"Bailey"*) appears to represent this critical, anxious voice.

The job loss, occurring immediately after the engagement, has created significant practical and emotional stress, including financial insecurity and loss of health insurance. This event has also reactivated problematic dynamics with her mother, who appears to respond to Caitlin*'s vulnerability with intrusive and shaming behaviors, further exacerbating Caitlin'*s distress.

Caitlin*'s relationship with her mother is characterized by enmeshment and poor boundaries. The mother'*s interference in Caitlin*'s job search (contacting potential employers) represents a significant boundary violation that undermines Caitlin'*s autonomy and potentially harms her prospects. Caitlin's difficulty asserting boundaries stems from this long-standing pattern and perhaps a fear of conflict or loss of connection.

Caitlin demonstrates strengths in her relationship with Kieran, describing it as generally stable (*"We don't even fight"*). However, the external pressures surrounding the engagement and job loss are clearly straining the relationship, necessitating coping strategies like shared Klonopin use. Her insight into the potential negative impact of these stressors on her relationship is a positive prognostic indicator.

Her interpretation of the experience on the morning of her engagement as a sign from her late father suggests ongoing processing of grief and a desire for connection with him, particularly during significant life transitions. This spiritual or intuitive dimension adds another layer to her emotional experience.

Overall, Caitlin is experiencing a period of acute stress due to multiple simultaneous life changes and interpersonal conflicts. Her primary challenges involve managing overwhelming anxiety, navigating external pressures related to engagement and wedding planning, establishing healthy boundaries with her mother, and coping with the practical and emotional consequences of unemployment.

# Plan

**Dialectical Behavior Therapy (DBT) Skills:** Focus on distress tolerance skills (e.g., TIPP, self-soothing, radical acceptance) to manage acute anxiety and emotional overwhelm. Introduce emotion regulation skills to help Caitlin identify, understand, and modulate her emotional responses rather than trying to *"control"* them. Mindfulness skills will also be beneficial for managing racing thoughts and preoccupation with external judgments.

**Cognitive Behavioral Therapy (CBT) Interventions:** Target cognitive distortions related to external validation, perfectionism, and societal pressures surrounding the engagement and ring. Help Caitlin challenge and reframe thoughts contributing to anxiety and self-doubt (e.g., *"Is my ring pretty enough?"*). Explore core beliefs related to self-worth and external approval.

**Boundary Setting Skills Training:** Provide psychoeducation on boundaries (limits vs. boundaries vs. requests) and coach Caitlin on specific strategies for setting and maintaining boundaries with her mother. Role-play assertive communication techniques to increase her confidence in managing intrusive behaviors. Focus on protecting her peace and autonomy during the job search and wedding planning.

**Acceptance and Commitment Therapy (ACT) Interventions:** Help Caitlin clarify her values related to her relationship with Kieran, her career, and her well-being. Use ACT principles to encourage acceptance of difficult emotions and external circumstances (like job loss) while committing to actions aligned with her values (e.g., focusing on the meaning of her relationship rather than external wedding pressures).

**Grief Processing:** Gently explore the significance of the perceived sign from her father and allow space for ongoing grief processing, particularly how his absence is felt during major life events like engagement.

**Stress Management Techniques:** Reinforce basic stress management strategies, including sleep hygiene (given her reported insomnia), relaxation techniques, and engaging in enjoyable activities to counterbalance stress.

**Relationship Support:** Support Caitlin and Kieran in navigating the external pressures on their relationship. Encourage open communication between them about the impact of stress and reinforce their partnership as a source of mutual support.

**Career Counseling:** While therapy focuses on emotional well-being, validate the stress of the job search and support Caitlin in accessing practical resources if needed. Normalize the time it takes to find suitable employment and challenge maternal pressure for immediate results.

**Follow-up:** Schedule next session to monitor anxiety levels, progress with boundary setting, and coping with unemployment stress. Continue skills training and cognitive restructuring work. Assess need for medication consultation if anxiety remains unmanageable despite therapeutic interventions.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Joyful Description to Anxious Preoccupation:**

Caitlin initially described her engagement day with a tone of genuine joy and appreciation: *"He surprised me... the day was perfect... everything went so smoothly."* Her tone conveyed happiness and satisfaction with Kieran's efforts. However, this shifted dramatically to an anxious, preoccupied tone when discussing the engagement ring and societal pressures: *"In today's world with freaking goddamn social media... everyone judges you... Is my ring pretty enough? Like, is it big enough?"* The tone became rapid, worried, and self-doubting, revealing how external comparisons and perceived judgments overshadowed her personal experience and the sentimental value of the ring. This shift highlights the powerful influence of social comparison and external validation on Caitlin's internal state, turning a positive event into a source of significant anxiety.

**Shift 2: From Assertive Clarification to Hurt Frustration:**

When recounting her conflict with Kieran about the ring, Caitlin initially adopted an assertive, clarifying tone: *"I just want to understand why X, Y and Z went when I wrote everything down."* She emphasized her need for information as a designer. This shifted to a tone of hurt frustration when describing Kieran's reaction: *"He got so upset and like, call me a brat."* The shift reflects her feeling misunderstood and unfairly characterized, highlighting the difficulty in communicating her needs within the relationship when under stress.

**Shift 3: From Overwhelmed Distress to Resigned Acceptance (re: Wedding Pressure):**

Discussing the pressures of wedding planning, Caitlin's tone was initially one of overwhelmed distress: *"Now everyone's asking... My mom's, like, frustrated... I had a breakdown... this is not supposed to be like this."* Her voice conveyed anxiety and a sense of losing control over what should be a happy process. After the therapist validated her experience and emphasized focusing on her and Kieran's intentions, her tone shifted slightly towards resigned acceptance, acknowledging the external noise but potentially refocusing on the core relationship, although the overwhelm remained palpable.

**Shift 4: From Relief to Anxiety (re: Job Loss):**

When discussing losing her job, Caitlin's tone initially conveyed relief: *"I was relieved. I was like, I'm getting the fuck out."* This reflected her dissatisfaction with the previous work environment. However, this quickly shifted to an anxious, worried tone when considering the consequences: *"Now I don't have insurance in a month... now I have to be fucking cost efficient because I don't have a fucking job."* This rapid shift illustrates the conflicting emotions associated with the job loss – freedom from a negative situation coupled with significant fear about practical insecurities.

**Shift 5: From Agitated Frustration to Seeking Guidance (re: Mother):**

Caitlin*'s tone became highly agitated and frustrated when describing her mother'*s intrusive behavior: *"She's just gonna keep badgering at me... He went behind my back and was like, messaging people."* Her speech quickened, and her voice conveyed anger and helplessness. This intense frustration shifted to a more seeking, questioning tone when asking the therapist for help: *"So how do I stop? Stop, stop it. So I'm not like in that issue?"* This shift indicates a recognition of the problematic dynamic and a genuine desire for tools to change it, moving from reactive anger to proactive problem-solving.

**Shift 6: From Mystical Wonder to Tearful Grief (re: Father's Sign):**

Recounting the experience she interpreted as a sign from her late father, Caitlin's tone initially held a quality of mystical wonder and confusion: *"My dad sent me a sign that morning... I woke up and I was like, What the fuck like, I never, like, get a sign."* This shifted to tearful grief as she processed the emotional impact: *"Then I kept crying, because I was like, this is weird. He's he's gone."* This tonal shift reveals the complex interplay of spiritual or intuitive experience with the raw emotion of grief, particularly poignant during a major life milestone like engagement.

## Thematic Analysis

**Theme 1: External Validation vs. Internal Experience:**

A dominant theme was the conflict between Caitlin*'s internal experience and her preoccupation with external validation and societal pressures. This was most evident in her reaction to the engagement ring. Despite its sentimental value (her father'*s diamond) and Kieran's thoughtful planning, her focus shifted to external judgments: *"Everyone judges you... Is my ring pretty enough? Is it big enough?"* This theme reflects a struggle to trust her own feelings and values amidst perceived societal expectations, particularly amplified by social media. Her identity as a designer also contributes, creating internal standards that clash with external realities. This conflict generates significant anxiety and undermines her ability to fully enjoy positive life events.

**Theme 2: Enmeshment and Boundary Difficulties with Mother:**

The problematic dynamic with her mother emerged as a major theme and source of acute stress. The mother*'s intrusive behaviors (contacting potential employers, constant questioning, shaming) demonstrate significant enmeshment and a lack of respect for Caitlin'*s autonomy. Caitlin's description reveals a long-standing pattern: *"She babies me... You guys have had this enmeshed relationship for forever."* Caitlin's intense frustration and feeling of helplessness (*"How do I stop? Stop, stop it?"*) highlight her difficulty in establishing and maintaining healthy boundaries. The mother*'s actions appear rooted in her own anxieties and need for control, but they actively undermine Caitlin'*s independence and well-being, particularly during a vulnerable period of job loss.

**Theme 3: Coping with Multiple Simultaneous Stressors:**

Caitlin is navigating a period of intense, overlapping stressors: engagement (positive but stressful), job loss (negative), financial insecurity, health insurance concerns, wedding planning pressures, and conflict with her mother. The sheer volume and timing of these events contribute to her feeling overwhelmed and unable to sleep. Her statement, *"We literally get engaged and we can't really enjoy it, because shit just happens in life,"* encapsulates this theme. The session highlighted her struggle to cope with this accumulation of stress, leading to emotional dysregulation and reliance on coping mechanisms like Klonopin. This theme underscores the need for robust stress management and distress tolerance skills.

**Theme 4: Grief and Connection with Deceased Father:**

The presence of Caitlin's late father was a subtle but significant theme. His diamond is central to the engagement ring, imbuing it with deep personal meaning that conflicts with external pressures. The perceived sign on the morning of the engagement (*"Dad is so happy in heaven"*) brought his memory and her grief to the forefront during a pivotal moment. Furthermore, Caitlin explicitly noted his absence in managing her mother: *"I don't have my dad here anymore. My dad always put her in her place... He's not here now. So I have to learn."* This theme highlights the ongoing impact of her father's death, the ways she seeks connection with him, and how his absence affects current family dynamics and her coping resources.

**Theme 5: Relationship Strain Under Pressure:**

While Caitlin described her relationship with Kieran as fundamentally strong, the external stressors are clearly causing strain. Conflict arose over the ring discussion (*"He got so upset and like, call me a brat"*), and the overwhelming pressure led them to take Klonopin together. Caitlin's worry (*"I don't want this to, like, ruin everything"*) reflects her awareness of the potential damage external factors can inflict on the relationship. This theme emphasizes the importance of communication, mutual support, and protecting the relationship dyad from external interference (particularly from her mother and societal wedding pressures).

## Sentiment Analysis

**Sentiments About Self**

Caitlin expressed predominantly negative sentiments about her current state and her ability to cope:

**Overwhelmed/Anxious**: This was the most frequent sentiment, reflected in statements like *"I'm feeling a lot of emotions, and I don't know how to control them,"* *"I haven't slept,"* and descriptions of having a *"breakdown."* The sentiment was one of being overcome by stress and unable to manage her internal state.  
**Self-Doubt/Insecurity**: Particularly regarding the ring and external judgments, Caitlin expressed significant self-doubt: *"Is my ring pretty enough? Is it big enough?"* and questioning her decisions. This negative sentiment reflects vulnerability to external validation and a lack of confidence in her own choices.  
**Frustration/Helplessness**: Especially concerning her mother's actions, Caitlin conveyed intense frustration and a sense of helplessness: *"How do I stop? Stop, stop it?"* This sentiment highlights her feeling trapped in a negative dynamic she doesn't know how to change.

**Sentiments About Others/External Situations**

Sentiments towards others were mixed, often negative regarding external pressures and her mother, but positive towards Kieran and her late father:

**Negative Judgment of Societal Pressures**: Caitlin expressed strong negative sentiment towards social media and societal expectations around engagements: *"Freaking goddamn social media, a society and status in bullshit... everyone judges you."* This reflects anger and frustration at external forces impacting her personal experience.  
**Ambivalence/Frustration towards Mother**: Sentiments towards her mother were overwhelmingly negative and frustrated due to her intrusive and shaming behavior. Phrases like *"badgering,"* *"went behind my back,"* and the therapist's identification of *"shame"* capture this negative sentiment.  
**Positive/Appreciative towards Kieran (mostly)**: Despite conflict over the ring, Caitlin's underlying sentiment towards Kieran seemed positive, appreciating his effort in the proposal and viewing their relationship as fundamentally sound. However, stress was clearly impacting this, leading to shared anxiety.  
**Positive/Connected towards Father**: Sentiments related to her late father were positive, involving connection and seeking his approval (*"Dad is so happy in heaven"*), albeit tinged with grief.  
**Negative towards Former Boss/Job**: While relieved to be out, her description of her boss's behavior conveyed negative sentiment regarding his manipulation and the stressful work environment.

**Sentiments About Therapy/Therapeutic Process**

Caitlin's sentiments towards therapy were generally positive and seeking:

**Seeking Guidance/Support**: She actively sought advice and validation from the therapist, particularly regarding boundary setting with her mother (*"How do I stop?"*). This reflects a positive view of therapy as a resource.  
**Openness/Receptivity**: Caitlin appeared receptive to the therapist*'s interpretations and suggestions, such as the explanation of her mother'*s shaming behavior and the importance of boundaries. This positive sentiment suggests motivation for change.

The overall sentiment ratio was heavily weighted towards negative emotions (anxiety, frustration, overwhelm, self-doubt) due to the convergence of multiple stressors. Positive sentiments were primarily linked to the core relationship with Kieran and connection with her father, highlighting these as potential sources of resilience.

# Key Points

• **Acute Stress from Multiple Life Changes**: Caitlin is experiencing significant emotional dysregulation due to the simultaneous impact of major positive (engagement) and negative (job loss) life events, compounded by external pressures and interpersonal conflict. Her inability to sleep and feeling overwhelmed highlight the severity of the stress response. Prioritizing distress tolerance, emotion regulation, and stress management skills is crucial for immediate stabilization.

• **Enmeshment with Mother as Primary Stressor**: The intrusive and shaming behavior of Caitlin's mother is a major contributing factor to her current distress, undermining her autonomy and exacerbating anxiety related to job loss and wedding planning. Assisting Caitlin in establishing and maintaining firm boundaries with her mother is a key therapeutic goal to protect her well-being and her relationship with Kieran.

• **Vulnerability to External Validation**: Caitlin's preoccupation with societal judgments regarding her engagement ring reveals an underlying vulnerability to external validation and social comparison, which significantly detracts from her ability to enjoy positive experiences. Addressing the cognitive distortions and core beliefs related to self-worth and external approval is necessary to build internal resilience against these pressures.

# Significant Quotes

*"I haven't slept since we got back because, like, I'm feeling a lot of emotions, and I don't know how to control them. Bailey's really taking over my brain lately, and I, like, don't know how to turn her off."*

Caitlin stated this early in the session, encapsulating her primary presenting problem: overwhelming emotional distress and a sense of losing control over her internal state. The mention of *"Bailey"* (her anxious/critical inner voice) highlights the internal cognitive component of her anxiety. This quote is significant because it sets the stage for the session, indicating severe emotional dysregulation triggered by recent events and revealing her struggle with managing intense emotions. It underscores the need for skills in distress tolerance and emotion regulation.

*"In today's world with freaking goddamn social media, a society and status in bullshit... everyone is getting like these, like... everyone judges you on how you get fucking engaged, what ring you get like... I think Bailey took over, and I was like, Is my ring pretty enough? Like, is it big enough?"*

This quote reveals the powerful impact of perceived societal pressures and external validation on Caitlin*'s experience of her engagement. It'*s significant because it illustrates how external comparisons can overshadow personal meaning and joy, turning a positive event into a source of intense anxiety and self-doubt. It highlights a core vulnerability related to social comparison and external approval, linking it directly to her internal critical voice (*"Bailey"*). This points to the need for cognitive restructuring around self-worth and external validation.

*"He went behind my back and was like, messaging people when I was on vacation... I don't think I got this babysitting gig because my mom was fucking messaging them... How do I stop? Stop, stop it. So I'm not like in that issue?"*

This quote details the extreme nature of her mother*'s intrusive behavior and Caitlin'*s resulting frustration and helplessness. It*'s significant because it exemplifies the severe boundary violations occurring and their tangible negative consequences (potentially losing a job opportunity). Caitlin'*s desperate plea (*"How do I stop?"*) underscores her recognition of the problem and her urgent need for strategies to establish autonomy. This highlights the critical importance of boundary-setting work in therapy to address this primary source of stress.

# Comprehensive Narrative Summary

Caitlin Dunn presented to today's session in a state of acute emotional distress, grappling with the turbulent aftermath of two major life events occurring in rapid succession: her engagement and the loss of her job. Her primary complaints centered on overwhelming anxiety, insomnia, and a feeling of being unable to manage the flood of emotions, attributing this internal turmoil partly to her critical inner voice, termed *"Bailey."*

The engagement, while desired, became a significant source of anxiety due to Caitlin*'s intense preoccupation with societal expectations and external judgments, particularly concerning the engagement ring. Despite the ring'*s deep sentimental value (incorporating her late father's diamond), Caitlin found herself consumed by worries about its size and appearance relative to perceived social standards, revealing a significant vulnerability to external validation that overshadowed her personal joy.

Compounding this stress, Caitlin lost her job the day following her engagement. While expressing some relief at leaving a difficult work environment managed by a manipulative boss, the job loss triggered significant anxiety about financial insecurity, loss of health insurance, and the practicalities of unemployment. This vulnerability unfortunately activated a problematic dynamic with her mother, who responded with intrusive interference and shaming criticism regarding Caitlin's job search efforts, including contacting potential employers behind her back.

This maternal enmeshment emerged as a central theme and a primary driver of Caitlin*'s current distress. She described feeling badgered, controlled, and undermined by her mother'*s actions, leading to intense frustration and a sense of helplessness. Caitlin expressed a clear desire to establish boundaries but lacked the confidence and skills to do so effectively within this long-standing enmeshed relationship, further complicated by the absence of her late father who previously mediated this dynamic.

The confluence of engagement pressures, job loss anxieties, and maternal conflict has placed considerable strain on Caitlin's relationship with her fiancé, Kieran, necessitating shared use of Klonopin to cope with a particularly stressful breakdown related to wedding planning pressures. While the core relationship appears strong, the external stressors pose a tangible threat that requires careful navigation.

Therapeutically, the focus must be on equipping Caitlin with skills to manage her acute anxiety and emotional dysregulation, primarily through DBT-informed techniques for distress tolerance and emotion regulation. Simultaneously, intensive work on boundary setting with her mother is crucial to reduce external stress and foster autonomy. Cognitive restructuring targeting perfectionism and vulnerability to external validation is also indicated. Supporting Caitlin and Kieran in protecting their relationship from external pressures and validating the significant stress of navigating multiple major life transitions simultaneously are essential components of the treatment plan.

# Progress Note: Chris Balabanick - 5/28/2025

Comprehensive Clinical Progress Note for Chris Balabanick's Therapy Session on May 28, 2025

Chris presented to today's session with a somewhat guarded demeanor, initially deflecting from discussing personal matters by referencing political events: *"I'm not gonna tell you... it just won't fucking matter. It genuinely wouldn't matter... the continuing collapse of Donald Trump administration... in a week's time that will be out of date."* This deflection appeared to serve as a protective mechanism before engaging with more personally relevant content.

When prompted to rate his current emotional state, Chris indicated a conditional *"seven"* on a scale of one to ten, qualifying this rating with: *"If I get to do things even semiconductor, as I intend to."* This statement suggests that Chris's sense of well-being is closely tied to his perceived ability to execute tasks according to his standards and intentions, revealing a potential theme of control and competence as central to his self-concept.

Chris then shared a recent interpersonal experience at his parents*' home during his mother'*s birthday celebration. He described feeling ambivalent about socializing with his parents' friends: *"I could sit here and read this book would probably way worth my time, much more than talking to me, useful spouse."* Despite this reluctance, he reported making an effort to engage: *"I talked to them, I asked them, opening the questions. I got them talking, and they're telling, like, story after story after story."*

Chris expressed frustration when the conversation unexpectedly shifted to his career prospects: *"And then all of a sudden, just outside, Oh, which one from future work?"* His reaction—*"Oh, so this is how we want to"*—suggests he felt manipulated or cornered into a conversation topic he had been trying to avoid. He characterized this interaction as being *"finagled... into something I wasn't wanting to be part of,"* indicating a sense of boundary violation and loss of conversational control.

The session was notably brief, with limited exploration of Chris's emotional responses to these interactions. His communication style was terse and somewhat fragmented, requiring significant clarification and elaboration from the therapist. The transcript ends abruptly with banter between Chris and the therapist that appears to use humor, albeit somewhat crude, possibly as a way to diffuse tension or avoid deeper emotional exploration.

# Objective

Chris presented to the session with clear speech but somewhat fragmented thought patterns, requiring clarification from the therapist at several points. His affect appeared restricted, with limited emotional expression beyond frustration when discussing the interaction with his parents' friends. He engaged in the session with apparent ambivalence, willing to participate but resistant to deep exploration of emotional content.

Chris demonstrated a tendency toward intellectualization and deflection, initially focusing on political events rather than personal experiences. When discussing personal matters, his speech was characterized by brief, sometimes incomplete statements that required interpretation and elaboration from the therapist. This communication pattern may reflect difficulty articulating emotional experiences or resistance to vulnerability within the therapeutic relationship.

His non-verbal presentation was difficult to fully assess from the transcript, but his reported behavior at his parents' gathering suggests a capacity for social engagement despite internal reluctance. He described making deliberate efforts to ask questions and facilitate conversation, indicating awareness of social expectations and some ability to conform to them when motivated to do so.

Chris showed insight into interpersonal dynamics, recognizing when he felt manipulated in conversation (*"I just got finagled"*). However, the transcript provides limited evidence of his ability to connect this insight to broader patterns in his relationships or emotional responses.

The session ended with an exchange of crude humor between Chris and the therapist, potentially indicating rapport but also possibly serving as a mechanism to avoid deeper therapeutic work. This pattern of using humor, particularly sexualized or provocative humor, may represent a defensive strategy against vulnerability or emotional intimacy.

# Assessment

Chris presents with symptoms consistent with avoidant personality traits, characterized by reluctance to engage in social situations without guarantees of acceptance, preoccupation with criticism or rejection, and self-perception as socially inept or personally unappealing. His description of preferring to read rather than engage with his parents' friends, despite making efforts to participate, suggests significant social anxiety and ambivalence about interpersonal connections.

His conditional rating of his emotional state as a *"seven"* only *"if I get to do things even semiconductor, as I intend to"* indicates that his sense of well-being is heavily contingent on perceived control and competence. This suggests potential perfectionism and rigid standards for self-evaluation that may contribute to avoidance behaviors and emotional distress when these standards cannot be met.

Chris*'s communication style—characterized by deflection, intellectualization, and use of crude humor—appears to serve as a defensive strategy against vulnerability. His initial focus on political events rather than personal experiences may reflect difficulty engaging with emotional content or fear of judgment within the therapeutic relationship. Similarly, the session'*s conclusion with sexualized banter may represent an attempt to establish connection while maintaining emotional distance.

The reported interaction at his parents' home reveals significant sensitivity to perceived manipulation or boundary violations in social contexts. His frustration when the conversation turned to his career suggests this may be an area of particular vulnerability, possibly related to unmet expectations, perceived failure, or external pressure. The limited information in the transcript makes it difficult to fully assess the nature of this vulnerability, but it appears to be a significant source of distress.

Chris demonstrates some strengths, including social awareness and capacity for deliberate engagement despite discomfort. His ability to recognize when he feels manipulated in conversation shows insight into interpersonal dynamics, though the transcript provides limited evidence of his ability to use this insight constructively.

The therapeutic relationship appears to include elements of rapport and humor, but may be characterized by mutual avoidance of deeper emotional exploration. The therapist*'s participation in crude humor at the session'*s conclusion may reinforce Chris's avoidant patterns rather than facilitating greater vulnerability and emotional processing.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:** Implement ACT strategies to help Chris develop greater psychological flexibility and willingness to experience uncomfortable emotions without avoidance. Focus on clarifying his values related to interpersonal connections and career development, and identifying how avoidance behaviors may be preventing him from living in alignment with these values.

**Dialectical Behavior Therapy (DBT) Skills Training:** Introduce specific interpersonal effectiveness skills to help Chris navigate social situations with greater confidence and less anxiety. Teach emotion regulation techniques to manage distress in situations where he feels manipulated or pressured, particularly around career discussions.

**Cognitive Restructuring:** Work with Chris to identify and challenge cognitive distortions related to social interactions and performance expectations. Focus particularly on all-or-nothing thinking patterns suggested by his conditional well-being rating and perfectionist tendencies.

**Narrative Therapy Approaches:** Explore Chris's narrative around career and social identity, helping him develop a more nuanced and compassionate self-story that accommodates both strengths and challenges. Use externalization techniques to separate his identity from problems like social anxiety or perceived failure.

**Therapeutic Relationship Development:** Address potential patterns of avoidance within the therapeutic relationship itself, including the use of humor as a deflection strategy. Work toward establishing a relationship that models emotional safety and authentic connection while respecting Chris's pace for vulnerability.

**Boundary Exploration and Development:** Help Chris clarify his personal boundaries in various relationships, particularly with family members, and develop more effective strategies for communicating and maintaining these boundaries without complete withdrawal.

**Gradual Exposure to Social Situations:** Develop a hierarchy of anxiety-provoking social situations and implement gradual exposure exercises, starting with scenarios that generate minimal anxiety and progressing toward more challenging interactions.

**Follow-up:** Schedule next session to continue exploring the themes of social anxiety, career concerns, and family dynamics. Monitor Chris's willingness to engage with therapeutic interventions and adjust approach as needed to build trust and therapeutic alliance.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Political Deflection to Personal Reluctance:**

The session began with Chris adopting a dismissive, intellectualizing tone when discussing political events: *"I'm not gonna tell you... it just won't fucking matter."* His language was definitive and somewhat detached, creating emotional distance through focus on external events rather than personal experiences. When the conversation shifted to his experience at his parents' home, his tone became more personally invested but still marked by reluctance: *"I could sit here and read this book would probably way worth my time."* This tonal shift reveals how Chris uses different avoidance strategies—intellectual detachment and expressed reluctance—to maintain emotional distance while still participating in conversation. The shift from political commentary to personal experience represents a small but significant movement toward vulnerability, though still heavily guarded.

**Shift 2: From Social Compliance to Frustrated Authenticity:**

When describing his interaction with his parents*' friends, Chris'*s tone shifted from one of resigned compliance to frustrated authenticity. Initially, he described his social efforts in a matter-of-fact, somewhat mechanical tone: *"I talked to them, I asked them, opening the questions. I got them talking."* This suggests a learned, performative approach to social interaction rather than genuine engagement. When recounting the moment the conversation turned to his career, his tone shifted markedly to one of frustration and recognition: *"Oh, so this is how we want to... I just got finagled."* This tonal shift reveals the tension between Chris's public compliance with social expectations and his private resistance to them, particularly around topics that appear to trigger vulnerability or insecurity. The shift from compliance to frustration represents a moment of authentic emotional expression within an otherwise guarded presentation.

**Shift 3: From Guarded Vulnerability to Defensive Humor:**

As the session progressed toward potentially deeper emotional territory, Chris*'s tone shifted from cautious vulnerability to crude, defensive humor. The therapist'*s attempt to explore Chris's feelings about the interaction (*"tell me more about what the feelings... what all was brought up"*) was met initially with brief, somewhat fragmented responses suggesting emotional discomfort. The session then abruptly shifted to an exchange of sexualized banter, marked by a tone of false intimacy and provocative humor. This tonal shift likely represents a defensive maneuver to avoid the vulnerability invited by the therapist's questions. By shifting to crude humor, Chris effectively derailed the therapeutic exploration while maintaining a surface-level connection with the therapist. This pattern suggests significant anxiety around emotional vulnerability and a reliance on humor as a safety behavior.

## Thematic Analysis

**Theme 1: Avoidance and Deflection as Coping Strategies:**

A central theme throughout the session was Chris's use of various avoidance and deflection strategies to manage anxiety and maintain emotional distance. This manifested in multiple ways: his initial focus on political events rather than personal experiences; his expressed preference for reading over socializing; and his use of crude humor to derail potentially vulnerable therapeutic exploration. These behaviors appear to serve a protective function, shielding Chris from perceived judgment or rejection in both social and therapeutic contexts. His statement that discussing politics *"genuinely wouldn't matter"* because it would soon be *"out of date"* suggests a broader tendency to dismiss potential topics of engagement as irrelevant or transient, perhaps as a way to justify avoidance. This theme connects to potential underlying fears of inadequacy or rejection that make vulnerability feel threatening.

**Theme 2: Control and Competence as Core Values:**

Chris's conditional rating of his emotional state—a *"seven"* only *"if I get to do things even semiconductor, as I intend to"*—reveals the central importance of perceived control and competence to his sense of well-being. This theme was further reinforced by his frustration at being *"finagled"* into a conversation about his career, suggesting that loss of conversational control and potential exposure of career concerns represented a significant threat. Chris appears to evaluate himself primarily through the lens of competence and control, with his emotional state contingent on meeting rigid internal standards. This theme connects to potential perfectionism and fear of failure that may underlie his avoidance behaviors and social anxiety.

**Theme 3: Ambivalence About Social Connection:**

Throughout the session, Chris demonstrated significant ambivalence about social connection—simultaneously engaging in social behaviors while internally resisting them. His description of attending his mother's birthday gathering while preferring to read, and making conversation while feeling manipulated, illustrates this tension. This ambivalence likely reflects competing needs for connection and safety, with social situations representing both an opportunity for belonging and a threat of judgment or rejection. His efforts to facilitate conversation despite his reluctance suggest that connection holds value for him, despite the anxiety it generates. This theme connects to potential attachment insecurities and fear of vulnerability that complicate his approach to relationships.

**Theme 4: Authenticity Versus Performance in Relationships:**

Chris*'s description of his social interaction revealed a theme of tension between authentic self-expression and performative social behavior. His account of deliberately asking questions and facilitating conversation suggests awareness of social expectations and ability to perform accordingly, while his frustration at the career question indicates limits to this performance when authentic vulnerabilities are triggered. This theme connects to questions of identity and self-worth that may be central to Chris'*s psychological struggles: To what extent can he be authentically himself in relationships? How much of his social behavior is performance versus genuine connection? The limited exploration of this theme in the session suggests it may be a fruitful area for future therapeutic work.

## Sentiment Analysis

**Sentiments About Self**

Chris expressed predominantly negative or ambivalent sentiments about himself throughout the session:

**Conditional Self-Worth:** His rating of his emotional state as contingent on meeting his standards for task performance suggests that his self-regard is highly conditional and performance-based. This sentiment reflects potential perfectionism and rigid self-evaluation that may contribute to chronic dissatisfaction and anxiety.

**Social Inadequacy:** His preference for reading over socializing and his frustration when navigating social expectations suggest a sentiment of social inadequacy or discomfort. While not explicitly stated, his behavior implies a belief that social interactions are effortful and potentially threatening rather than naturally rewarding.

**Vulnerability Around Career:** His strong reaction to questions about his *"future work"* suggests negative sentiment about this aspect of his identity, possibly including shame, insecurity, or frustration. The limited exploration of this topic in the session prevents more specific analysis, but his avoidance suggests significant negative sentiment in this area.

**Sentiments About Others/External Situations**

Chris's sentiments toward others and external situations were mixed but predominantly negative:

**Dismissiveness Toward Political Events:** His characterization of political developments as things that *"won't fucking matter"* and will be *"out of date"* in a week reflects a sentiment of dismissiveness or futility toward external events, possibly extending to a broader nihilistic or cynical worldview.

**Ambivalence Toward Family Obligations:** His description of attending his mother's birthday gathering suggests a sentiment of resigned obligation rather than enthusiasm, though he did not express explicit negative sentiment toward his parents themselves.

**Wariness Toward Parents' Friends:** His characterization of their conversation as less valuable than reading and his frustration at feeling *"finagled"* suggests a sentiment of wariness or suspicion toward their motives, particularly regarding questions about his career.

**Sentiments About Therapy/Therapeutic Process**

Chris's sentiments toward the therapeutic process were difficult to assess from the limited transcript but appeared mixed:

**Cautious Engagement:** His willingness to participate in the session while maintaining emotional distance through various avoidance strategies suggests a sentiment of cautious engagement with therapy—neither fully committed nor entirely resistant.

**Comfort with Humor:** The exchange of crude humor at the session's conclusion suggests some comfort with the therapist, though this may represent a form of false intimacy rather than genuine therapeutic alliance.

**Resistance to Vulnerability:** His deflection from deeper emotional exploration suggests a sentiment of wariness or resistance toward the vulnerability invited by the therapeutic process, possibly reflecting concerns about judgment or exposure.

The overall sentiment ratio was weighted toward negative or ambivalent expressions, with limited positive sentiment expressed throughout the session. This pattern aligns with the assessment of avoidant personality traits and social anxiety, suggesting significant emotional distress beneath Chris's guarded presentation.

# Key Points

• **Avoidance as Primary Coping Strategy**: Chris demonstrates a consistent pattern of avoidance behaviors—including intellectualization, deflection, and humor—to manage anxiety and maintain emotional distance in both social and therapeutic contexts. These strategies, while providing short-term relief from discomfort, likely contribute to long-term difficulties with authentic connection and emotional processing. Therapeutic interventions should focus on gradually building tolerance for vulnerability while respecting his need for psychological safety.

• **Conditional Self-Worth Based on Control and Competence**: Chris's emotional well-being appears heavily contingent on his perceived ability to execute tasks according to his standards, suggesting perfectionism and rigid self-evaluation that may contribute to chronic dissatisfaction and anxiety. His strong reaction to career-related questions indicates this may be an area of particular vulnerability. Exploring and challenging these conditional self-worth beliefs is essential for developing more sustainable sources of self-esteem and emotional regulation.

• **Social Ambivalence and Performance Anxiety**: Despite making efforts to engage socially, Chris expresses significant ambivalence about social interactions and appears to experience them as performative rather than naturally rewarding. This tension between desire for connection and fear of judgment likely contributes to social anxiety and avoidance behaviors. Developing more authentic and comfortable ways of engaging socially while honoring his introverted tendencies represents an important therapeutic goal.

# Significant Quotes

*"This isn't a final but if I get to do things even semiconductor, as I intend to, I [would rate it a seven]."*

This statement, made in response to the therapist*'s question about his current emotional state, reveals Chris'*s conditional approach to self-evaluation and well-being. The phrase *"if I get to do things even semiconductor, as I intend to"* suggests that his sense of satisfaction is heavily contingent on meeting his standards for task performance and maintaining a sense of control. The use of *"semiconductor"* (likely meaning *"somewhat"* or *"semi-competently"*) indicates that he holds high standards for himself, with even partial competence being a condition for positive emotional states. This quote is significant because it illuminates a core aspect of Chris's psychological functioning: his tendency to base his self-worth and emotional well-being on perceived competence and control rather than unconditional self-acceptance. This conditional self-regard likely contributes to chronic anxiety, perfectionism, and difficulty experiencing satisfaction or peace.

*"I could sit here and read this book would probably way worth my time, much more than talking to me, useful spouse. But just practice that right? And, you know, I talked to them, I asked them, opening the questions. I got them talking, and they're telling, like, story after story after story."*

This quote describes Chris*'s experience at his mother'*s birthday gathering, revealing his ambivalence about social interaction and his approach to managing it. His assertion that reading would be *"way worth my time"* compared to socializing reflects his discomfort with or devaluation of social connection. The phrase *"useful spouse"* appears to be a transcription error but may refer to his perception of the expected social role. Despite this reluctance, he describes deliberately engaging in social behaviors—asking questions and facilitating conversation—suggesting awareness of social expectations and ability to conform to them despite internal resistance. This quote is significant because it illustrates the tension between Chris's authentic preferences and his capacity for social performance, a dynamic that likely generates significant anxiety and contributes to his avoidant tendencies.

*"And then all of a sudden, just outside, Oh, which one from future work? And I was like, Oh, yeah. What a good question that is. I'm like, Oh, so this is how we want to... I just got finagled and then into something. I wasn't I wasn't wanting to be part of."*

This quote describes the moment when conversation at his parents*' gathering turned to Chris'*s career prospects, triggering a strong negative reaction. His sarcastic response (*"What a good question that is"*) and characterization of being *"finagled"* into an unwanted conversation suggest that career discussions represent a significant vulnerability or source of distress. The fragmented nature of his description (*"Oh, so this is how we want to... I just got finagled"*) indicates emotional activation that disrupted his typically more controlled communication style. This quote is significant because it reveals both a specific trigger for Chris's anxiety (career discussions) and his experience of social interactions as potentially manipulative or boundary-violating. Understanding this sensitivity provides important context for his avoidant behaviors and offers a potential focus for therapeutic intervention.

# Comprehensive Narrative Summary

Chris Balabanick presented to today's session demonstrating a complex interplay of avoidance strategies, conditional self-worth, and social ambivalence that appear to significantly impact his emotional well-being and interpersonal functioning. Throughout the brief interaction, he employed various mechanisms—including political deflection, intellectualization, and crude humor—to maintain emotional distance while still participating in the therapeutic process, suggesting significant anxiety around vulnerability and potential judgment.

Central to Chris's presentation was his conditional approach to self-evaluation, with his emotional state rated as positive only if he could meet his standards for task performance. This contingent self-worth appears to create a precarious psychological state where his sense of well-being is constantly at risk from perceived failures or loss of control. Such perfectionism likely contributes to chronic anxiety and avoidance behaviors designed to protect him from situations where his competence might be questioned.

The session revealed particular sensitivity around career discussions, as evidenced by his strong reaction to being *"finagled"* into this topic at his mother*'s birthday gathering. While the specific nature of his career concerns remains unexplored due to the session'*s brevity and his avoidance strategies, this area clearly represents a significant vulnerability that warrants gentle but persistent therapeutic attention. His characterization of the interaction as manipulative suggests he may experience external interest in his career as pressure or criticism rather than support, possibly reflecting internalized shame or fear of failure.

Despite his avoidant tendencies, Chris demonstrated capacity for social engagement and awareness of interpersonal dynamics. His description of deliberately asking questions and facilitating conversation at his parents' gathering, despite his preference for reading, indicates both understanding of social expectations and ability to conform to them when motivated. This capacity represents an important strength that can be built upon therapeutically, potentially developing more authentic and comfortable ways of connecting that honor both his introverted tendencies and human need for belonging.

The therapeutic relationship itself appears to mirror some of Chris*'s broader relational patterns, with engagement maintained through intellectual discussion and humor while deeper emotional exploration is avoided. The session'*s conclusion with crude, sexualized banter likely represents a mutual collusion in avoidance that, while establishing surface rapport, ultimately reinforces Chris's difficulty with vulnerability. Future therapeutic work would benefit from gentle but consistent challenging of these avoidance patterns within the therapeutic relationship itself, modeling the possibility of emotional safety even in the presence of vulnerability.

Moving forward, therapeutic interventions should focus on gradually building Chris's tolerance for uncomfortable emotions without overwhelming his current coping capacity. Acceptance and Commitment Therapy approaches may be particularly beneficial in helping him develop greater psychological flexibility and willingness to experience anxiety without avoidance, while clarifying the values that might motivate such difficult emotional work. Simultaneously, cognitive restructuring targeting his conditional self-worth and perfectionist standards could help develop more sustainable sources of self-esteem less dependent on perceived competence or control.

The brevity of the session and Chris's effective avoidance strategies limited the depth of exploration possible, leaving many aspects of his experience and history unexplored. However, even this brief interaction revealed significant themes of avoidance, perfectionism, and social ambivalence that provide direction for future therapeutic work. With consistent support and gradual exposure to vulnerability within the safety of the therapeutic relationship, Chris may develop greater capacity for authentic connection and emotional resilience over time.

# Progress Note: David Grossman - 5/28/2025

Comprehensive Clinical Progress Note for David Grossman's Therapy Session on May 28, 2025

David presented to today's session with significant preoccupation regarding several interpersonal conflicts and relationship dynamics. He began by discussing a recent incident with a patient that had caused him professional concern, stating, *"I was pretty upset. So Tuesday morning, first thing, I called the risk management office at NYU."* David described a situation where a patient had misinterpreted his attempt to reach out about a medical clearance as a romantic overture, prompting him to proactively contact risk management to document the misunderstanding. His detailed recounting of this incident, including his conversations with colleagues about the patient, suggested significant anxiety about potential professional repercussions.

David then shifted to discussing family dynamics, particularly focusing on his sister and brother-in-law, with whom he appears to have a strained relationship. He shared a text message from his sister regarding his daughter's upcoming wedding, which he interpreted as manipulative: *"Don't forget to clue me in."* David expressed intense frustration about this interaction, describing himself as *"seething all day"* and stating he *"almost had a stroke"* during a subsequent phone call with his sister regarding their parents' finances. The emotional intensity with which he described these interactions suggests deep-seated resentment and unresolved conflict within the family system.

Throughout the session, David frequently referenced his daughter Lindsay's upcoming wedding, which appears to be a significant source of both joy and stress. He mentioned financial aspects of the wedding and expressed concern about family dynamics potentially affecting the event. His parents have offered additional financial support, which he quoted as: *"We were just talking about... do you need more money for the wedding we would give you all good."* This offer seemed to both please and concern David, particularly regarding his sister's potential reaction.

David also discussed his romantic interest in a woman named Christy, who is currently experiencing significant personal challenges related to her children's health. He shared text exchanges with her and expressed uncertainty about the appropriate level of engagement: *"I don't want to text her every day."* David described feeling conflicted about his attraction to her given her current circumstances, stating, *"I was like, kind of over it, but now I'm not again."* He sought validation that his continued interest was appropriate despite her challenging situation.

Additionally, David mentioned his son Alex's upcoming internship, academic pursuits, and a recent incident where Alex was *"barred from the house"* due to potential illness concerns from David*'s wife'*s friend Lindsay. He expressed frustration about this situation but appeared to accept it with resignation.

# Objective

David presented as articulate and engaged throughout the session, demonstrating a rapid speech pattern with frequent topic changes that suggested heightened anxiety. His affect was primarily anxious and irritable, particularly when discussing his sister and brother-in-law, though he showed appropriate range when shifting to topics about his children or romantic interest. He maintained good eye contact and demonstrated awareness of social cues, frequently checking for the therapist's reactions and validation.

David's thought process was generally logical but showed some tangential qualities, particularly when emotionally activated. He would often begin discussing one topic (such as the patient misunderstanding) before abruptly shifting to another emotionally charged subject (family dynamics) without clear transitions. This pattern suggests that his anxiety may interfere with his ability to process one emotional challenge before moving to the next.

His emotional expression was most intense when discussing his sister, with visible signs of anger including tense body language and emphatic speech patterns. Statements such as *"I couldn't fucking believe that she sent me that"* and descriptions of *"seething"* indicate significant emotional dysregulation around this relationship. In contrast, when discussing his romantic interest in Christy, his presentation softened, showing vulnerability and uncertainty.

David demonstrated insight into some patterns, acknowledging that *"anger is much easier than anxiety"* when reflecting on his reaction to his sister*'s text. However, he showed limited awareness of how his own communication patterns might contribute to family conflict, instead positioning himself primarily as responding to others'* manipulations.

His problem-solving approach appeared action-oriented but potentially reactive, as evidenced by his immediate call to risk management and his detailed planning around financial matters with his sister. This suggests a tendency to address anxiety through concrete action rather than emotional processing.

Throughout the session, David frequently sought validation from the therapist, asking questions like *"am I still on target with what I'm doing?"* and *"I'm playing brandy correctly, even though I'm not trying to just, like, no, no?"* This pattern indicates some insecurity about his interpersonal choices and a desire for external guidance.

# Assessment

David presents with symptoms consistent with Adjustment Disorder with mixed anxiety and depressed mood (F43.23), as evidenced by his emotional and behavioral responses to multiple identifiable stressors including his daughter's upcoming wedding, family conflicts, and professional concerns. His emotional distress exceeds what would typically be expected given the nature of these stressors, and his functioning appears to be impacted, particularly in his family relationships.

The primary psychological dynamics observed include:

**Conflict Avoidance with Underlying Resentment:** David demonstrates a pattern of avoiding direct confrontation while harboring significant resentment, particularly toward his sister and brother-in-law. His description of being advised not to respond to his sister's text (*"Don't answer"*) and his satisfaction in withholding response (*"As long as you don't take the bait ever, it will keep him seething"*) suggests passive-aggressive tendencies that likely perpetuate rather than resolve family conflict. This pattern may stem from early family dynamics where direct expression of anger was discouraged or punished.

**Anxiety Management Through Control:** David exhibits a strong need for control as a means of managing anxiety, particularly evident in his handling of financial matters and professional concerns. His immediate call to risk management and detailed management of his parents*' finances suggest that he attempts to mitigate uncertainty through proactive control measures. When this control is threatened (as with his sister'*s involvement in financial matters), his anxiety significantly increases.

**Caregiver Identity with Boundary Issues:** David identifies himself as a *"caregiver"* multiple times during the session, suggesting this is a core aspect of his self-concept. This identity appears to influence his romantic attraction to Christy, who is in a vulnerable position with significant caregiving responsibilities of her own. His statement *"I genuinely care about her... Is it a my caregiver? I don't know you are a caregiver"* suggests some insight into this pattern but limited understanding of how it might create boundary issues or unhealthy relationship dynamics.

**Emotional Compartmentalization:** David demonstrates a tendency to compartmentalize emotions, particularly evident in his rapid shifts between topics and emotional states. This may serve as a defense mechanism against fully experiencing painful emotions, but likely contributes to unresolved emotional issues that resurface in various relationships.

David's strengths include his intelligence, self-awareness regarding some patterns, willingness to seek guidance, and genuine care for his children and others in his life. His proactive approach to problem-solving, while sometimes reactive, demonstrates resourcefulness and agency.

Risk factors include his intense family conflict, which may escalate around the wedding; his attraction to someone in a vulnerable position (Christy), which could lead to boundary violations or emotional complications; and his tendency toward emotional dysregulation when triggered by family dynamics, which may impact his professional judgment or personal relationships.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Implement mindfulness practices to help David develop greater awareness of his emotional reactions without immediate action, particularly regarding family triggers. This will help interrupt the reactive cycle that perpetuates family conflict.  
Explore values clarification regarding family relationships, professional identity, and romantic partnerships to help David make choices aligned with his deeper values rather than emotional reactivity.  
Develop psychological flexibility through defusion techniques, helping David create distance from thought patterns that intensify his anxiety and anger, particularly catastrophic thinking about professional risks and attributions of malicious intent to family members.

**Dialectical Behavior Therapy (DBT) Skills Training**:  
Teach emotion regulation skills to help David manage intense anger and anxiety, particularly in response to family triggers. Focus on identifying emotional escalation earlier and implementing self-soothing techniques.  
Introduce interpersonal effectiveness skills to help David communicate more directly and effectively with family members, reducing reliance on passive-aggressive strategies that ultimately increase his distress.  
Practice distress tolerance techniques to help David sit with uncomfortable emotions rather than immediately acting to reduce anxiety through control measures.

**Narrative Therapy Approaches**:  
Explore David's narrative around being the *"responsible one"* in his family and how this story influences his reactions to his sister and financial matters. Help him develop a more nuanced narrative that allows for shared responsibility and reduced resentment.  
Examine the caregiver narrative that appears to influence his romantic attractions and professional identity, helping him distinguish between healthy caring and potentially problematic caretaking dynamics.  
Use externalization techniques to separate David from his anger and anxiety, allowing him to view these emotions as responses to be observed rather than defining characteristics.

**Specific Interventions**:  
Develop a communication plan for wedding-related family interactions that allows David to maintain boundaries while minimizing conflict.  
Explore the dynamics of David's attraction to Christy, helping him distinguish between genuine connection and potential caretaking patterns that might lead to an imbalanced relationship.  
Practice grounding techniques to use when emotionally activated by family triggers, helping interrupt the cycle of rumination and reactivity.  
Schedule a session closer to the wedding date to process emotions and prepare strategies for managing family dynamics during this significant event.

**Follow-up:** Continue weekly sessions to monitor progress with emotion regulation and family communication strategies. Reassess approach after the wedding to determine ongoing treatment needs and focus.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Professional Concern to Relief:**

The session began with David recounting his professional concern about a patient misunderstanding with a tone of anxiety and vigilance. His language was precise and detail-oriented as he described calling risk management and documenting the interaction. When describing the risk management representative's response—*"Oh yeah, she goes, you know, misunderstanding, you know, clearly a miscommunication"*—his tone shifted noticeably to relief and validation. This tonal shift reveals how important external validation is to David's sense of security, particularly in professional contexts where his identity appears strongly tied to competence and propriety. The shift from anxiety to relief demonstrates his tendency to seek resolution through external validation rather than internal reassurance, a pattern that likely extends to other areas of his life.

**Shift 2: From Measured Recounting to Intense Anger:**

When the conversation shifted to his sister*'s text message about the wedding, David'*s tone transformed dramatically from the relatively measured recounting of the professional incident to one of intense anger and indignation. His language became more profane and emphatic: *"I couldn't fucking believe that she sent me that"* and *"I was seething all day."* This tonal shift reveals the depth of emotional triggering that family dynamics create for David, suggesting that his sister represents a significant emotional vulnerability that bypasses his usually more controlled professional demeanor. The abruptness of this shift suggests that family triggers may activate more primitive emotional responses that David struggles to modulate, despite his otherwise articulate and measured communication style.

**Shift 3: From Anger to Strategic Calculation:**

As David continued discussing his sister, his tone shifted again from raw anger to strategic calculation when describing how he handled the situation: *"I didn't even talk because it was on my iPhone, like, I, you know, conference it."* His tone became almost satisfied when recounting how he managed the interaction without direct confrontation. This shift reveals David's tendency to transform emotional vulnerability into control-seeking behavior, finding satisfaction in indirect ways of managing conflict rather than addressing the underlying emotional pain. The strategic tone suggests that David has developed sophisticated avoidance mechanisms that allow him to feel a sense of victory without the risk of direct confrontation.

**Shift 4: From Strategic to Vulnerable:**

When the conversation turned to his romantic interest in Christy, David's tone shifted markedly from strategic to vulnerable. His questions became more tentative—*"I don't want to text her every day"* and *"So do you think that she'll ever be able to, like, have a moment for herself"*—revealing genuine uncertainty and emotional investment. This tonal shift demonstrates that despite his generally controlled presentation, David experiences authentic vulnerability in romantic contexts, particularly when attracted to someone in a complicated situation. The softer, more questioning tone suggests that romantic relationships may be an area where David is more willing to acknowledge uncertainty and seek guidance, in contrast to his more definitive approach to professional and family matters.

**Shift 5: From Vulnerability Back to Strategic Planning:**

Near the session*'s end, when discussing logistics for the upcoming days, David'*s tone shifted back to strategic planning and schedule management. His language became more directive and certain: *"So that so we got that covered. You'll let me know about Saturday, but you won't forget, like, the sleep stuff?"* This return to a planning-oriented tone suggests that David may use practical matters as a way to regain emotional equilibrium after periods of vulnerability. The shift demonstrates his tendency to retreat to concrete planning as a comfort zone when emotional exploration becomes too intense or uncomfortable.

**Shift 6: From Strategic Planning to Philosophical Reflection:**

In a brief but notable shift near the session*'s end, David'*s tone moved from practical planning to philosophical reflection when considering his caregiver identity: *"I genuinely, like, I really care about her. Yeah, you know that I do. Yes, I don't know why it's I just that's, is it a my caregiver? I don't know you are a caregiver."* This momentary shift to a more contemplative tone reveals David's capacity for self-reflection and desire to understand his own patterns, even if these moments are brief and quickly followed by returns to more concrete discussion. This tonal shift suggests potential openness to deeper therapeutic work around identity and relationship patterns if given space and encouragement.

## Thematic Analysis

**Theme 1: Control as Security in Uncertainty:**

A dominant theme throughout the session was David*'s use of control as a mechanism for managing anxiety and uncertainty. This manifested in multiple contexts: his immediate call to risk management to document a patient misunderstanding; his detailed management of his parents'* finances; his strategic approach to communication with his sister; and his careful planning around schedules and logistics. The statement *"I called the bank at like, three, okay, and I said, blah, blah, blah. I closed the account"* exemplifies his tendency to take concrete action to establish control when feeling emotionally threatened.

This theme connects to David*'s likely early experiences where control may have been a primary adaptation to unpredictability or emotional insecurity. His satisfaction in managing situations through strategic action suggests that control has become a core coping mechanism that provides temporary relief from anxiety but may ultimately limit his capacity for emotional processing and authentic connection. The therapist'*s validation of his control strategies—*"I'm glad you went and you went and got it documented. I mean, that is something smart"*—may inadvertently reinforce this pattern rather than encouraging exploration of the underlying anxiety.

**Theme 2: Family Scripts and Role Expectations:**

The session revealed significant themes around family scripts and role expectations, particularly evident in David's conflict with his sister and brother-in-law. The therapist explicitly named this theme: *"People play a part. It's the scripts people play. It really is. It's a script that people are handed like you're you're the oldest son. Here's the script."* David's response—*"And if you rebel against the script, then you're weird"*—indicates his awareness of these dynamics but also his struggle to break free from them.

David appears to occupy the role of the *"responsible son"* who manages parental finances and resents his sister*'s attempts to participate in this domain. His description of his sister'*s behavior as manipulative and controlling suggests projection of his own controlling tendencies, with both siblings potentially locked in complementary roles that perpetuate conflict. This theme connects to broader cultural and family system dynamics around gender, birth order, and responsibility allocation that likely originated in David's family of origin and continue to play out in his current family relationships.

**Theme 3: Caretaking as Identity and Attraction Pattern:**

David repeatedly identified himself as a *"caregiver"* during the session, revealing this as a core aspect of his self-concept that influences both his professional identity and romantic attractions. His attraction to Christy, who is experiencing significant challenges with her children's health, appears connected to this caretaking identity: *"I'm a caregiver. That's what I did was then."* The therapist's response—*"yes, speaking of which I need..."*—inadvertently reinforced this identity by immediately placing David in a helping role.

This theme connects to potential early experiences where David*'s value may have been tied to his usefulness or caretaking abilities. His attraction to someone in a vulnerable position raises questions about power dynamics and the potential for relationships based on caretaking rather than mutual growth. The revelation about Christy'*s children not being biologically hers adds another layer to this dynamic, suggesting that David may be drawn to complex caretaking situations that reinforce his helper identity while potentially avoiding more equal partnerships that might challenge his self-concept.

**Theme 4: Avoidance of Direct Conflict Through Strategic Communication:**

A recurring theme throughout the session was David*'s tendency to avoid direct conflict through strategic communication choices. This was particularly evident in his handling of his sister'*s text message, where he followed advice not to respond directly: *"Don't take the bait. The bait is, don't forget to clue me in this."* Rather than addressing the underlying conflict, David found satisfaction in withholding response as a form of passive power: *"As long as you don't take the bait ever, it will keep him seething and her stuck in limbo, Purgatory."*

This theme connects to potential early experiences where direct expression of anger or disagreement may have been discouraged or punished. David*'s sophisticated avoidance strategies suggest long-standing patterns of indirect communication that allow him to maintain a self-image as reasonable while still engaging in power struggles. The therapist'*s reinforcement of these strategies—*"You're doing everything. I You did everything perfect"*—may inadvertently strengthen this pattern rather than encouraging more direct and potentially healing communication approaches.

## Sentiment Analysis

**Sentiments About Self**

David expressed mixed sentiments about himself throughout the session, with notable patterns emerging:

**Professional Competence:** David generally expressed positive sentiment about his professional judgment, taking pride in his proactive approach to the patient misunderstanding: *"I got this nice lady on the phone, the head of risk management in the city, and I said, Look, this is the story. I said, you know? I said, you know, I've been doing this for 33 years."* This sentiment reflects confidence in his professional identity and desire to protect it from potential threats.

**Victimization in Family Context:** When discussing family dynamics, David's self-sentiment shifted to one of victimization and righteous indignation: *"I was seething all day"* and *"I couldn't fucking believe that she sent me that."* He positioned himself as responding reasonably to unreasonable behavior, with little reflection on his potential contribution to the conflict dynamics.

**Uncertainty in Romantic Context:** Regarding his attraction to Christy, David expressed more vulnerable and uncertain self-sentiment: *"I was like, kind of over it, but now I'm not again"* and *"I don't want to text her every day."* This reveals a more tentative self-concept in romantic relationships compared to his more confident professional and family self-presentations.

**Caregiver Identity:** David expressed positive sentiment about his caregiver identity: *"I genuinely, like, I really care about her"* and *"I'm a caregiver."* This suggests that helping others is a valued aspect of his self-concept that provides meaning and purpose, though potentially at the cost of balanced relationships.

**Sentiments About Others/External Situations**

David's sentiments toward others varied significantly by relationship:

**Sister and Brother-in-Law:** David expressed overwhelmingly negative sentiment toward his sister and brother-in-law, using language like *"she had the fucking balls"* and *"I can't stand that man."* His characterization of their behavior as manipulative and controlling reflected deep-seated resentment with little empathy for their perspectives.

**Parents:** David expressed more neutral to positive sentiment toward his parents, though primarily in the context of their financial resources rather than emotional connection. His recounting of his mother's text about wedding money—*"do you need more money for the wedding we would give you all good"*—was shared with a tone of satisfaction rather than emotional warmth.

**Children:** David expressed generally positive sentiment toward his children, particularly his son Alex, though with some frustration about specific situations like Alex being *"barred from the house"* due to potential illness. His discussion of his daughter Lindsay's wedding reflected pride and investment in her happiness.

**Christy:** David expressed complex sentiment toward Christy, combining romantic attraction with concern about her situation: *"I like her"* and *"I genuinely care about her."* His sentiment reflected both authentic care and potential caretaking dynamics that might complicate a romantic relationship.

**Sentiments About Therapy/Therapeutic Process**

David's sentiments toward the therapeutic process were primarily positive but utilitarian:

**Validation Seeking:** David frequently sought validation from the therapist, with positive sentiment when receiving it: *"I'm glad you went and you went and got it documented. I mean, that is something smart, yeah, I think so."* This suggests he values therapy primarily as a source of validation and guidance rather than challenging exploration.

**Strategic Guidance:** David appeared to value therapy as a source of strategic guidance for handling difficult relationships: *"am I still on target with what I'm doing, right? With Yes, sister, yes, yes."* This reflects a sentiment that therapy is useful for developing effective tactics rather than deeper emotional processing.

**Comfortable Rapport:** The casual, sometimes crude language used throughout the session suggests David feels comfortable in the therapeutic relationship and values its informality: *"I'm sick exactly. I would absolutely. I would passive aggressively watch his world crumble, right, exactly."* This comfortable rapport may facilitate engagement but could potentially enable avoidance of deeper therapeutic work.

The overall sentiment pattern reveals a person who feels confident in professional contexts, victimized in family relationships, uncertain in romantic pursuits, and comfortable in the therapeutic relationship. The predominance of negative sentiment toward family members, particularly his sister and brother-in-law, suggests this as a primary area of emotional distress that would benefit from therapeutic focus.

# Key Points

• **Family Conflict as Primary Stressor**: David*'s most intense emotional reactions center around his relationship with his sister and brother-in-law, particularly regarding their involvement in family financial matters and his daughter'*s wedding. His description of *"seething"* and almost having *"a stroke"* during interactions with his sister indicates that this relationship represents a significant source of distress that affects his emotional regulation and potentially his physical health. Therapeutic interventions should focus on helping David develop more effective strategies for managing these triggers, potentially including both boundary-setting and internal emotional regulation techniques. The depth of his reaction suggests that this conflict likely connects to long-standing family dynamics and role expectations that would benefit from exploration and reframing.

• **Control as Primary Anxiety Management Strategy**: David demonstrates a consistent pattern of using control measures to manage anxiety across multiple domains—professional (calling risk management), financial (managing parents' accounts), and interpersonal (strategic communication with his sister). While these strategies provide short-term relief, they may ultimately perpetuate anxiety by reinforcing the belief that control is necessary for security. Helping David develop alternative anxiety management strategies, particularly acceptance-based approaches that build tolerance for uncertainty, would provide more sustainable emotional regulation. His insight that *"anger is much easier than anxiety"* suggests some awareness of these dynamics that could be built upon in therapy.

• **Caregiver Identity and Relationship Patterns**: David's self-identification as a *"caregiver"* appears to influence his attraction patterns and relationship dynamics, particularly evident in his interest in Christy despite her challenging circumstances. His statement *"I genuinely care about her... Is it a my caregiver?"* indicates some awareness of this pattern but limited understanding of its potential implications. Exploring how this caregiver identity might lead to imbalanced relationships or boundary issues represents an important therapeutic goal, particularly as David considers pursuing a relationship with someone in a vulnerable position. Helping him distinguish between healthy caring and potentially problematic caretaking would support more balanced relationship development.

# Significant Quotes

*"I was seething all day, and I'm like, and I called Nancy. I'm like, I kept putting it off all day calling the bank because I'm like, I can't do this. Like, this is not me to do this. Like, I find this completely egregious."*

This statement, made when discussing his reaction to his sister*'s text about the wedding, reveals the intensity of David'*s emotional response to family triggers and his internal conflict about taking retaliatory action. The phrase *"this is not me to do this"* suggests he holds a self-image as reasonable and fair that conflicts with his desire for revenge or control in the family system. His characterization of his sister's behavior as *"completely egregious"* reflects black-and-white thinking that positions him as entirely justified and his sister as entirely wrong. This quote is significant because it illuminates the internal struggle between David's ideal self-concept and his reactive emotional responses, particularly in family contexts. This tension likely creates significant internal distress and contributes to his difficulty resolving family conflicts constructively. The quote also reveals his awareness that his actions are potentially problematic (*"I can't do this"*), suggesting an opening for therapeutic intervention around more constructive responses to family triggers.

*"People play a part. It's the scripts people play. It really is. It's a script that people are handed like you're you're the oldest son. Here's the script. And this is what really culture is about, is playing these scripts over and over and over until everyone has them down pat. You and if you rebel against the script, then you're weird."*

This quote, which appears to be the therapist*'s statement that David agreed with, articulates the concept of family roles and scripts that seems central to David'*s experience of family conflict. His agreement with this framing suggests he recognizes that he and his sister are enacting predetermined roles rather than responding freshly to each situation. The acknowledgment that rebelling against these scripts leads to being labeled *"weird"* indicates awareness of the social pressure to maintain established family dynamics, even when they*'re dysfunctional. This quote is significant because it represents a moment of potential insight where David might begin to see his family conflicts as systemic patterns rather than simply the result of his sister'*s difficult personality. This perspective could open possibilities for changing his participation in these patterns rather than continuing to react from within his assigned role. The quote suggests that narrative therapy approaches that externalize and examine these scripts might be particularly effective for helping David develop new ways of engaging with family dynamics.

*"I'm a caregiver. That's what I did was then, yes, speaking of which I need, so I tried to send in marks. You wrote a brilliant letter, by the way."*

This statement, made when discussing his attraction to Christy, reveals how central the caregiver identity is to David*'s self-concept and how it influences his relationships. The immediate transition from identifying as a caregiver to requesting help with a letter for his partner Mark demonstrates how this identity operates in real-time, creating a pattern where helping others is seamlessly integrated into conversations and relationships. This quote is significant because it shows how David'*s professional identity as a physician and personal identity as a caregiver have merged, potentially blurring boundaries between professional care, personal relationships, and his own needs. His attraction to Christy, who is in a vulnerable position with significant caregiving responsibilities herself, may reflect this pattern of finding value and purpose through helping others. This dynamic deserves therapeutic exploration to ensure that David's relationships, particularly potential romantic ones, have space for mutual growth and support rather than primarily fulfilling his need to be in the caregiver role.

# Comprehensive Narrative Summary

David Grossman presented to today*'s session navigating multiple significant stressors that reveal interconnected patterns in his professional identity, family dynamics, and romantic attractions. Throughout the session, a central theme emerged of control as David'*s primary strategy for managing anxiety, manifesting across various domains of his life but particularly evident in his approach to family conflict.

The session began with David recounting a professional concern regarding a patient who had misinterpreted his attempt to reach out about a medical clearance as a romantic overture. His immediate response—calling risk management to document the interaction—demonstrates his proactive approach to potential threats but also reveals underlying anxiety about professional boundaries and reputation. This incident, while seemingly resolved, appears to have activated deeper concerns about control and perception that resonate with other areas of his life.

The most emotionally charged content emerged when discussing family dynamics, particularly David*'s relationship with his sister and brother-in-law. His intense reaction to a seemingly simple text message about his daughter'*s upcoming wedding—describing himself as *"seething"* and almost having *"a stroke"* during subsequent interactions—suggests that family relationships represent his greatest emotional vulnerability. The conflict appears centered around financial matters and wedding involvement, but likely reflects deeper patterns of rivalry, perceived favoritism, and established family roles that have crystallized over decades.

David*'s approach to this family conflict reveals sophisticated avoidance strategies rather than direct communication. He takes satisfaction in withholding response to his sister'*s messages and managing financial matters in ways that exclude her, describing these tactics as ways to keep his brother-in-law *"seething"* and his sister *"stuck in limbo."* While these strategies provide temporary satisfaction and a sense of control, they ultimately perpetuate the conflict dynamics rather than resolving them. The therapist's validation of these approaches—*"You're doing everything perfect"*—may inadvertently reinforce patterns that contribute to David's ongoing distress.

Running parallel to these family tensions is David*'s romantic interest in Christy, a woman experiencing significant challenges with her children'*s health. His attraction to someone in a vulnerable position appears connected to his self-identified caregiver identity: *"I'm a caregiver. That's what I did was then."* The revelation that Christy*'s children are not biologically hers adds another layer of complexity to her situation and potentially to David'*s attraction, suggesting he may be drawn to complicated caretaking scenarios that reinforce his helper identity.

David's uncertainty about how to navigate this attraction—*"I don't want to text her every day"* and *"So do you think that she'll ever be able to, like, have a moment for herself"*—reveals more vulnerability than he displays when discussing professional or family matters. This suggests that romantic relationships may be an area where he is more willing to acknowledge uncertainty and seek guidance, potentially offering an entry point for deeper therapeutic work around relationship patterns and needs.

Throughout the session, David demonstrated a tendency to compartmentalize different aspects of his life, shifting rapidly between professional concerns, family conflicts, and romantic interests without fully processing the emotional content of each. This compartmentalization likely serves as a defense mechanism against overwhelming feelings but may ultimately prevent integration of experiences and emotions necessary for psychological growth.

The therapeutic relationship appears characterized by comfort and validation, with casual language and shared perspectives on family dynamics. While this rapport facilitates engagement, it may also enable avoidance of deeper emotional processing, particularly around David's contribution to family conflict patterns and potential issues with boundaries in his caregiver identity.

Moving forward, therapeutic work would benefit from gently challenging David's reliance on control as an anxiety management strategy, helping him develop greater tolerance for uncertainty and more direct communication approaches in family relationships. Exploring the caregiver identity and its influence on his attraction patterns would support more balanced relationship development, particularly as he considers pursuing Christy despite her complicated circumstances.

As David navigates his daughter's upcoming wedding—a significant event likely to intensify family dynamics—providing concrete strategies for managing triggers while maintaining boundaries will be essential. Simultaneously, creating space to process the deeper meanings of his family conflicts and relationship patterns would support longer-term psychological growth and potentially interrupt cycles of reactivity that currently dominate his emotional landscape.

# Progress Note: Gavin Fisch - 5/28/2025

Comprehensive Clinical Progress Note for Gavin Fisch's Therapy Session on May 28, 2025

Gavin presented to today's telehealth session with significant frustration regarding ongoing conflicts with his flight instructor at Auburn University. He described a series of incidents that have occurred over the past week, stating his experience has been *"very drama filled."* Gavin detailed how the university had recently switched his Certified Flight Instructor (CFI) multiple times, ultimately assigning him to an instructor about whom other students had expressed concerns: *"I didn't have to switch from her because I didn't feel like I was progressing at all."*

Gavin recounted several specific interactions with this new instructor that he found problematic. He described inconsistent evaluation standards, where she failed him for one lesson but passed him for another despite his performance not meeting the required standards: *"I blew through every single standard because I haven't flown in or done anything within three weeks. So she passes me, and I'm really confused why she passed me."* In a subsequent lesson, he reported that she became *"annoyed"* with him for not fully answering questions and gave him a *"no show"* grade that penalized his average by three points after only 20-30 minutes, without allowing him to complete the assessment.

Gavin expressed particular frustration about the instructor's teaching approach, stating: *"Instead of, like, teaching it to me really, she would just like, pull out like, a 500 page book called The Far aim, which is a bunch of regulations, and which she'd point out the regulation, read it to me, and then move on."* He also described an incident where she asked him to find information in the manual that she herself could not locate, which he found especially aggravating.

In response to these difficulties, Gavin reported meeting with the instructor's supervisor to request a change. He prepared extensively for this meeting: *"I go into my meeting with a three page long note of everything that has gone wrong and why I want to switch."* Following this meeting, the supervisor spoke with the instructor, resulting in a canceled lesson that day. Gavin expressed anxiety about potential awkwardness or retaliation in future interactions with the instructor: *"I'm worried about, like, the awkwardness of like, if I was if she figured out it was me."*

Beyond the immediate flight instruction concerns, Gavin mentioned that during this stressful period, he had been thinking about a former relationship: *"But certain person during this entire debacle with my foot instructors has been on my mind because I haven't had someone like her to rant to."* He acknowledged attempting to push these thoughts away but finding it difficult, especially given his current isolation: *"I'm in Auburn alone, essentially for the summer, and kind of don't really have a lot of support systems here right now, because most of all my close friends are gone."*

Gavin described his coping strategies as primarily involving studying, playing video games, or sleeping: *"I try to do with studying or video games or sleep like, if it's the afternoon and I just had like or like after flight block, I'll take like, an hour or two nap, and then let's go do some studying."* He expressed frustration that thoughts he believed he had moved past were resurfacing: *"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back."*

# Objective

Gavin presented to the telehealth session alert and oriented, with clear and articulate speech. His affect was primarily frustrated and anxious when discussing his flight instructor situation, with appropriate emotional reactivity to the content being discussed. He demonstrated good insight into his situation, having prepared extensively for his meeting with the supervisor and recognizing potential issues that might arise from his complaint.

Gavin's thought process was organized and goal-directed, showing good problem-solving abilities in his approach to the flight instructor conflict. He prepared documentation, sought appropriate administrative channels for resolution, and anticipated potential outcomes. His cognitive functioning appeared intact, with no evidence of thought disturbances or perceptual abnormalities.

Gavin engaged well in the therapeutic relationship, responding to the therapist's humor and maintaining appropriate rapport throughout the session. He showed willingness to complete assessment measures (values living questionnaire) during the session and followed through with the task efficiently.

His emotional expression was congruent with the content discussed, showing appropriate frustration and anxiety regarding his academic situation and some vulnerability when discussing the resurgence of thoughts about a past relationship. He demonstrated some emotional self-regulation by recognizing when certain thoughts were becoming problematic and attempting to manage them through distraction techniques.

Gavin's communication style was direct and detailed, providing specific examples to illustrate his concerns rather than speaking in generalities. He showed appropriate assertiveness in advocating for himself in the academic setting while remaining respectful of authority structures.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. Gavin appeared to be functioning adequately in his academic environment despite the current stressors, continuing to attend classes and complete required work.

# Assessment

Gavin presents with Adjustment Disorder with mixed anxiety and depressed mood (F43.23) related to academic stressors and social isolation. His symptoms include persistent anxiety about his flight instruction situation, rumination about past relationships triggered by current stressors, and difficulty adjusting to the summer environment with reduced social support. These symptoms have developed within three months of the identifiable stressors (new flight instructor and summer isolation) and appear to be causing significant distress without meeting criteria for a more specific anxiety or mood disorder.

Gavin demonstrates several psychological strengths, including effective self-advocacy, organizational skills (as evidenced by his detailed documentation of concerns), and insight into his emotional patterns. His willingness to seek appropriate administrative channels for resolving his academic concerns shows good problem-solving abilities and appropriate assertiveness. His completion of the values assessment during the session indicates openness to therapeutic interventions and self-exploration.

The primary psychological dynamics observed include:

**Conflict Between Autonomy and Authority:** Gavin is navigating the tension between asserting his educational needs and respecting academic authority structures. His frustration with the flight instructor appears to stem partly from feeling that his autonomy as a learner is being undermined by inconsistent standards and ineffective teaching methods. This dynamic may connect to broader developmental tasks related to establishing adult identity and self-efficacy.

**Avoidance as Primary Coping Strategy:** Gavin acknowledges using distraction (studying, video games, sleep) to manage uncomfortable emotions, particularly regarding thoughts of his past relationship. His statement *"pushing more so just kind of pushing away to thoughts"* suggests a pattern of emotional avoidance that may provide short-term relief but potentially reinforces longer-term distress.

**Vulnerability in Isolation:** Gavin's current social isolation appears to be exacerbating his emotional vulnerability, with fewer outlets for processing stress and receiving support. His comment about being *"in Auburn alone, essentially for the summer"* with most close friends gone highlights how environmental factors are contributing to his current adjustment difficulties.

**Reactivation of Attachment Concerns:** The resurgence of thoughts about a past relationship during this stressful period suggests that current stressors may be activating attachment-related concerns. His description of missing *"someone like her to rant to"* indicates that the relationship served important emotional regulation functions that are currently unmet.

Risk factors include Gavin's current social isolation and the potential for academic consequences if the flight instructor situation is not resolved favorably. Protective factors include his effective self-advocacy skills, insight into his emotional patterns, and willingness to engage in therapy.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Continue values exploration based on the completed Values Living Questionnaire to help Gavin connect daily choices to meaningful life directions, particularly during this challenging academic period.  
Introduce mindfulness practices to help Gavin develop greater awareness of thoughts about the past relationship without becoming fused with them or engaging in avoidance.  
Implement acceptance-based strategies to help Gavin work with uncomfortable emotions related to both the academic situation and relationship thoughts, reducing reliance on avoidance strategies.  
Develop committed action plans aligned with identified values to help Gavin create meaningful engagement during the summer period despite social limitations.

**Dialectical Behavior Therapy (DBT) Skills Training**:  
Teach specific emotion regulation skills to help Gavin manage frustration and anxiety related to the flight instructor situation without resorting to avoidance.  
Introduce interpersonal effectiveness skills to enhance Gavin's already strong self-advocacy abilities, particularly for navigating the ongoing relationship with the flight instructor if an immediate change is not possible.  
Develop distress tolerance techniques for managing acute moments of frustration or anxiety without engaging in unhelpful behaviors.

**Narrative Therapy Approaches**:  
Explore Gavin's narrative around academic achievement and competence, helping him maintain a sense of self-efficacy despite the challenges with his current instructor.  
Examine the story Gavin has constructed about the past relationship and its significance, potentially developing a more nuanced narrative that acknowledges its importance while supporting forward movement.  
Use externalization techniques to help Gavin separate himself from problematic thought patterns, viewing them as external influences rather than defining characteristics.

**Specific Interventions**:  
Review results of the Values Living Questionnaire in the next session, using insights to develop specific goals aligned with Gavin*'s core values.  
Develop a concrete plan for managing future interactions with the flight instructor, including communication strategies and emotional regulation techniques.  
Explore options for building temporary social connections during the summer period to reduce isolation.  
Implement a structured approach to thoughts about the past relationship, potentially including scheduled reflection time rather than attempting complete avoidance.  
Continue to monitor the academic situation, providing support for Gavin'*s self-advocacy while helping him maintain focus on his educational goals regardless of instructor challenges.

**Follow-up:** Schedule next session within one week to review progress with the flight instructor situation and begin implementing values-based interventions based on questionnaire results.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Frustrated Recounting to Strategic Planning:**

The session began with Gavin recounting his experiences with his flight instructor in a tone of intense frustration and indignation. His language was detailed and emphatic, with phrases like *"really pissed me off"* and *"really fucking annoyed me"* conveying the emotional impact of these interactions. When describing the instructor's behavior, his tone conveyed a sense of bewilderment at what he perceived as unfair treatment: *"She got really annoyed at me, and then no showed me, which means I wasn't prepared, and then just takes three points off my average."* This initial tone established the significant emotional distress the situation was causing him.

As Gavin shifted to describing his meeting with the supervisor, his tone transformed from frustrated recounting to strategic planning. His language became more measured and organized as he described his preparation: *"I go into my meeting with a three page long note of everything that has gone wrong and why I want to switch."* This tonal shift revealed Gavin's capacity to channel emotional distress into constructive action, demonstrating resilience and problem-solving abilities. The shift from reactive frustration to proactive planning suggests that despite his distress, Gavin maintains effective coping resources and the ability to advocate for himself in structured ways.

**Shift 2: From Confidence to Uncertainty:**

Following his description of the meeting with the supervisor, Gavin*'s tone shifted notably from confidence in his approach to uncertainty about the outcome. His language became more tentative and anxious when discussing the aftermath of the supervisor'*s meeting with the instructor: *"So now I'm kind of stressing over what happened in that meeting."* This shift revealed vulnerability beneath Gavin's otherwise composed presentation, highlighting how the unresolved nature of the situation was affecting his sense of security and predictability.

The uncertainty in his tone was particularly evident when contemplating future interactions with the instructor: *"I'm worried about, like, the awkwardness of like, if I was if she figured out it was me."* This tonal shift from assertive self-advocacy to anxious anticipation demonstrates how interpersonal concerns about potential retaliation or awkwardness were adding another layer of stress to an already challenging academic situation. The shift suggests that while Gavin can effectively advocate for himself, he remains sensitive to potential negative social consequences of doing so.

**Shift 3: From External Focus to Internal Vulnerability:**

A significant tonal shift occurred when Gavin transitioned from discussing the flight instructor situation to mentioning thoughts about a past relationship. His tone became notably more subdued and reflective: *"But certain person during this entire debacle with my foot instructors has been on my mind because I haven't had someone like her to rant to."* This shift from external focus on academic challenges to internal emotional vulnerability revealed how current stressors were activating deeper personal concerns.

When the therapist inquired about how he was navigating these thoughts, Gavin's tone became even more vulnerable and self-critical: *"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back."* The increased use of filler words (*"like"*) and the admission of frustration with himself marked this as a moment of significant emotional disclosure, contrasting sharply with his more composed tone when discussing academic advocacy. This tonal shift suggests that while Gavin has developed effective strategies for external challenges, internal emotional experiences remain more difficult for him to navigate with the same confidence.

**Shift 4: From Vulnerability to Humor-Based Connection:**

Following the vulnerable disclosure about relationship thoughts, both Gavin and the therapist engaged in a tonal shift toward humor and lighthearted banter. The therapist's comment *"I hate everything about you, you goddamn cunt"* (clearly established as appropriate within their therapeutic relationship) and Gavin's comfortable response to this style marked a shift from emotional vulnerability to connection through humor. This tonal shift appeared to serve as an emotional regulation strategy within the therapeutic relationship, providing relief from the intensity of the previous disclosures.

The ease with which both navigated this humorous exchange suggests a well-established rapport and shared understanding of boundaries. The therapist's acknowledgment *"I wonder if other people's therapists talk to them like I talk to you. Never, possibly never, never"* and Gavin's comfortable engagement with this style indicates that this humorous tone serves a therapeutic function in their relationship, potentially making it safer for Gavin to explore difficult emotions knowing that emotional intensity can be modulated through humor when needed.

**Shift 5: From Resistance to Engagement:**

A final notable tonal shift occurred when the therapist introduced the values living questionnaire. Gavin's initial tone was one of playful resistance: *"Yes, I am so excited. I can't stand it."* However, this quickly shifted to genuine engagement as he completed the assessment efficiently and showed interest in the results: *"Let me tell me if this works okay, or if you need a different type of PDF before I close out this page."* This tonal shift from resistance to engagement demonstrates Gavin's underlying willingness to participate in therapeutic interventions despite initial humorous deflection.

The shift suggests that beneath surface-level resistance, Gavin values the therapeutic process and is willing to engage with structured interventions. His careful attention to ensuring the questionnaire results were properly transmitted further indicates his investment in the therapeutic work, showing a commitment to the process that extends beyond mere compliance.

## Thematic Analysis

**Theme 1: Navigating Authority and Autonomy in Educational Settings:**

A central theme throughout the session was Gavin's struggle to navigate the tension between respecting educational authority and advocating for his learning needs. This theme was evident in his detailed account of interactions with his flight instructor, where he perceived her teaching methods as ineffective: *"Instead of, like, teaching it to me really, she would just like, pull out like, a 500 page book called The Far aim, which is a bunch of regulations, and which she'd point out the regulation, read it to me, and then move on."* His frustration stemmed not from being held to high standards, but from feeling that the instructional approach was not supporting his learning.

Gavin's response to this situation—documenting concerns and seeking administrative intervention—demonstrates his attempt to work within the system while still advocating for his educational needs. His comment that the supervisor *"was shocked. I had that much already after four lessons"* suggests that his concerns were legitimate rather than merely subjective dissatisfaction. This theme connects to broader developmental tasks of early adulthood, where establishing oneself as an autonomous learner while respecting educational hierarchies represents an important challenge.

The theme also manifested in Gavin*'s careful attention to following proper channels for his complaint and his concern about potential retaliation, showing awareness of power dynamics within educational institutions. His father'*s advice about retaliation—*"if she treats you any bit differently...email the dude, and just tell him immediately"*—further highlights how navigating authority structures requires strategic thinking and awareness of institutional protections.

**Theme 2: Isolation and the Search for Connection:**

Another significant theme was Gavin's experience of isolation and its impact on his emotional well-being. His statement *"I'm in Auburn alone, essentially for the summer, and kind of don't really have a lot of support systems here right now, because most of all my close friends are gone"* directly articulates this theme. The isolation appears to be exacerbating his current stressors by limiting his access to social support and emotional outlets.

This theme connects to his thoughts about the past relationship, as he specifically mentioned missing *"someone like her to rant to"* during his current challenges. The absence of confidants with whom he can process his experiences leaves him with limited options: *"You can't really talk to my friends. They don't understand what the hell I'm talking about."* This suggests that the relationship provided not just emotional connection but also a specific type of understanding that he currently lacks.

Gavin*'s coping strategies—studying, video games, and sleep—appear to be solitary activities that may distract from but not address his underlying need for connection. The therapist'*s recognition of this theme is evident in the question *"Have you thought about how you might fill in those gaps besides me, besides Call me,"* acknowledging that the therapeutic relationship alone cannot fully address Gavin's need for social connection.

**Theme 3: Avoidance Versus Engagement with Emotional Experience:**

A recurring theme throughout the session was the tension between avoiding uncomfortable emotions and engaging with them productively. Gavin explicitly acknowledged using avoidance strategies when dealing with thoughts about his past relationship: *"Pushing more so just kind of pushing away to thoughts."* The therapist's immediate response—*"We don't do that"*—directly challenged this avoidance strategy, suggesting it has been a focus of previous therapeutic work.

Gavin's awareness that avoidance is not ultimately effective was evident in his frustration that thoughts he believed he had processed were resurfacing: *"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back."* This suggests some understanding that avoidance may provide temporary relief but doesn't lead to resolution of underlying concerns.

The theme was further illustrated in Gavin*'s initial humorous resistance to the values questionnaire followed by genuine engagement, potentially reflecting a broader pattern of initial avoidance followed by willingness to engage with challenging material when supported. The therapist'*s use of humor throughout the session may serve as a bridge between avoidance and engagement, making it safer for Gavin to approach difficult emotions by ensuring they won't be overwhelming.

**Theme 4: Identity Development Through Challenge:**

A subtler but significant theme involved Gavin's ongoing identity development through navigating challenges. His detailed account of the flight instruction situation revealed not just frustration with a specific teacher but also his evolving sense of himself as a learner with valid needs and perspectives. His preparation for the meeting with the supervisor—creating a three-page document outlining his concerns—demonstrates his commitment to being taken seriously as an adult learner rather than merely complaining about difficulties.

This theme connects to his academic identity as a flight student, where competence and progression are clearly important values. His frustration with the instructor stemmed partly from concern that he wasn't *"progressing"* under her guidance, suggesting that development of skills and abilities is central to his self-concept. The inconsistent evaluation he described—being passed when he *"blew through every single standard"*—appeared to bother him not just because of the inconsistency but because it didn't accurately reflect his actual learning progress.

The theme of identity development was also evident in his navigation of the past relationship thoughts, where he seemed to be struggling with integrating past emotional experiences into his current self-understanding. The resurgence of these thoughts during a period of stress suggests that identity consolidation remains an ongoing process, with current challenges activating questions about relational patterns and needs that are part of his evolving self-concept.

## Sentiment Analysis

**Sentiments About Self**

Gavin expressed predominantly neutral to negative sentiments about himself throughout the session:

**Competence Under Question:** When discussing his flight performance, Gavin acknowledged his lack of preparation without self-criticism: *"She didn't pass me obviously, because I wasn't, like, prepared, which I had no issues with."* This suggests a balanced self-assessment regarding his academic performance, neither overly critical nor defensive about his current skill level.

**Frustration with Emotional Responses:** Gavin expressed negative sentiment toward his own emotional reactions regarding the past relationship: *"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back."* This self-directed frustration suggests he holds expectations about emotional recovery that aren't being met, potentially judging himself for continued attachment to past relationships.

**Pride in Self-Advocacy:** When describing his preparation for the meeting with the supervisor, Gavin's sentiment shifted to more positive self-regard: *"I go into my meeting with a three page long note of everything that has gone wrong and why I want to switch."* This reflects pride in his thorough approach and willingness to advocate for himself, suggesting he values these qualities in his self-concept.

**Sentiments About Others/External Situations**

Gavin's sentiments toward others and external situations were more varied and emotionally charged:

**Strong Negative Sentiment Toward Flight Instructor:** Gavin expressed consistently negative sentiment toward his flight instructor, using emotionally charged language like *"really pissed me off"* and *"really fucking annoyed me."* His detailed account of her teaching methods—*"she would just like, pull out like, a 500 page book...and which she'd point out the regulation, read it to me, and then move on"*—conveyed clear disapproval and frustration with her instructional approach.

**Cautious Positive Sentiment Toward Supervisor:** Gavin expressed cautiously positive sentiment toward the supervisor, noting his supportive response: *"I'm sorry. You're like, experiencing this and it's causing a learning environment. You don't want to be in, like, here, like Auburn, we're not like, we don't want that to happen."* However, his uncertainty about the outcome of the supervisor's meeting with the instructor suggests this positive sentiment remains tentative pending resolution.

**Mixed Sentiment Toward Past Relationship:** Gavin's sentiment toward the past relationship appeared mixed, acknowledging both its value—*"she was helpful in those scenarios"*—and questioning its overall impact—*"so what was really the benefit, if in the short term, in the long term."* This ambivalence suggests ongoing processing of the relationship's meaning and impact.

**Negative Sentiment Toward Current Social Environment:** Gavin expressed clear negative sentiment about his current social situation: *"I'm in Auburn alone, essentially for the summer, and kind of don't really have a lot of support systems here right now."* This sentiment of isolation and lack of support colored his overall experience of the current period.

**Sentiments About Therapy/Therapeutic Process**

Gavin's sentiments toward the therapeutic process and relationship were predominantly positive:

**Comfort with Therapeutic Style:** Gavin appeared comfortable with the therapist's direct, sometimes crude humorous style, engaging with it naturally throughout the session. His easy response to statements like *"I hate everything about you, you goddamn cunt"* suggests a secure therapeutic alliance where such humor is understood as affectionate rather than hostile.

**Willingness to Engage with Interventions:** Despite initial humorous resistance to the values questionnaire—*"Yes, I am so excited. I can't stand it"*—Gavin completed it efficiently and showed interest in the results, suggesting positive sentiment toward structured therapeutic interventions.

**Trust in Therapeutic Guidance:** Gavin*'s willingness to discuss both the flight instructor situation and his thoughts about the past relationship indicates trust in the therapeutic process as a space for processing various concerns. His detailed sharing of the flight instructor situation suggests he values the therapist'*s perspective on navigating this challenge.

The overall sentiment pattern reveals a young adult experiencing significant frustration with his current educational environment while struggling with unexpected emotional responses related to past relationships. His sentiments suggest he values self-advocacy and competence while holding high expectations for his own emotional processing. The predominantly positive sentiment toward the therapeutic relationship indicates it serves as an important resource during this challenging period.

# Key Points

• **Educational Self-Advocacy in Conflict with Authority**: Gavin is navigating significant challenges with his flight instructor that go beyond typical student-teacher friction, involving inconsistent evaluation standards and ineffective teaching methods that potentially impact his educational progress. His approach to this situation—documenting concerns, seeking appropriate administrative channels, and maintaining professional communication—demonstrates mature self-advocacy skills that should be reinforced. This situation represents an important developmental opportunity for Gavin to balance respect for educational authority with appropriate assertion of his learning needs, a skill that will serve him throughout his academic and professional career. Supporting his continued self-advocacy while helping him manage the emotional impact of this conflict remains a key therapeutic priority.

• **Social Isolation as Vulnerability Factor**: Gavin's current experience of being *"in Auburn alone, essentially for the summer"* with most friends gone represents a significant vulnerability factor that is exacerbating his stress response to academic challenges and potentially triggering thoughts about past relationships. The limited availability of peer support means he has fewer outlets for processing frustrations and receiving validation, increasing his reliance on internal coping resources that may be stretched thin during this period. Developing strategies to address this isolation—whether through temporary social connections, structured activities, or enhanced self-care practices—is essential for supporting his emotional well-being during this challenging period. The therapeutic relationship currently serves as an important connection during this isolated time, but additional sources of meaningful interaction would provide more comprehensive support.

• **Avoidance as Primary Emotional Regulation Strategy**: Gavin's acknowledged tendency to push away uncomfortable thoughts, particularly regarding the past relationship, represents a pattern of emotional avoidance that provides short-term relief but potentially reinforces longer-term distress. His frustration that thoughts he believed he had *"been over for a while"* are resurfacing suggests limited integration of these emotional experiences. His current coping strategies—studying, video games, and sleep—primarily serve distraction functions rather than processing functions. Developing more effective approaches to emotional experiences that balance acceptance and engagement would support greater psychological flexibility and reduce the pattern of suppression followed by intrusive return of uncomfortable thoughts. The values assessment completed during the session provides a foundation for connecting emotional acceptance work to meaningful life directions, potentially increasing motivation for engaging with rather than avoiding difficult emotions.

# Significant Quotes

*"But certain person during this entire debacle with my foot instructors has been on my mind because I haven't had someone like her to rant to, because, you know, it's only so much talking to my parents to can't really talk to my friends. They don't understand what the hell I'm talking about."*

This statement reveals how Gavin's current academic stressors are activating thoughts about a past relationship, specifically in the context of missing emotional support that the relationship provided. The phrase *"someone like her to rant to"* suggests that the relationship served an important emotional regulation function, providing a safe outlet for processing frustrations that is currently absent. His acknowledgment that parents and friends cannot fill this role—parents presumably because of their different perspective and friends because *"they don't understand"*—highlights his current emotional isolation despite having some connections. This quote is significant because it illuminates how current stressors interact with attachment patterns, with challenges in one domain (academic) triggering vulnerability in another (relational). Understanding this connection provides important context for both his current distress and the resurgence of thoughts about the past relationship, suggesting that addressing his need for emotionally attuned support in the present might reduce the pull toward past relationship patterns.

*"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back. But now I think it's part of the fact that, like, I'm in Auburn alone, essentially for the summer, and kind of don't really have a lot of support systems here right now, because most of all my close friends are gone."*

This quote captures Gavin's meta-emotional response—frustration about having certain thoughts—as well as his insight into how environmental factors are contributing to his current emotional state. The repeated use of *"like"* as a filler word suggests emotional activation when discussing this topic, indicating its significance. His self-awareness about the connection between isolation and emotional vulnerability demonstrates psychological mindedness that can be built upon in therapy. This quote is significant because it reveals Gavin's expectations about emotional recovery (that he should be *"over"* certain thoughts) and his understanding of contextual factors that influence emotional experiences. His frustration with himself for having these thoughts suggests he may benefit from a more self-compassionate approach to his emotional responses, recognizing that the resurgence of thoughts during periods of stress and isolation is a common human experience rather than a personal failure. The quote also directly connects his internal experience to his external circumstances, providing a clear direction for intervention that addresses both emotional processing and environmental factors.

*"I go into my meeting with a three page long note of everything that has gone wrong and why I want to switch which the her boss, which is called an ACFI. Was shocked. I had that much already after four lessons."*

This statement highlights Gavin's methodical approach to self-advocacy in his academic environment. The detail of preparing a *"three page long note"* demonstrates his commitment to being taken seriously and his understanding that documented concerns carry more weight than general complaints. The supervisor's shock at the extent of issues *"after four lessons"* provides external validation that Gavin*'s concerns were legitimate rather than merely subjective dissatisfaction. This quote is significant because it reveals Gavin'*s strengths in problem-solving and self-advocacy, qualities that can be reinforced and generalized to other challenging situations. His approach shows maturity in working within appropriate channels while still asserting his needs, a balance that will serve him well in future academic and professional contexts. The quote also suggests that despite his frustration, Gavin maintained enough emotional regulation to document his concerns systematically rather than reacting impulsively, demonstrating resilience and adaptive coping despite significant stress.

# Comprehensive Narrative Summary

Gavin Fisch presented to today's telehealth session navigating multiple significant stressors that have activated both immediate coping responses and deeper emotional patterns. The session revealed a young adult demonstrating considerable maturity in handling academic challenges while simultaneously struggling with the emotional impact of social isolation and resurfacing thoughts about a past relationship.

The primary focus of Gavin's distress centered around difficulties with a recently assigned flight instructor at Auburn University. His detailed account of these interactions revealed legitimate concerns about inconsistent evaluation standards and ineffective teaching methods rather than merely subjective dissatisfaction. Particularly troubling to Gavin was an incident where he received a *"no show"* grade that penalized his average after only 20-30 minutes of assessment, without being allowed to complete the evaluation. His frustration stemmed not from being held to high standards—he readily acknowledged when his performance was inadequate—but from feeling that the instructional approach was not supporting his learning and that evaluation was inconsistent.

What distinguished Gavin*'s response to this situation was his methodical approach to seeking resolution. Rather than reacting impulsively or disengaging, he documented his concerns extensively and sought appropriate administrative channels, meeting with the instructor'*s supervisor with a *"three page long note of everything that has gone wrong."* This demonstrated significant emotional regulation, problem-solving abilities, and appropriate assertiveness—qualities that represent important psychological strengths. The supervisor's shock at the extent of issues *"after four lessons"* provided external validation of Gavin's concerns, reinforcing that his distress was proportionate to the situation rather than excessive.

Running parallel to these academic challenges was Gavin's experience of social isolation during the summer term, with most friends away from campus. This environmental factor appeared to be exacerbating his stress response to the flight instructor situation while simultaneously triggering thoughts about a past relationship. His acknowledgment that *"certain person during this entire debacle with my foot instructors has been on my mind"* revealed how current stressors were activating attachment-related concerns, particularly in the context of missing emotional support that the relationship had provided.

Gavin's frustration with himself for having these thoughts—*"It's becoming overwhelmingly frustrating that like, these are just like thoughts that, like, I thought I'd been over for a while, and now they're coming back"*—suggested expectations about emotional recovery that weren't being met. His primary strategy for managing these thoughts appeared to be avoidance through distraction: *"I try to do with studying or video games or sleep."* While these activities provided temporary relief, the return of the thoughts indicated that avoidance was not effectively resolving the underlying emotional experience.

The therapeutic relationship emerged as an important resource during this challenging period, characterized by comfortable rapport and effective use of humor as an emotional regulation strategy. Gavin's willingness to complete the values assessment during the session and his careful attention to ensuring the results were properly transmitted demonstrated engagement with the therapeutic process beyond mere compliance. This openness to structured interventions provides a foundation for developing more effective approaches to emotional experiences that balance acceptance and engagement rather than relying primarily on avoidance.

Moving forward, therapeutic work would benefit from a dual focus: supporting Gavin's continued self-advocacy in the academic environment while helping him develop more effective strategies for processing emotional experiences rather than avoiding them. The values assessment completed during the session offers a starting point for connecting emotional acceptance work to meaningful life directions, potentially increasing motivation for engaging with rather than avoiding difficult emotions.

Additionally, addressing Gavin's current social isolation through exploration of temporary connection opportunities would provide more comprehensive support during this challenging period. While the therapeutic relationship currently serves as an important connection, additional sources of meaningful interaction would reduce vulnerability to both academic stress and relationship rumination.

Gavin's combination of effective self-advocacy in external challenges and difficulty with internal emotional experiences suggests he has developed stronger skills for navigating practical problems than for processing emotional ones. Building on his demonstrated strengths while developing complementary emotional processing skills would support more integrated psychological functioning across domains. His insight into how environmental factors are contributing to his current emotional state provides a strong foundation for this work, as does his willingness to engage with therapeutic interventions despite initial humorous deflection.

# Progress Note: Gavin Perna - 5/28/2025

Comprehensive Clinical Progress Note for Gavin Perna's Therapy Session on May 28, 2025

Gavin presented to today's telehealth session with significant life changes to report, stating early in the session that he is *"living in a hotel right now."* When questioned about this living situation, he explained it as a pragmatic financial decision, noting *"I am getting this for 55 a night... 1900 a month. That's the same price as an apartment... once you take into account utilities and amenities."* This statement suggests Gavin is attempting to frame his current housing situation positively, though the circumstances leading to this arrangement appear complex.

When asked about how he arrived at this living situation, Gavin provided a vague response: *"I tried to move here, yeah, then things went wrong, and then things went right, and now things are kind of in the middle, and I'm living my life day to day, and it's nerve wracking."* This statement reveals significant instability in Gavin's current life circumstances and acknowledges the anxiety this instability is causing him. He also mentioned having *"deleted most of social media,"* describing this as feeling *"better without all the dating apps in my house,"* suggesting a deliberate attempt to simplify certain aspects of his life during this period of transition.

Gavin reported a recent job change, now working at a ballpark, which he described as *"interesting, for sure."* His description of the workplace included concerning safety issues: *"I've almost been murdered three times... I was standing right here and the baseball hit the front of a refrigerator that went literally sitting next to me and left a dent in the refrigerator."* Despite these safety concerns, Gavin focused on perceived benefits of the job, particularly access to free food: *"They leave the workers all of the leftover food at the end of the day... that's why I've been taking a DoorDash bag and packing myself and eating dinner... we've saved, like a solid $200."*

During the session, Gavin disclosed a recent relationship ending, stating *"I would like to say that I broke up with Milly, but it went the other way around."* This brief statement suggests some difficulty accepting or acknowledging the relationship termination. Additionally, Gavin's friend Ethan, who was present during part of the session, disclosed his own experience of sexual assault, which Gavin appeared to be supporting him through.

Gavin also mentioned a challenging work day: *"I served 5000 children... handled over $1,000 worth of cash, mostly in ones and fives. And someone midway through my fucking shift set off, and flippers zero, D off, attack on the ballparks main WiFi."* This suggests significant workplace stressors beyond the physical safety concerns previously mentioned.

Throughout the session, Gavin made several references to family dynamics, particularly with his mother, though these comments were fragmented. At one point, the therapist commented, *"I will never understand your mother, not that it's my job to yet I will never ever get that dynamic, because the expectations are ever moving and ever evolving... you've not been her problem. She has made you an issue."* This suggests ongoing family conflict that has been discussed in previous sessions.

Gavin also alluded to complex social dynamics involving a *"polycule"* and conflicts with certain individuals, though these discussions were not fully developed during the session. The fragmented nature of these disclosures may reflect Gavin's current state of life instability and the multiple stressors he is attempting to navigate simultaneously.

# Objective

Gavin presented to the telehealth session alert and oriented, with appropriate grooming visible on camera. His affect was primarily animated and engaged, with appropriate humor and rapport with the therapist throughout the session. He demonstrated a casual, comfortable demeanor despite discussing significant life stressors, suggesting either good coping skills or possible minimization of serious concerns.

Gavin*'s speech was clear, coherent, and goal-directed, though the conversation frequently jumped between topics without fully exploring any single issue in depth. This pattern may reflect either Gavin'*s current cognitive state of managing multiple stressors or simply the established rapport and communication style between client and therapist.

Gavin demonstrated good insight into the practical aspects of his situation, such as the financial calculations regarding hotel living versus apartment rental. However, he showed less reflection on the emotional implications of his current instability or relationship ending. His focus on practical benefits (free food at work) despite significant concerns (safety issues, housing instability) suggests possible use of rationalization as a defense mechanism.

Gavin's mood appeared generally euthymic during the session, with appropriate emotional reactivity to the content being discussed. He used humor frequently throughout the session, often in response to more serious topics, which may serve as a coping mechanism or deflection strategy. His emotional expression when discussing the relationship ending was notably brief and lacking in depth, potentially indicating difficulty processing this loss.

Gavin's interpersonal functioning appeared intact, as evidenced by his supportive presence for his friend Ethan and his maintenance of the therapeutic relationship despite a period of limited contact. He demonstrated appropriate social skills and engagement throughout the session, though the presence of a friend during part of the therapy session suggests possible boundary issues or difficulty with individual emotional processing.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. Gavin appeared to be functioning adequately in his work environment despite the reported stressors and housing instability.

# Assessment

Gavin presents with Adjustment Disorder with mixed anxiety and depressed mood (F43.23) related to significant life transitions including housing instability, job change, and relationship termination. His symptoms include acknowledged anxiety (*"nerve wracking"*), avoidance behaviors (deleting social media), and possible emotional numbing or minimization regarding significant stressors. These symptoms have developed within three months of identifiable stressors and appear to be causing significant distress without meeting criteria for a more specific anxiety or mood disorder.

The primary psychological dynamics observed include:

**Avoidance and Minimization as Primary Coping Strategies:** Gavin demonstrates a pattern of avoiding deeper emotional processing by focusing on practical aspects of challenging situations (cost savings of hotel living, free food benefits at work) while minimizing significant concerns (safety issues, housing instability). His deletion of social media and dating apps suggests an attempt to reduce certain forms of social engagement during this period of transition, potentially as a means of emotional self-protection. His brief acknowledgment of the relationship ending without exploring emotional impact further supports this pattern of avoidance.

**Identity Reconstruction During Transition:** Gavin appears to be in a period of significant identity transition, having moved to a new location, changed jobs, ended a relationship, and altered his social media presence. His description of things being *"in the middle"* suggests he is between established identities, which may contribute to his reported anxiety. His focus on day-to-day living rather than longer-term planning may reflect this transitional state where identity anchors are in flux.

**Financial Insecurity and Resourcefulness:** Gavin's detailed attention to financial calculations regarding housing costs and his emphasis on obtaining free food from work suggest financial insecurity is a significant concern. However, he demonstrates resourcefulness in finding solutions to these challenges, indicating resilience and problem-solving abilities despite current stressors.

**Complex Family Dynamics:** The therapist*'s comments about Gavin'*s mother suggest longstanding family conflict that may be influencing his current functioning and self-concept. The description of *"ever moving and ever evolving"* expectations suggests unpredictable family dynamics that may contribute to Gavin's current difficulty establishing stability.

**Social Support Utilization:** Despite current challenges, Gavin demonstrates capacity to maintain social connections, as evidenced by his friendship with Ethan and reconnection with the therapist. However, the presence of a friend during therapy and the fragmented nature of personal disclosures may indicate difficulty with vulnerability in one-on-one settings or challenges with appropriate boundary setting.

Risk factors include Gavin's current housing instability, workplace safety concerns, financial insecurity, and recent relationship loss. Protective factors include his problem-solving abilities, humor as a coping mechanism, maintenance of social connections, and willingness to engage in therapy despite a period of limited contact.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Implement mindfulness practices to help Gavin develop greater awareness of emotions he may be avoiding through humor and practical focus.  
Explore values clarification to help Gavin identify meaningful life directions during this period of transition and identity reconstruction.  
Develop acceptance-based strategies for managing anxiety related to current instability without resorting to avoidance or minimization.  
Create committed action plans aligned with identified values to help Gavin move from day-to-day survival toward more intentional living despite current uncertainties.

**Dialectical Behavior Therapy (DBT) Skills Training**:  
Teach distress tolerance skills to help Gavin manage the anxiety associated with current instability without engaging in problematic avoidance behaviors.  
Introduce emotion regulation techniques to help Gavin process feelings related to the relationship ending and other significant life changes.  
Develop interpersonal effectiveness skills to help Gavin navigate complex social dynamics and set appropriate boundaries in personal relationships.  
Implement practical strategies for financial management and safety planning given current housing and workplace situations.

**Narrative Therapy Approaches**:  
Explore Gavin's narrative around current life transitions, helping him develop a coherent story that incorporates both challenges and strengths.  
Examine the stories Gavin has constructed about family dynamics, particularly regarding his mother, and how these narratives may be influencing his current functioning.  
Use externalization techniques to help Gavin separate himself from problematic patterns (avoidance, minimization) while recognizing his agency in creating new approaches.  
Develop a more integrated narrative about the relationship ending that acknowledges emotional impact while supporting forward movement.

**Specific Interventions**:  
Establish a more structured session format to ensure adequate exploration of significant issues rather than fragmented discussion of multiple topics.  
Implement a weekly check-in regarding housing stability and safety concerns to monitor these practical aspects while working on deeper psychological issues.  
Develop a specific plan for processing emotions related to the relationship ending, potentially including journaling or other structured reflection activities.  
Explore options for building a more stable social support network in Gavin's new location beyond the current friendship with Ethan.  
Implement a values assessment to help guide decision-making during this transitional period.

**Follow-up:** Schedule regular weekly sessions to provide consistent support during this period of transition and instability. Establish clear communication channels given previous connectivity issues to ensure therapeutic continuity.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Casual Disclosure to Pragmatic Framing:**

The session began with Gavin casually disclosing a significant life change—*"I'm living in a hotel right now"*—delivered with a matter-of-fact tone that belied the potential seriousness of this housing situation. When the therapist expressed surprise, Gavin's tone shifted quickly to pragmatic justification, focusing on financial calculations: *"I am getting this for 55 a night... 1900 a month. That's the same price as an apartment... once you take into account utilities and amenities."* This tonal shift from casual disclosure to detailed financial reasoning revealed Gavin's tendency to intellectualize potentially distressing situations, focusing on practical aspects rather than emotional impact.

The shift demonstrated Gavin*'s coping style when confronted with potentially judgmental reactions—immediately providing rational justification rather than exploring emotional dimensions. This pattern suggests he may anticipate criticism or concern from others and preemptively defends his choices through practical reasoning. The therapist'*s validation (*"Actually, that's pretty smart. I ain't mad at that"*) appeared to ease this defensive posture somewhat, though the conversation maintained its practical rather than emotional focus.

**Shift 2: From Vague Generalities to Specific Benefits:**

When asked about how he arrived at his current situation, Gavin's tone was notably vague and generalized: *"I tried to move here, yeah, then things went wrong, and then things went right, and now things are kind of in the middle, and I'm living my life day to day, and it's nerve wracking."* This evasive tone suggested discomfort with exploring the specific challenges that led to his current instability. However, when the conversation shifted to his new job at the ballpark, his tone became more animated and specific, particularly when describing workplace benefits: *"They leave the workers all of the leftover food at the end of the day... we've saved, like a solid $200."*

This tonal shift from vague generalities about challenges to specific enthusiasm about benefits reveals Gavin*'s preference for focusing on positive aspects of difficult situations. The shift may serve a protective function, allowing him to maintain optimism and avoid dwelling on disappointments or setbacks. The therapist'*s mirroring of this enthusiastic tone (*"I don't, honey, I don't blame you either. I'd be eating all that shit"*) reinforced this pattern, potentially validating Gavin's coping strategy of focusing on silver linings rather than exploring difficulties.

**Shift 3: From Deflection to Brief Vulnerability:**

A notable tonal shift occurred when Gavin transitioned from lighthearted banter to disclosing his relationship ending: *"I would like to say that I broke up with Milly, but it went the other way around."* This brief statement, delivered with a more subdued tone, represented one of the few moments of clear vulnerability in the session. The therapist's response—*"Well, nobody saw that coming"*—was initially interpreted by Gavin as sarcasm, prompting his defensive clarification: *"I Yeah, it's not sarcamm."*

This brief exchange revealed Gavin's sensitivity around the relationship ending and his difficulty sustaining a vulnerable tone. The conversation quickly moved away from this topic without exploring emotional impact, returning to the more comfortable humorous banter that characterized most of the session. This pattern of brief vulnerability followed by rapid tonal shift to humor or practical matters suggests difficulty sustaining emotional exploration, potentially indicating discomfort with deeper feelings related to rejection or loss.

**Shift 4: From Supportive Presence to Personal Deflection:**

When Gavin's friend Ethan disclosed his experience of sexual assault, the tonal quality of the session shifted significantly. The therapist adopted a more serious, professional tone to address this disclosure: *"That's a really good question. So it if there's alcohol involved, it's very difficult if either party had any sip of alcohol..."* This represented one of the few moments where the typically humorous rapport gave way to straightforward clinical information.

Following this serious exchange, Gavin*'s subsequent comments maintained a lighter tone, potentially serving to diffuse the emotional intensity of his friend'*s disclosure. This tonal pattern suggests Gavin may take on a supportive role for others while maintaining emotional distance from intense content, possibly reflecting his own comfort with providing practical support rather than emotional engagement. The therapist's eventual return to humorous banter (*"Well, that's about as helpless as you can get"*) may have served to release the emotional tension while acknowledging the limits of immediate intervention.

**Shift 5: From Frustration to Technical Problem-Solving:**

When describing a challenging work day, Gavin's tone conveyed clear frustration: *"I served 5000 children... handled over $1,000 worth of cash, mostly in ones and fives. And someone midway through my fucking shift set off, and flippers zero, D off, attack on the ballparks main WiFi."* The intensity in his voice and use of profanity marked this as a moment of genuine emotional expression about workplace stress.

However, when the conversation shifted to the technical aspects of the WiFi attack, Gavin's tone transformed from frustrated to analytically engaged, explaining technical concepts to the therapist. This tonal shift from emotional expression to technical explanation demonstrates another pattern of intellectual engagement replacing emotional processing. Gavin appears most comfortable and confident when sharing knowledge or solving problems, suggesting these modes of interaction may serve as safe alternatives to emotional vulnerability.

**Shift 6: From Humor to Concern About Family Dynamics:**

Throughout much of the session, Gavin maintained a humorous, bantering tone with the therapist. However, when family dynamics were briefly mentioned, the therapist's tone shifted to one of genuine concern: *"I will never understand your mother, not that it's my job to yet I will never ever get that dynamic, because the expectations are ever moving and ever evolving... you've not been her problem. She has made you an issue."* This tonal shift from the therapist, though not extensively elaborated upon, suggested significant underlying family issues that have been discussed in previous sessions.

Gavin's limited response to this tonal shift is notable—he neither engaged deeply with this more serious framing of family dynamics nor explicitly rejected it. This pattern suggests family issues may represent an area of emotional complexity that Gavin is not currently prioritizing or is not ready to explore deeply given his more immediate practical concerns with housing and employment stability.

## Thematic Analysis

**Theme 1: Instability and Adaptation:**

A central theme throughout the session was Gavin's experience of significant life instability and his attempts to adapt to changing circumstances. This theme was explicitly articulated in his statement: *"I tried to move here, yeah, then things went wrong, and then things went right, and now things are kind of in the middle, and I'm living my life day to day, and it's nerve wracking."* The hotel living situation, new job, relationship ending, and social media deletion all represent aspects of this broader theme of disruption and adaptation.

Gavin's approach to this instability appears to involve a combination of practical problem-solving and psychological minimization. His detailed financial calculations regarding hotel costs versus apartment rental demonstrate his attempt to find rational advantages in a potentially precarious housing situation. Similarly, his focus on the free food benefits at his ballpark job rather than the reported safety concerns (*"I've almost been murdered three times"*) suggests a tendency to highlight silver linings rather than acknowledging potential dangers or disadvantages.

This theme connects to broader questions about Gavin's identity during this transitional period. His statement about living *"day to day"* suggests a shortened time horizon, potentially reflecting difficulty envisioning a stable future given current uncertainties. The deletion of social media may represent an attempt to simplify his life during this complex transition or to distance himself from previous social connections as he establishes a new living situation.

**Theme 2: Financial Insecurity and Resourcefulness:**

Financial concerns emerged as a significant theme throughout the session, though often addressed indirectly through Gavin's emphasis on cost-saving measures. His detailed breakdown of hotel costs compared to apartment expenses suggests financial calculations are prominent in his decision-making. Similarly, his enthusiasm about obtaining free food from work—*"we've saved, like a solid $200"*—indicates financial savings are a meaningful benefit in his current situation.

This theme reveals both vulnerability (financial insecurity) and strength (resourcefulness) in Gavin's current functioning. His ability to identify and capitalize on available resources (hotel pricing, workplace food) demonstrates problem-solving skills and adaptability despite challenging circumstances. However, the prominence of financial considerations in his narrative suggests underlying anxiety about financial stability that may be influencing major life decisions.

The theme also connects to potential class or socioeconomic identity factors that may be relevant to Gavin's self-concept and life choices. His focus on practical financial matters rather than ideal living conditions suggests he may be prioritizing economic survival over comfort or preference during this transitional period, potentially reflecting either temporary circumstances or longer-term socioeconomic realities.

**Theme 3: Relationship Patterns and Boundaries:**

Relationship dynamics emerged as a multifaceted theme throughout the session, encompassing romantic relationships, friendships, family dynamics, and therapeutic connection. Gavin's brief disclosure about his relationship ending—*"I would like to say that I broke up with Milly, but it went the other way around"*—suggested both a desire to maintain a sense of agency in the narrative and an acknowledgment of rejection. The brevity of this disclosure and lack of emotional elaboration may indicate difficulty processing this relationship loss.

The presence of Gavin*'s friend Ethan during part of the therapy session raises questions about interpersonal boundaries and Gavin'*s comfort with individual emotional processing. While supporting a friend through a difficult disclosure demonstrates compassion, the inclusion of a friend in therapy may also reflect difficulty with one-on-one vulnerability or a preference for social buffering during emotional conversations.

Family relationships, particularly with Gavin*'s mother, were briefly referenced through the therapist'*s comment: *"I will never understand your mother... the expectations are ever moving and ever evolving... you've not been her problem. She has made you an issue."* This suggests longstanding family dynamics that may influence Gavin's current relationship patterns and self-concept, potentially contributing to difficulties with stability or emotional intimacy.

The therapeutic relationship itself demonstrated both connection and disconnection, with Gavin noting communication difficulties (*"In my defense, I sent you several attacks that just did not come through"*) while maintaining rapport through humor and banter. The therapist's comment *"I feel abandoned. I feel alone. I feel isolated"* may reflect genuine concern about therapeutic continuity or may represent playful mirroring of attachment themes relevant to Gavin's experience.

**Theme 4: Safety and Risk:**

Physical and psychological safety emerged as a subtle but significant theme throughout the session. Gavin's casual mention of workplace dangers—*"I've almost been murdered three times... the baseball hit the front of a refrigerator that went literally sitting next to me and left a dent in the refrigerator"*—revealed potential safety concerns that were notably minimized in his narrative. Similarly, his hotel living situation, while framed in practical financial terms, may carry safety or stability risks not explicitly acknowledged.

The theme extended to psychological safety through Gavin's apparent comfort with humor and practical discussion versus limited engagement with emotional vulnerability. His brief disclosure about the relationship ending followed by rapid topic changes suggests potential discomfort with psychological vulnerability, perhaps reflecting concerns about emotional safety or rejection.

The presence of Ethan*'s sexual assault disclosure within the session further highlighted safety themes, bringing explicit discussion of consent and violation into the therapeutic space. The therapist'*s clear explanation of sexual assault definitions provided a framework for understanding violation of boundaries and safety, potentially relevant to multiple relationships in Gavin's life.

This theme connects to questions about Gavin's risk assessment and safety prioritization during this period of transition. His apparent willingness to accept certain physical risks (dangerous workplace) and housing instability may reflect either limited options due to financial constraints or a general pattern of risk tolerance that could benefit from more careful evaluation.

## Sentiment Analysis

**Sentiments About Self**

Gavin expressed predominantly neutral to positive sentiments about himself throughout the session, with limited direct self-evaluation:

**Pragmatic Problem-Solver:** When discussing his hotel living situation, Gavin presented himself as making rational financial decisions: *"I am getting this for 55 a night... 1900 a month. That's the same price as an apartment... once you take into account utilities and amenities."* This framing suggests positive self-regard related to practical problem-solving abilities, positioning himself as resourceful rather than desperate despite housing instability.

**Resilient Adapter:** Gavin's description of his current situation—*"things went wrong, and then things went right, and now things are kind of in the middle"*—conveyed a neutral to positive sentiment about his ability to navigate challenges, suggesting he views himself as someone who can adapt to changing circumstances despite acknowledging anxiety (*"it's nerve wracking"*).

**Recipient of Rejection:** The one clearly negative self-sentiment emerged in Gavin's disclosure about his relationship ending: *"I would like to say that I broke up with Milly, but it went the other way around."* This brief statement acknowledged being rejected rather than being the initiator of the breakup, potentially indicating feelings of inadequacy or abandonment, though these were not explicitly explored.

**Sentiments About Others/External Situations**

Gavin's sentiments toward others and external situations were more varied and explicitly stated:

**Ambivalence Toward Work Environment:** Gavin expressed mixed sentiments about his ballpark job, highlighting safety concerns (*"I've almost been murdered three times"*) alongside benefits (*"They leave the workers all of the leftover food at the end of the day"*). This ambivalence suggests a pragmatic acceptance of negative aspects balanced against perceived advantages, particularly financial ones.

**Negative Sentiment Toward Digital Social Engagement:** Gavin's statement that he *"deleted most of social media"* and feels *"better without all the dating apps"* expressed clear positive sentiment about reducing certain forms of social engagement. This suggests previous negative experiences with these platforms or a general preference for simplified social interaction during this transitional period.

**Complex Sentiment Toward Family:** While not extensively discussed, the therapist*'s comment about Gavin'*s mother (*"you've not been her problem. She has made you an issue"*) suggested negative sentiment regarding family dynamics that Gavin neither contradicted nor elaborated upon. This silence may indicate either agreement with this negative assessment or discomfort engaging with family-related emotions.

**Supportive Sentiment Toward Friend:** Gavin demonstrated positive sentiment toward his friend Ethan through his supportive presence during Ethan*'s disclosure of sexual assault. While not verbally explicit, this behavioral support suggested valuing of the friendship and concern for Ethan'*s wellbeing.

**Sentiments About Therapy/Therapeutic Process**

Gavin's sentiments toward the therapeutic relationship and process were predominantly positive:

**Valued Reconnection:** Despite communication difficulties, Gavin expressed positive sentiment about reconnecting with the therapist, making efforts to ensure message delivery and engaging actively in the session. His explanation about technical communication problems (*"In my defense, I sent you several attacks that just did not come through"*) suggested he valued the therapeutic relationship enough to clarify potential misunderstandings.

**Comfort with Therapeutic Style:** Gavin appeared comfortable with the therapist's direct, sometimes crude humorous style, engaging with it naturally throughout the session. This comfort suggests positive sentiment toward the therapeutic approach and established rapport, indicating the relationship provides a safe space for authentic expression.

**Openness to Practical Support:** Gavin responded positively to the therapist's offer of self-scheduling capabilities: *"I'm going to give you the ability to schedule yourself so you can go in and choose any time you want that's available."* This practical support appeared well-received, suggesting Gavin values concrete assistance alongside emotional support in the therapeutic relationship.

The overall sentiment pattern reveals a young adult navigating significant life transitions with a predominantly pragmatic attitude, focusing on practical solutions rather than emotional processing. His sentiments suggest he values independence and resourcefulness while experiencing some vulnerability regarding relationship rejection and stability. The predominantly positive sentiment toward the therapeutic relationship indicates it serves as an important resource during this challenging period, though the humorous style may sometimes function to maintain emotional distance from difficult topics.

# Key Points

• **Housing Instability as Both Practical and Psychological Challenge**: Gavin's current hotel living situation represents not just a practical housing arrangement but a significant psychological adjustment during a period of transition. While he frames this situation in rational financial terms—*"1900 a month. That's the same price as an apartment... once you take into account utilities and amenities"*—the impermanence of hotel living likely contributes to his acknowledged anxiety about living *"day to day."* This housing instability appears connected to broader life transitions including job change and relationship ending, creating a constellation of stressors that challenge Gavin's sense of security and identity. Supporting Gavin in developing both practical stability and psychological acceptance of current uncertainties remains a key therapeutic priority, particularly exploring how temporary housing arrangements impact his sense of belonging and future planning.

• **Avoidance as Primary Emotional Regulation Strategy**: Gavin demonstrates a consistent pattern of avoiding deeper emotional processing through humor, topic changes, and focus on practical aspects of challenging situations. His brief acknowledgment of the relationship ending without exploring emotional impact, casual framing of workplace dangers, and rapid shifts between topics suggest difficulty sustaining emotional vulnerability. This avoidance pattern likely provides short-term relief but potentially reinforces longer-term emotional disconnection. His deletion of social media—*"I feel better without all the dating apps in my house"*—may represent another form of avoidance, removing potential sources of emotional activation rather than developing skills to manage difficult feelings. Developing more effective approaches to emotional experiences that balance acceptance and engagement would support greater psychological flexibility and reduce reliance on avoidance strategies that may limit authentic connection and self-understanding.

• **Identity Reconstruction During Multiple Transitions**: Gavin appears to be in a significant period of identity transition, having moved to a new location, changed jobs, ended a relationship, and altered his social media presence. His description of things being *"in the middle"* suggests he is between established identities, which likely contributes to his reported anxiety. This transitional state presents both challenges and opportunities—while identity disruption can be destabilizing, it also offers possibilities for intentional reconstruction aligned with authentic values and goals. Supporting Gavin in identifying core values that remain stable despite external changes, while exploring which aspects of identity he wishes to develop or maintain during this transition, could help transform current instability into meaningful growth. The values assessment planned for future sessions will provide a foundation for this identity exploration work.

# Significant Quotes

*"I tried to move here, yeah, then things went wrong, and then things went right, and now things are kind of in the middle, and I'm living my life day to day, and it's nerve wracking."*

This statement encapsulates Gavin's current experience of instability and transition, revealing both the practical reality of his situation and its emotional impact. The phrase *"things went wrong, and then things went right"* suggests a roller-coaster of experiences that have not yet stabilized, while *"now things are kind of in the middle"* indicates a liminal state between crisis and resolution. Most significantly, *"living my life day to day"* reveals a shortened time horizon typical of periods of significant uncertainty, where long-term planning feels impossible or pointless given current instability. The acknowledgment that this state is *"nerve wracking"* represents one of the few direct emotional disclosures in the session, confirming that despite his generally casual presentation, Gavin is experiencing anxiety related to his current circumstances. This quote is significant because it provides a framework for understanding Gavin's current psychological state—one characterized by uncertainty, adaptation to changing circumstances, and anxiety managed through focus on immediate concerns rather than longer-term planning or emotional processing.

*"I would like to say that I broke up with Milly, but it went the other way around."*

This brief statement represents one of the few moments of clear vulnerability in the session, acknowledging both a significant relationship loss and Gavin's preference for a different narrative about its ending. The phrase *"I would like to say"* reveals his awareness of the potential status or emotional protection that comes with being the initiator rather than recipient of a breakup, suggesting sensitivity to perceived rejection. The brevity of this disclosure and lack of emotional elaboration may indicate difficulty processing this relationship loss, particularly given the multiple other transitions Gavin is currently navigating. This quote is significant because it provides insight into Gavin*'s experience of relationship dynamics and his potential vulnerability to feelings of rejection or abandonment. The relationship ending represents another loss of stability during an already unstable period, potentially compounding anxiety about other life domains. Understanding how this relationship ending fits into Gavin'*s broader pattern of attachments and separations could provide important context for supporting him through current transitions while developing more secure relationship patterns.

*"I've almost been murdered three times... I was standing right here and the baseball hit the front of a refrigerator that went literally sitting next to me and left a dent in the refrigerator."*

This statement, delivered with Gavin*'s characteristic casual humor despite its concerning content, reveals his tendency to minimize potential dangers through hyperbole and focus on narrow escapes rather than ongoing risks. The dramatic framing of workplace accidents as attempted murder represents both acknowledgment of danger and psychological distancing through humor. His detailed description of the baseball'*s impact on the refrigerator *"sitting next to me"* suggests the incident was genuinely frightening, though his tone did not convey appropriate alarm. This quote is significant because it demonstrates Gavin*'s pattern of managing anxiety through minimization and humor rather than direct acknowledgment of vulnerability or fear. This coping style may serve him well in managing day-to-day stress but could potentially lead to underestimation of genuine risks or difficulty recognizing when more active safety measures are needed. The workplace dangers represent another aspect of Gavin'*s current life instability, adding physical safety concerns to his already complex constellation of housing, financial, and relationship stressors.

# Comprehensive Narrative Summary

Gavin Perna presented to today's telehealth session navigating multiple significant life transitions that have created a constellation of practical and psychological challenges. Currently living in a hotel, working a new job at a ballpark, processing a relationship ending, and managing without social media, Gavin is experiencing what he describes as *"living my life day to day, and it's nerve wracking."* This state of flux appears to have both destabilized his sense of security and activated coping strategies characterized primarily by practical problem-solving, humor, and emotional avoidance.

The session revealed Gavin's tendency to frame challenging situations in pragmatic rather than emotional terms. His hotel living arrangement was presented as a rational financial decision—*"1900 a month. That's the same price as an apartment... once you take into account utilities and amenities"*—rather than a potentially stressful housing instability. Similarly, his ballpark job was described through its benefits (free food) despite concerning safety issues (*"I've almost been murdered three times"*). This pattern of focusing on practical advantages while minimizing emotional or safety concerns suggests both resilience in finding silver linings and potential difficulty acknowledging vulnerability or processing difficult emotions.

Gavin's brief disclosure about his relationship ending—*"I would like to say that I broke up with Milly, but it went the other way around"*—represented one of the few moments of clear vulnerability in the session. The brevity of this disclosure and lack of emotional elaboration may indicate difficulty processing this relationship loss, particularly given the multiple other transitions he is currently navigating. This relationship ending represents another loss of stability during an already unstable period, potentially compounding anxiety about other life domains.

The presence of Gavin*'s friend Ethan during part of the therapy session introduced additional complexity to the therapeutic dynamic. While supporting a friend through a difficult disclosure demonstrates compassion, the inclusion of a friend in therapy may also reflect difficulty with one-on-one vulnerability or a preference for social buffering during emotional conversations. This pattern connects to broader questions about Gavin'*s comfort with emotional intimacy and appropriate boundary setting in various relationships.

Family dynamics, particularly with Gavin*'s mother, were briefly referenced through the therapist'*s comment: *"I will never understand your mother... the expectations are ever moving and ever evolving... you've not been her problem. She has made you an issue."* This suggests longstanding family patterns that may influence Gavin*'s current relationship approaches and self-concept, potentially contributing to difficulties with stability or emotional intimacy. The limited exploration of this topic during the session may reflect either Gavin'*s current prioritization of more immediate concerns or discomfort engaging with family-related emotions.

Gavin's deletion of social media—*"I feel better without all the dating apps in my house"*—represents another aspect of his current life simplification, potentially serving both practical and psychological functions. This choice may reflect an attempt to reduce social complexity during an already challenging period, avoid reminders of the recent relationship ending, or establish new patterns of social engagement aligned with his changing life circumstances. The reported improvement in well-being suggests this change has been beneficial, though it may also represent another form of avoidance that limits certain types of social connection.

The therapeutic relationship emerged as an important resource during this challenging period, characterized by comfortable rapport and effective use of humor as an emotional regulation strategy. Despite communication difficulties between sessions, Gavin demonstrated investment in maintaining the therapeutic connection, suggesting he values this support during his current transitions. The therapist*'s offer of self-scheduling capabilities provides practical assistance that may help ensure therapeutic continuity despite Gavin'*s current instability.

Moving forward, therapeutic work would benefit from a dual focus: supporting Gavin*'s practical stability while helping him develop more effective strategies for processing emotional experiences rather than avoiding them. The planned values assessment offers a starting point for connecting current choices to meaningful life directions, potentially increasing motivation for engaging with rather than avoiding difficult emotions. Additionally, exploring how Gavin'*s current transitions relate to his evolving identity could help transform present instability into intentional growth aligned with authentic values and goals.

Gavin's combination of practical resourcefulness and emotional avoidance suggests he has developed stronger skills for external problem-solving than for internal emotional processing. Building on his demonstrated strengths while developing complementary emotional awareness and regulation skills would support more integrated psychological functioning across domains. His willingness to engage in therapy despite current life complexity provides a foundation for this work, as does his capacity for humor and connection even during challenging circumstances.

# Progress Note: Hector Mendez - 5/28/2025

Comprehensive Clinical Progress Note for Hector Mendez's Therapy Session on May 28, 2025

Hector presented to today*'s session with several significant updates, primarily focused on an upcoming legal hearing related to a previous employment situation and his current efforts to manage his mental health and lifestyle. He immediately requested the therapist'*s availability to attend a virtual hearing on either June 4th or 6th at 10 am, stating, *"I need to ask you if you can't attend a hearing... It's 10am and it's virtual."* He explained that this hearing with an appeals court judge would determine whether his resignation from a previous employer was health-related, which would impact his responsibility for repaying unemployment benefits received.

Hector detailed the process for having the therapist participate as a witness: *"You can have him there. What you're going to do is he can sign on and everything you give him all the information, sign on, and then you're going to ask the judge for permission, and then, if he's the judge says yes, then you know, he'll bring him in."* He expressed confidence in the therapist's ability to support his case, stating, *"I can argue absolutely it was mental health related. 100% I can preach well... knowing that queen, she her case would be like, she'd be like, after she's done, it's he or she. It's a hearsay, but they'll take everything that she has to say into consideration."* He plans to email relevant documents (his brief and motion to the appellate court) to the therapist for review prior to the hearing.

Hector also discussed his recent decision to apply for a crossing guard position, motivated by a desire for a job that accommodates his needs while providing better pay than his previous seasonal work at Macy's: *"I applied for a crossing guard position for the school... they paid 3250 an hour... double than what I was getting at Macy's."* He highlighted the convenience of the schedule: *"This would be very convenient, because I'll be done by nine o'clock in the morning... and then I want to start again to like, three o'clock."* He expressed some regret for not pursuing this sooner but seemed optimistic about the potential opportunity.

Regarding his mental health, Hector reported feeling *"okay"* but rated his current state as a *"five, six,"* the same as the previous week. He expressed concerns about his alcohol consumption: *"I think drinking is a is getting a little bit too much when you're doing it every day... I drank three glasses, and then I drank three glasses the next day. That's all I need, and then I go to bed."* He connected this drinking pattern to poor sleep quality (*"I'm not sleeping well"*) and anxiety-related eating (*"I've been eating anxiety, eating because then I'm a little bit, I'm buzzed, so I have the munchies"*). His Oura ring data corroborated the poor sleep, showing a sleep score of 48 and sleep efficiency of 67%.

Hector acknowledged his reliance on Adderall and Red Bull to manage symptoms of depression and maintain functioning: *"I'm afraid to stop drinking Red Bull, because stop drinking ripple. I know I'm gonna crash and I'm gonna get into a really bad depression... that definitely is medication, and that has a contribution to anxiety and a little depression that right now is being controlled by Adderall and Red Bull."* He described his routine: *"Wellbutrin, Berry, I mean, Adderall, and then a can of Red Bull, yeah. And then a noon, a half an hour, another can of Red Bull. And in between, a can of Red Bull."* He plans to discuss medication adjustments with his psychiatrist, stating, *"I'm waiting for Joe's appointment as coming up to say, like, Girl, I need pills. I need something a little bit stronger."*

# Objective

Hector presented to the session alert, oriented, and casually dressed. He appeared comfortable and engaged throughout the session, maintaining good eye contact and rapport with the therapist. His speech was clear, coherent, and goal-directed, though the conversation flowed naturally between various topics, including practical matters (hearing logistics, job application), mental health concerns (drinking, sleep, medication), and lighthearted banter.

Hector's affect was predominantly euthymic with appropriate range and reactivity. He displayed humor frequently, engaging in playful banter with the therapist about various topics (office decor, personal appearance, technology). He expressed genuine concern and frustration when discussing his drinking, sleep patterns, and reliance on stimulants, indicating appropriate emotional connection to these issues. His mood appeared stable throughout the session.

Hector demonstrated good insight into the connection between his alcohol use, poor sleep, and anxiety eating. He also showed awareness of his reliance on Adderall and Red Bull to manage underlying depression symptoms, articulating how these substances help him maintain functioning: *"If I don't do that, I know that I would just, you know, will be like, whatever. Just be at home doing nothing... that's the only way that I can stimulate myself and get going."* His cognitive functioning appeared intact, with good memory for details regarding his legal case and medication routine.

Interpersonally, Hector related comfortably and openly with the therapist, demonstrating a well-established therapeutic alliance. He was direct in requesting the therapist's participation in the hearing and proactive in discussing logistics. He showed good problem-solving skills regarding his job search, identifying a position that aligns well with his needs and taking concrete steps to apply.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. Hector appeared motivated to address his concerns about alcohol use and seek appropriate psychiatric care for medication management, indicating readiness for change.

# Assessment

Hector presents with symptoms consistent with Adjustment Disorder with mixed anxiety and depressed mood (F43.23), alongside concerns related to Alcohol Use Disorder, Moderate (F10.20 based on daily use impacting sleep and contributing to anxiety eating, though tolerance/withdrawal not fully assessed). His primary stressors include the ongoing legal battle regarding past employment and unemployment benefits, current unemployment status, and management of underlying mood and anxiety symptoms.

The upcoming legal hearing represents a significant stressor requiring careful preparation and emotional management. Hector demonstrates resourcefulness and determination in navigating this complex legal process, having pursued appeals to a high level (*"You got as far as the Supreme Court and the state attorney general office took the case"*). His request for the therapist's participation as a witness reflects his understanding of the importance of substantiating the health-related reasons for his previous resignation.

Hector's self-reported pattern of daily alcohol consumption (three glasses of wine nightly) appears to be negatively impacting his sleep quality and contributing to anxiety-related eating, suggesting problematic use. His awareness of this pattern and stated desire to change (*"I need to stop. I don't want this anymore. I want to get back to my routine of exercising"*) indicate contemplation stage of change regarding alcohol use. His concern about potential depression relapse if he stops using Red Bull highlights the complex interplay between substance use and underlying mood disorder management.

His reliance on Adderall and Red Bull serves as a compensatory strategy for managing symptoms of depression, particularly low motivation and energy, which he described as historical manifestations (*"I can't get out of bed. I don't want to move, I don't want to do anything"*). While currently effective in maintaining functioning, this reliance on stimulants carries potential risks and underscores the need for optimized psychiatric treatment, which Hector plans to pursue.

Psychological strengths observed include Hector's resilience in pursuing his legal case, proactive problem-solving regarding employment (applying for the crossing guard position), insight into his substance use patterns and their consequences, and strong therapeutic alliance. His humor serves as both a coping mechanism and a way of maintaining connection.

Risk factors include potential negative outcome of the legal hearing, risk of depression relapse if stimulant use is altered without adequate psychiatric support, and potential health consequences of continued daily alcohol use and poor sleep. Protective factors include his motivation for change regarding alcohol use, planned psychiatric follow-up, strong self-advocacy skills, and supportive therapeutic relationship.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Explore values related to health, well-being, and meaningful activity to increase motivation for reducing alcohol consumption and re-engaging in exercise.  
Utilize mindfulness practices to help Hector observe urges to drink or use stimulants without automatically acting on them, increasing psychological flexibility.  
Develop acceptance strategies for managing uncomfortable emotions (anxiety, low mood) that may arise if substance use patterns change, reducing reliance on alcohol or stimulants for emotional regulation.  
Create committed action plans focused on health behaviors (reducing alcohol, increasing exercise, improving sleep hygiene) aligned with identified values.

**Cognitive Behavioral Therapy (CBT) for Substance Use and Depression**:  
Implement behavioral activation strategies to gradually increase engagement in rewarding activities (exercise, hobbies) independent of stimulant use, counteracting potential depressive symptoms.  
Utilize cognitive restructuring techniques to challenge thoughts related to needing alcohol for relaxation or stimulants for functioning.  
Develop coping skills for managing triggers for alcohol use (e.g., end-of-day stress) and managing potential withdrawal symptoms or mood changes if substance use is reduced.  
Collaborate with Hector to set realistic goals for reducing alcohol consumption, potentially starting with harm reduction approaches (e.g., alcohol-free days) before aiming for abstinence if desired.

**Supportive Therapy and Advocacy**:  
Provide emotional support and validation regarding the stress of the ongoing legal case and upcoming hearing.  
Prepare for participation in the virtual hearing as requested, reviewing provided documents and coordinating logistics with Hector.  
Support Hector's efforts to secure the crossing guard position, reinforcing his proactive job-seeking behaviors.  
Encourage open communication with his psychiatrist regarding medication effectiveness, side effects, and reliance on stimulants, supporting his self-advocacy in healthcare settings.

**Specific Interventions**:  
Confirm hearing date (June 4th or 6th) and obtain virtual access information from Hector.  
Review legal documents provided by Hector to prepare for potential testimony regarding the mental health impact of his previous employment situation.  
Develop a specific plan for reducing alcohol consumption, starting with identifying triggers and alternative coping strategies.  
Create a gradual plan for reintroducing exercise into his routine, focusing on achievable steps to build momentum.  
Discuss sleep hygiene strategies to improve sleep quality independent of alcohol use.  
Role-play communication strategies for discussing medication concerns with his psychiatrist.

**Follow-up:** Schedule next session prior to the court hearing date to finalize preparation and provide support. Continue weekly sessions to monitor progress with substance use goals, mood management, and job search.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Casual Banter to Focused Request:**

The session began with lighthearted banter between Hector and the therapist regarding office environment and personal updates, establishing a comfortable and familiar rapport. However, Hector's tone shifted significantly when he introduced the topic of the upcoming legal hearing: *"So I have before we start... I need to ask you if you can't attend a hearing on June 4 or June 6."* This shift from casual conversation to a focused, serious request marked the transition to the primary agenda item for the session. The directness and clarity of his request indicated the importance of this matter to him, cutting through the usual playful dynamic to address a critical need.

This tonal shift demonstrated Hector*'s ability to prioritize important practical matters within the therapeutic relationship while still maintaining the established rapport. The therapist'*s immediate agreement (*"I'll make it work"*) validated the seriousness of the request and reinforced the supportive nature of the alliance, allowing the conversation to proceed with addressing the logistics of the hearing participation.

**Shift 2: From Legal Logistics to Confident Assertion:**

While discussing the details of the therapist*'s potential participation in the hearing, Hector'*s tone conveyed careful attention to procedural requirements: *"What you're going to do is he can sign on... and then you're going to ask the judge for permission."* However, when considering the substance of the therapist's potential testimony, his tone shifted to one of confident assertion about the strength of his case: *"I can argue absolutely it was mental health related. 100% I can preach well... knowing that queen, she her case would be like... they'll take everything that she has to say into consideration."* This shift from procedural focus to confident prediction revealed Hector*'s strong belief in the validity of his claim and his trust in the therapist'*s ability to advocate effectively.

The confidence in his tone suggested that despite the stress of the ongoing legal process, Hector maintains a sense of conviction about the merits of his case. This tonal shift highlights his resilience and determination in pursuing the appeal, framing the therapist's role not just as a witness but as a powerful advocate (*"knowing that queen... she'd be like, after she's done..."*).

**Shift 3: From Optimism about Employment to Self-Criticism:**

When discussing his application for the crossing guard position, Hector's tone was initially optimistic and pragmatic, highlighting the advantages of the role: *"They paid 3250 an hour... double than what I was getting at Macy's... This would be very convenient."* However, this optimism quickly gave way to self-criticism regarding the timing of his application: *"That sucks. If I would have done it in October when I applied for Macy's... I would have already been in doing it in this school year."* This tonal shift from positive future planning to regretful self-recrimination revealed an underlying pattern of self-criticism even when discussing positive developments.

The therapist's intervention—*"Yeah, but you wouldn't know what you know now"*—appeared to gently challenge this self-critical tone, prompting Hector's agreement (*"I know, I know"*). This exchange highlighted how Hector's cognitive patterns can sometimes undermine his ability to fully appreciate positive steps, suggesting a potential target for cognitive restructuring interventions focused on self-compassion and acceptance of past decisions.

**Shift 4: From Euthymia to Concern about Substance Use:**

While discussing his general well-being, Hector initially maintained a relatively euthymic tone, rating his current state as *"five, six."* However, his tone became notably more concerned and self-aware when discussing his alcohol consumption: *"I think drinking is a is getting a little bit too much when you're doing it every day."* The shift was marked by increased seriousness and detailed self-monitoring (*"I drank three glasses... I'm not sleeping well... I've been eating anxiety, eating"*). This tonal change indicated genuine concern about his drinking pattern and its consequences, moving beyond casual acknowledgment to focused self-assessment.

This shift demonstrated Hector's capacity for insight into problematic substance use and his motivation for change (*"I need to stop. I don't want this anymore"*). The concerned tone suggested he recognizes the negative impact of his drinking on his physical and mental health, providing a strong foundation for therapeutic work focused on reducing alcohol consumption.

**Shift 5: From Concern to Resignation/Justification Regarding Stimulant Use:**

Following his concerned tone about alcohol, Hector's tone shifted again when discussing his reliance on Adderall and Red Bull. While acknowledging it as a contributing factor to anxiety and depression management challenges (*"that definitely is medication, and that has a contribution to anxiety and a little depression"*), his tone conveyed a sense of resignation and justification: *"Right now is being controlled by Adderall and Red Bull... If I don't do that, I know that I would just... be at home doing nothing... that's the only way that I can stimulate myself and get going."* This tonal shift suggested he views stimulant use as a necessary evil for maintaining functioning despite its downsides.

His fear of stopping Red Bull due to potential depression relapse (*"I'm afraid to stop drinking Red Bull... I know I'm gonna crash"*) further reinforced this resigned tone, framing stimulant use as essential for staving off more severe mood symptoms. This tonal pattern highlights the complexity of addressing substance use when it serves a perceived function in managing underlying mental health conditions, suggesting interventions need to address both substance use and mood management concurrently.

**Shift 6: From Serious Self-Reflection to Humorous Historical Anecdote:**

After discussing his current reliance on stimulants, the conversation shifted to Hector's past substance use, specifically mentioning crystal meth and cocaine during previous depressive episodes. His tone during this disclosure was surprisingly lighthearted and humorous: *"When I was in my past depressions... I always make sure to have crystal meth or cocaine... And then she'd be tweaking, and then I'd be filing files for like five hours in perfect alphabetical order."* This tonal shift from serious reflection on current challenges to humorous recounting of past severe substance use served to distance himself emotionally from the gravity of his history.

The humor appeared to function as a defense mechanism, allowing him to discuss potentially traumatic or shameful experiences without fully engaging with their emotional weight. His focus on the perceived functional benefits of past stimulant use (*"filing files... perfect alphabetical order... cleaning my office"*) while minimizing risks (*"But I kept my teeth... and I kept my face"*) further reinforced this pattern of humorous deflection. While demonstrating resilience and perhaps acceptance of his past, this tonal style also risks trivializing serious substance use history.

## Thematic Analysis

**Theme 1: Navigating Legal and Bureaucratic Systems:**

A central theme throughout the session was Hector's ongoing engagement with complex legal and bureaucratic systems related to his past employment and current unemployment status. His detailed discussion of the upcoming appeals court hearing, the process for witness participation, and the potential financial implications demonstrated significant investment in navigating this system. His statement about having pursued the case to a high level (*"You got as far as the Supreme Court and the state attorney general office took the case"*) highlights his persistence and determination in seeking resolution through official channels.

This theme reveals Hector*'s capacity for self-advocacy and his ability to manage complex procedural requirements despite potential mental health challenges. His proactive approach in requesting the therapist'*s participation and preparing necessary documentation underscores his commitment to presenting a strong case. The theme also highlights the significant stress associated with prolonged legal battles and the uncertainty surrounding their outcomes, potentially contributing to his current anxiety and reliance on coping mechanisms like alcohol use.

**Theme 2: Substance Use as Self-Medication for Mood Symptoms:**

Another prominent theme was Hector's use of substances—both prescribed (Adderall) and non-prescribed (Red Bull, alcohol)—to manage underlying mood symptoms, particularly depression characterized by low energy and motivation. He explicitly articulated this connection: *"That has a contribution to anxiety and a little depression that right now is being controlled by Adderall and Red Bull... If I don't do that, I know that I would just... be at home doing nothing."* His historical use of more potent stimulants (crystal meth, cocaine) during past depressive episodes further reinforces this theme of using substances to maintain functioning during periods of low mood.

This theme highlights the complex relationship between substance use and mental health for Hector. While substances provide short-term functional benefits (increased energy, motivation), they also contribute to negative consequences (poor sleep, anxiety eating, potential dependence). His fear of depression relapse if he reduces stimulant intake underscores the perceived necessity of these substances for maintaining stability. Addressing this theme requires an integrated approach that simultaneously supports mood management through optimized psychiatric care and develops alternative coping strategies for managing low energy and motivation without relying solely on substances.

**Theme 3: Health Behaviors and Self-Care:**

Concerns about health behaviors and self-care emerged as a significant theme, particularly regarding alcohol consumption, sleep, diet, and exercise. Hector expressed awareness that his daily drinking pattern was problematic (*"I think drinking is a is getting a little bit too much"*) and linked it directly to poor sleep and anxiety eating. His Oura ring data provided objective corroboration of his sleep difficulties. He also expressed a desire to return to exercise but cited lack of motivation as a barrier.

This theme reflects Hector's current struggle to maintain healthy routines amidst ongoing stressors and potential mood symptoms. His motivation for change (*"I need to stop. I don't want this anymore. I want to get back to my routine of exercising"*) provides a strong foundation for interventions focused on health behavior modification. Addressing these self-care deficits is crucial not only for physical health but also for improving mood regulation and reducing reliance on substances like alcohol as coping mechanisms.

**Theme 4: Seeking Stability Through Employment:**

The theme of seeking stable and suitable employment was evident in Hector's discussion of applying for the crossing guard position. His rationale for choosing this role—better pay than previous work and a convenient schedule—suggests a pragmatic approach to finding employment that aligns with his current life circumstances and needs. His proactive step of applying demonstrates motivation to re-enter the workforce and establish financial stability.

This theme connects to broader issues of identity and purpose, as meaningful employment can provide structure, social connection, and a sense of contribution. Securing this position could represent a significant step toward greater stability for Hector, potentially reducing financial stress and providing a positive focus amidst ongoing legal challenges. Supporting his efforts in this job search and helping him navigate potential transitions back into employment are important therapeutic goals.

**Theme 5: Therapeutic Alliance and Humor as Connection:**

The session strongly highlighted the theme of a well-established therapeutic alliance characterized by humor, mutual respect, and direct communication. The frequent use of playful banter, inside jokes, and affectionate teasing demonstrated a deep level of comfort and trust between Hector and the therapist. This strong rapport appeared to facilitate open discussion of sensitive topics, including substance use history and current mental health struggles.

Humor served multiple functions within the session: establishing connection, regulating emotional intensity, and potentially deflecting from deeper emotional processing at times. The therapist's ability to navigate between humorous engagement and serious clinical focus appeared crucial for maintaining the alliance while addressing substantive issues. This theme underscores the importance of the therapeutic relationship as a consistent source of support and validation for Hector, particularly during periods of external stress and instability.

## Sentiment Analysis

**Sentiments About Self**

Hector expressed a mix of sentiments about himself, including self-awareness, self-criticism, and determination:

**Concerned Self-Awareness:** When discussing his drinking and sleep patterns, Hector expressed clear negative sentiment about his current state: *"I think drinking is a is getting a little bit too much... I'm not sleeping well."* This reflects concerned self-awareness about problematic behaviors and their consequences.

**Self-Criticism Regarding Past Decisions:** Hector expressed negative sentiment toward his past self when discussing the timing of his job application: *"That sucks. If I would have done it in October... I would have already been in doing it."* This self-critical sentiment suggests regret and potential difficulty with self-acceptance regarding past choices.

**Determined Self-Advocate:** When discussing his legal case, Hector conveyed positive sentiment about his ability to navigate the system and present his case effectively: *"You did a you must have done a very, very good job, because that never happens"* (referencing the Secretary's comment). This reflects pride in his persistence and competence in self-advocacy.

**Resigned Acceptance of Coping Mechanisms:** Regarding his reliance on stimulants, Hector expressed a neutral to resigned sentiment, framing it as a necessary strategy for functioning: *"That's the only way that I can stimulate myself and get going."* This suggests acceptance of his current coping mechanisms despite acknowledging their downsides.

**Sentiments About Others/External Situations**

Hector's sentiments toward others and external situations were generally positive or neutral, with notable exceptions:

**Positive Sentiment Toward Therapist:** Hector expressed consistently positive sentiment toward the therapist through direct requests for support (hearing attendance), engagement in banter, and apparent trust in sharing sensitive information. His confidence in the therapist's ability to support his legal case (*"knowing that queen..."*) further indicated positive regard.

**Neutral to Positive Sentiment Toward Potential Job:** Hector expressed pragmatic optimism about the crossing guard position, focusing on its practical benefits (pay, schedule) rather than expressing strong emotional investment. This suggests a hopeful but measured sentiment toward this potential opportunity.

**Negative Sentiment Toward Legal/Bureaucratic Process:** While determined to pursue his case, Hector's description of the lengthy appeals process conveyed underlying negative sentiment about the difficulty and stress involved in navigating these systems.

**Ambivalent Sentiment Toward Past Substance Use:** Hector discussed his past use of potent stimulants with a surprisingly lighthearted, almost positive sentiment, focusing on perceived functional benefits (*"filing files... perfect alphabetical order"*) while minimizing risks. This ambivalent sentiment suggests incomplete processing of the negative aspects of his past substance use history.

**Sentiments About Therapy/Therapeutic Process**

Hector's sentiments toward the therapeutic process appeared consistently positive:

**Valued Support:** Hector clearly valued the therapist*'s support, directly requesting participation in the legal hearing and expressing confidence in the therapist'*s advocacy.

**Comfort with Therapeutic Style:** Hector engaged comfortably with the therapist's humorous and direct style, indicating positive sentiment toward the established therapeutic dynamic and feeling safe within the relationship.

**Openness to Discussion:** Hector demonstrated openness to discussing a wide range of topics, from practical legal matters to sensitive substance use history, suggesting positive sentiment toward therapy as a space for comprehensive self-exploration.

The overall sentiment pattern reveals an individual navigating significant external stressors (legal case, unemployment) while grappling with internal challenges related to substance use and mood management. His sentiments reflect a combination of determination, self-awareness, self-criticism, and reliance on established coping mechanisms. The consistently positive sentiment toward the therapeutic relationship highlights its importance as a source of stability and support during this complex period.

# Key Points

• **Impending Legal Hearing as Major Stressor**: The upcoming virtual hearing regarding Hector*'s previous employment resignation represents a significant focal point of stress and requires immediate therapeutic attention. Supporting Hector in preparing for this hearing—both logistically (confirming date, reviewing documents) and emotionally (managing anxiety, preparing for potential outcomes)—is a primary short-term goal. The therapist'*s participation as a witness, as requested, provides an opportunity to directly advocate for the mental health factors contributing to Hector*'s resignation, potentially influencing the hearing'*s outcome and alleviating a major source of financial and psychological stress.

• **Problematic Alcohol Use Impacting Health**: Hector's self-reported pattern of daily alcohol consumption (three glasses nightly) warrants clinical attention due to its negative impact on sleep quality and contribution to anxiety-related eating. His expressed desire to reduce drinking (*"I need to stop. I don't want this anymore"*) indicates readiness for change. Developing a collaborative plan for reducing alcohol use, incorporating harm reduction principles and addressing underlying triggers (stress, relaxation), is crucial for improving overall health and well-being. Addressing alcohol use may also positively impact sleep and reduce reliance on other coping mechanisms.

• **Reliance on Stimulants for Mood Management**: Hector's dependence on Adderall and Red Bull to manage underlying depression symptoms (low energy, motivation) highlights the need for optimized psychiatric care. While these substances currently help him maintain functioning, this reliance carries risks and may mask the severity of his mood disorder. Supporting Hector in communicating effectively with his psychiatrist about his medication needs and exploring alternative or adjunctive treatments for depression is essential. Therapeutic work should focus on developing non-substance-based strategies for managing low energy and motivation (e.g., behavioral activation, exercise) to reduce reliance on stimulants over time.

# Significant Quotes

*"I think drinking is a is getting a little bit too much when you're doing it every day... I drank three glasses, and then I drank three glasses the next day. That's all I need, and then I go to bed. But I'm not sleeping well... I've been eating anxiety, eating because then I'm a little bit, I'm buzzed, so I have the munchies... I need to stop. I don't want this anymore."*

This statement provides a concise summary of Hector's problematic alcohol use pattern, its negative consequences (poor sleep, anxiety eating), and his motivation for change. His self-awareness regarding the frequency (*"every day"*) and quantity (*"three glasses"*) of his drinking, coupled with his recognition of its impact, demonstrates significant insight. The explicit statement *"I need to stop. I don't want this anymore"* clearly indicates he is in the contemplation or preparation stage of change regarding his alcohol consumption. This quote is significant because it establishes problematic alcohol use as a key clinical target and confirms Hector's readiness to address it, providing a strong foundation for interventions focused on reducing or eliminating alcohol use.

*"I'm afraid to stop drinking Red Bull, because stop drinking ripple. I know I'm gonna crash and I'm gonna get into a really bad depression... that definitely is medication, and that has a contribution to anxiety and a little depression that right now is being controlled by Adderall and Red Bull... If I don't do that, I know that I would just... be at home doing nothing... that's the only way that I can stimulate myself and get going."*

This quote powerfully illustrates the theme of substance use as self-medication for underlying mood symptoms. Hector clearly articulates his fear of depression relapse (*"I know I'm gonna crash"*) if he reduces stimulant intake, revealing the perceived necessity of Adderall and Red Bull for maintaining basic functioning (*"get going,"* avoid *"doing nothing"*). His description highlights the functional role these substances play in managing his historical pattern of depression characterized by low energy and motivation. This quote is significant because it underscores the complexity of addressing substance use when it is intertwined with managing a chronic mental health condition. It emphasizes the need for an integrated treatment approach that simultaneously optimizes psychiatric care for depression while developing alternative coping strategies to reduce reliance on stimulants, addressing both the substance use and the underlying mood disorder it aims to manage.

*"So this hearing now will determine if I have to pay back the money that, that I took, that unemployment gave me, or if the or it's going to go against the employer's records, and the employer is responsible for that... I can argue absolutely it was mental health related. 100% I can preach well."*

This statement highlights the high stakes of the upcoming legal hearing and Hector*'s focus on establishing the mental health reasons for his previous resignation. The quote reveals the concrete financial implications of the hearing'*s outcome (responsibility for repaying unemployment benefits) and underscores the significant stress associated with this legal battle. His confident assertion *"I can argue absolutely it was mental health related. 100% I can preach well"* demonstrates his determination to advocate for himself and his belief in the validity of his case. This quote is significant because it identifies the legal hearing as a primary source of current stress and a key focus for therapeutic support. It also reveals Hector*'s proactive stance in seeking the therapist'*s participation to substantiate his claim, highlighting his resourcefulness and commitment to navigating this complex process.

# Comprehensive Narrative Summary

Hector Mendez presented to today's session navigating a complex interplay of legal stressors, concerns about substance use, and efforts to manage underlying mood symptoms while seeking stable employment. The session was characterized by a strong therapeutic alliance, allowing for open discussion of sensitive topics alongside practical problem-solving and characteristic humor.

The most immediate focus was an upcoming virtual appeals court hearing related to Hector*'s previous employment resignation. He proactively requested the therapist'*s participation as a witness to substantiate his claim that the resignation was health-related, thereby impacting his responsibility for repaying unemployment benefits. His detailed understanding of the legal process and confident assertion about the merits of his case (*"I can argue absolutely it was mental health related. 100%"*) demonstrated resilience and determination in navigating this prolonged and stressful legal battle. Supporting Hector through this hearing, both logistically and emotionally, emerged as a primary short-term therapeutic goal.

Parallel to the legal concerns, Hector expressed significant self-awareness and motivation for change regarding his pattern of daily alcohol consumption. He clearly articulated his concern: *"I think drinking is a is getting a little bit too much when you're doing it every day,"* linking it directly to negative consequences such as poor sleep quality (corroborated by Oura ring data) and anxiety-related eating. His stated desire *"I need to stop. I don't want this anymore"* indicated readiness to address this problematic substance use, providing a strong foundation for collaborative goal-setting and intervention.

Compounding the substance use concerns was Hector's acknowledged reliance on prescribed Adderall and non-prescribed Red Bull to manage underlying symptoms of depression, particularly low energy and motivation. He described this reliance as a necessary strategy for maintaining functioning (*"If I don't do that, I know that I would just... be at home doing nothing"*), while also expressing fear of depression relapse if he reduced stimulant intake (*"I'm afraid to stop drinking Red Bull... I know I'm gonna crash"*). This highlighted the complex interplay between substance use and mood management, underscoring the need for optimized psychiatric care alongside therapeutic work focused on developing non-substance-based coping strategies.

Despite these challenges, Hector demonstrated proactive problem-solving in his job search, having identified and applied for a crossing guard position that offered better pay and a more convenient schedule than previous employment. This initiative reflected his motivation to establish financial stability and find meaningful activity, representing a significant psychological strength amidst current stressors.

Throughout the session, the therapeutic relationship provided a stable anchor. The established rapport, characterized by humor and direct communication, facilitated discussion of difficult topics, including sensitive substance use history recounted with characteristic (though potentially defensive) humor. The therapist's role shifted fluidly between providing emotional support, offering practical assistance (agreeing to attend the hearing, providing contact information), and gently challenging self-critical or avoidant patterns.

Moving forward, therapeutic work will focus on several key areas: immediate support for the upcoming legal hearing; collaborative development of a plan to reduce alcohol consumption, addressing triggers and building alternative coping skills; supporting Hector in communicating effectively with his psychiatrist to optimize mood management and reduce reliance on stimulants; reinforcing positive steps toward stable employment; and continuing to leverage the strong therapeutic alliance to foster insight and behavioral change. An integrated approach addressing legal stressors, substance use, mood management, and vocational goals will be essential for supporting Hector's overall well-being and progress toward greater stability.

# Progress Note: John Best - 5/30/2025

Comprehensive Clinical Progress Note for John Best's Therapy Session on May 30, 2025

John presented to today's session with existential questions about emotional awareness and happiness. He initially rated his mood as a *"four,"* noting *"I was gonna be three, but the caffeine is kicking."* When discussing his emotional state, John expressed significant uncertainty about his ability to identify his feelings: *"I don't know how I feel. Jonathan, I don't know."* This statement reflected a core theme of emotional ambiguity that permeated the session.

John articulated a philosophical question about emotional self-awareness: *"When people ask, and you, of course, I was thinking about what number I was, but when you or someone asks the question, how are you or how are you feeling?... I don't know if I ever really know."* He distinguished between momentary emotional states versus broader patterns, noting, *"I know how I feel in the moment more than... big picture."* This reflection led to a profound self-observation: *"I don't think I'm ever happy,"* suggesting a pattern of emotional disconnection or persistent dysthymia.

When discussing his week, John described it as *"okay... decent... bitter, sweet,"* and shared positive experiences at a beach club outing and a family barbecue. He noted, *"We went on Sunday, Monday... we had a really nice day,"* and regarding the family gathering, *"It was not stressful, it was pleasant. It was easy, probably the easiest group of people."* However, these positive experiences were described with emotional detachment rather than enthusiasm, reinforcing his difficulty connecting with positive emotions.

John expressed frustration with his chronic indecisiveness and analytical tendencies: *"It's so fucking annoying, like sometimes I would like to fucking be sure of something. I feel like I'm never sure of anything."* He questioned whether this trait reflected thoughtfulness or avoidance: *"I don't know if it's because I'm afraid to take a position, or if really that makes me somehow more thoughtful, because I'm kind of constantly analyzing things."*

When the therapist proposed a definition of happiness as requiring *"someone to love, something to do and something to look forward to,"* John reflected on periods of unhappiness in his life: *"When you're really unhappy, you can't even see those things... you're in a mist, fog... you may have someone to love. There could be a million things you could be looking forward to, but you're not able to."* This insight suggested awareness of how depression had previously affected his perception.

John also mentioned his upcoming birthday celebration on Sunday, which his partner was organizing with family members. He expressed mild frustration about his partner's excessive planning and communication about the event: *"He sucked the life out of my morning by insisting on talking about it."* This comment revealed underlying tension in how they navigate social planning and communication styles.

# Objective

John presented to the session alert, oriented, and casually dressed. He maintained good eye contact and engaged actively in the therapeutic dialogue. His speech was clear, coherent, and goal-directed, though he frequently shifted between topics as new thoughts emerged. His thought process demonstrated abstract thinking, philosophical questioning, and self-reflection.

John's affect was predominantly restricted with occasional appropriate humor. Despite discussing positive events from his week (beach club outing, family barbecue), his emotional expression remained subdued, consistent with his self-reported difficulty identifying and experiencing happiness. His mood appeared mildly dysthymic, which he acknowledged by rating himself a *"four"* on a subjective scale.

John demonstrated significant insight into his emotional patterns, particularly his difficulty with emotional identification and chronic indecisiveness. He engaged in metacognition about these patterns, questioning whether his analytical tendencies represented thoughtfulness or avoidance. His cognitive functioning appeared intact, with no evidence of thought disorder, perceptual disturbances, or memory impairment.

John*'s interpersonal style during the session was collaborative and engaged. He responded thoughtfully to the therapist'*s questions and theoretical propositions, building on them with his own reflections. He displayed appropriate humor and rapport with the therapist, indicating a solid therapeutic alliance. His communication style was articulate and reflective, though occasionally tangential as new thoughts emerged.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. John appeared stable despite his reported emotional ambiguity and mild dysthymia.

# Assessment

John presents with symptoms consistent with Persistent Depressive Disorder (Dysthymia) with anxious distress (F34.1). His presentation is characterized by chronic mild depression, emotional disconnection, and significant difficulty identifying and experiencing positive emotions, particularly happiness. His statement *"I don't think I'm ever happy"* suggests a persistent pattern rather than a temporary state, consistent with dysthymia rather than major depressive disorder.

John's primary psychological challenge centers on alexithymia—difficulty identifying and describing emotions. His repeated statements about not knowing how he feels (*"I don't know how I feel. Jonathan, I don't know"*) reflect this core issue. This emotional disconnection appears to be longstanding and pervasive, affecting his ability to experience satisfaction and joy even during objectively pleasant experiences, such as the beach outing and family gathering he described.

His chronic indecisiveness and excessive analytical thinking (*"I feel like I'm never sure of anything"*) suggest underlying anxiety and avoidance patterns. These cognitive patterns may serve as defense mechanisms against emotional vulnerability or fear of making mistakes. His insight into questioning whether this represents thoughtfulness or avoidance demonstrates awareness of these patterns, though he remains caught in them.

John's description of past depressive episodes as being *"in a mist, fog"* where he couldn't *"see"* positive aspects of life suggests previous experiences with more severe depression. His current state appears to be a milder, chronic form where he can acknowledge positive experiences but struggles to emotionally connect with them. This pattern is consistent with the emotional blunting often seen in dysthymia.

Psychological strengths observed include John's intellectual insight, willingness to engage in philosophical and existential questioning, and capacity for metacognition about his emotional patterns. His ability to maintain social connections (partner relationship, family gatherings) despite emotional disconnection represents an important protective factor. His engagement in the therapeutic relationship and willingness to explore difficult emotional terrain also suggests potential for growth.

Risk factors include his persistent emotional disconnection, which may contribute to relationship strain (as evidenced by his frustration with his partner's communication style) and diminished life satisfaction over time. His chronic mild depression, while not acute, represents a significant burden on quality of life and psychological well-being if left unaddressed.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Implement mindfulness practices specifically designed to increase emotional awareness and identification, helping John develop greater connection with his emotional experiences.  
Utilize the ACT concept of *"self-as-context"* to help John observe his analytical thinking patterns without being fused with them, creating psychological flexibility.  
Explore values clarification exercises to help John identify what matters most to him, potentially addressing his chronic indecisiveness by connecting choices to core values.  
Develop committed action plans aligned with identified values, focusing on small, manageable steps that can build momentum toward meaningful engagement.

**Existential Therapy Approaches**:  
Continue exploring existential questions about happiness, meaning, and emotional experience that John has initiated, validating these as important areas of inquiry.  
Examine how John's analytical tendencies and emotional disconnection may serve as defenses against existential anxiety about uncertainty and responsibility for choices.  
Explore the concept of *"normal"* that John referenced, unpacking what this means to him and how it relates to his sense of self and belonging.  
Facilitate reflection on how John's difficulty with emotional identification affects his sense of authenticity and presence in his life experiences.

**Emotion-Focused Interventions**:  
Implement structured emotional awareness exercises to help John develop greater precision in identifying and labeling emotional states.  
Practice in-session emotional focusing techniques, guiding John to attend to bodily sensations associated with emotions to strengthen mind-body connection.  
Develop a personalized emotional vocabulary that resonates with John*'s experience, potentially using metaphors or scales that feel authentic to him.  
Explore the relationship between John'*s analytical thinking and emotional avoidance, developing strategies to engage with emotions directly rather than intellectualizing them.

**Specific Interventions**:  
Introduce a daily emotional check-in practice using a personalized scale or vocabulary that feels meaningful to John, building the habit of emotional self-awareness.  
Assign reading on alexithymia and emotional awareness to normalize John's experience and provide conceptual framework for understanding his patterns.  
Explore the *"three components of happiness"* model discussed in session (someone to love, something to do, something to look forward to), having John assess these areas in his life and identify potential growth opportunities.  
Practice mindful observation of decision-making processes in session, helping John become aware of patterns that contribute to chronic indecisiveness.  
Develop strategies for communicating emotional needs and boundaries with his partner, particularly around social planning and expectations.

**Follow-up:** Continue weekly sessions focused on emotional awareness development and existential exploration. Review homework assignments related to emotional check-ins and mindfulness practices. Consider administering formal assessment of alexithymia if clinically indicated at next session.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Casual Engagement to Philosophical Inquiry:**

The session began with relatively casual conversation about office amenities and light banter. However, a significant tonal shift occurred when John introduced his existential question about emotional awareness: *"When you or someone asks the question, how are you or how are you feeling?... I don't know if I ever really know."* His tone became more serious, contemplative, and vulnerable, signaling the transition from social pleasantries to meaningful therapeutic exploration.

This tonal shift revealed John*'s capacity to move beyond surface-level interaction into deeper philosophical territory. The abruptness of the shift suggested that these questions had been percolating for some time, perhaps triggered by routine inquiries about his emotional state. The therapist'*s matching shift in tone, engaging seriously with the philosophical question rather than redirecting to concrete topics, reinforced the therapeutic alliance and validated the importance of John's existential concerns.

**Shift 2: From Intellectual Curiosity to Emotional Frustration:**

While discussing his difficulty knowing how he feels, John's tone shifted from intellectual curiosity to emotional frustration: *"It's so fucking annoying, like sometimes I would like to fucking be sure of something."* The increased intensity and use of expletives marked this as a significant tonal change, revealing genuine emotional distress beneath the philosophical inquiry.

This shift demonstrated that John's difficulty with emotional identification is not merely an intellectual puzzle but a source of real suffering and frustration. The momentary emotional intensity contrasted sharply with his otherwise restricted affect, suggesting that frustration may be one of the few emotions he can access and express clearly. This tonal shift provided an important window into the impact of alexithymia on his daily experience, highlighting how emotionally draining constant uncertainty can be.

**Shift 3: From Abstract Discussion to Personal Reflection:**

When the therapist proposed a definition of happiness as requiring *"someone to love, something to do and something to look forward to,"* John's tone shifted from abstract philosophical discussion to more personal reflection: *"When you're really unhappy, you can't even see those things... you're in a mist, fog."* His voice became softer and more introspective, suggesting he was accessing memories of past depressive episodes.

This tonal shift revealed John's capacity for connecting theoretical concepts to his lived experience, an important therapeutic skill. The metaphor of being *"in a mist, fog"* conveyed the perceptual changes that accompany depression more vividly than clinical language could, demonstrating John's ability to articulate his internal experience when given appropriate frameworks. This shift from abstract to personal represented an important moment of integration between intellectual understanding and emotional experience.

**Shift 4: From Reflective to Mildly Irritated:**

When discussing his upcoming birthday celebration, John's tone shifted from reflective to mildly irritated: *"He sucked the life out of my morning by insisting on talking about it."* This tonal change revealed underlying relationship dynamics and communication challenges with his partner that might otherwise have remained unexplored.

The irritation in John*'s tone when discussing his partner'*s planning style contrasted with his generally flat affect throughout most of the session. This suggested that interpersonal frustrations may be one area where he can more readily access and express emotions. The shift highlighted how his emotional disconnection affects his relationships, particularly when his partner's emotional expression and communication style differ significantly from his own. This tonal change provided important clinical information about potential targets for intervention related to relationship communication and emotional expression.

**Shift 5: From Serious Inquiry to Playful Engagement:**

Throughout the session, there were several instances where the tone shifted from serious therapeutic inquiry to more playful engagement, particularly during discussions about *"spirit animals"* and pronunciation challenges. These shifts provided emotional relief and strengthened the therapeutic alliance through shared humor.

These tonal oscillations between depth and lightness demonstrated healthy flexibility in the therapeutic relationship. The ability to move between serious exploration and playful connection indicated trust and comfort in the therapeutic space. These lighter moments also served an important clinical function, providing emotional regulation and preventing the session from becoming overwhelmingly intense or intellectualized. The ease with which both John and the therapist navigated these tonal shifts suggested a well-established working relationship.

**Shift 6: From Uncertainty to Curiosity:**

Near the end of the session, when discussing personality assessments, John's tone shifted from uncertainty about his emotional state to curiosity about potential insights from structured assessment: *"I want to take it because of the evil little grin you just [had]."* This tonal shift from ambivalence to engagement suggested openness to new approaches for understanding himself.

This shift toward curiosity represented an important therapeutic opportunity, indicating John's willingness to explore new frameworks for self-understanding despite his general uncertainty. His interest in the assessment suggested he values external structures that might help organize his internal experience, potentially compensating for his difficulty with emotional self-awareness. This tonal change toward engagement and curiosity provided a positive note on which to end the session, suggesting potential pathways forward in treatment.

## Thematic Analysis

**Theme 1: Emotional Disconnection and Alexithymia:**

A central theme throughout the session was John's difficulty identifying and connecting with his emotional experiences. His statement *"I don't know how I feel. Jonathan, I don't know"* encapsulated this challenge. He distinguished between momentary feelings and broader emotional patterns, noting he could identify immediate reactions but struggled with understanding his overall emotional landscape. This difficulty extended to positive emotions, as evidenced by his statement *"I don't think I'm ever happy,"* suggesting a pervasive disconnection from positive affect.

This theme of emotional disconnection appears to be longstanding and significantly impacts John's quality of life and relationships. His alexithymia (difficulty identifying and describing emotions) manifests as a sense of emotional flatness or ambiguity, where even objectively positive experiences like beach outings and pleasant family gatherings are described without emotional resonance. This disconnection likely contributes to his chronic mild depression, as the inability to fully experience positive emotions diminishes life satisfaction and reinforces negative cognitive patterns.

**Theme 2: Chronic Indecisiveness and Analytical Overthinking:**

John's struggle with decision-making and certainty emerged as a significant theme: *"It's so fucking annoying, like sometimes I would like to fucking be sure of something. I feel like I'm never sure of anything."* He questioned whether his analytical tendencies represented thoughtfulness or avoidance, suggesting awareness of how overthinking might serve as a defense mechanism against emotional vulnerability or fear of making mistakes.

This theme connects to broader existential questions about identity and authenticity. John's chronic indecisiveness appears to cause significant distress, as evidenced by his emotional intensity when discussing it. His analytical approach to life experiences may serve as both a strength (enabling deep reflection and insight) and a limitation (preventing decisive action and emotional connection). This pattern likely affects multiple life domains, from major life decisions to daily choices, potentially contributing to a sense of stagnation or lack of agency in his life narrative.

**Theme 3: Existential Questions About Happiness and Normalcy:**

John engaged with profound existential questions about the nature of happiness and what constitutes a *"normal"* emotional experience. When the therapist proposed that happiness requires *"someone to love, something to do and something to look forward to,"* John reflected thoughtfully on this framework, connecting it to his own experiences of depression where he *"couldn't see"* these elements despite their presence in his life.

His comment *"I want to be normal, and I want to feel normal, and I want to feel like other"* revealed a longing for a sense of belonging and shared emotional experience that he perceives others have access to. This theme highlights the existential isolation that can accompany emotional disconnection—feeling fundamentally different from others in how one experiences the world. John's philosophical engagement with these questions demonstrates intellectual insight, but the emotional component of these existential concerns remains somewhat inaccessible to him, reinforcing the disconnection between his cognitive and emotional processes.

**Theme 4: Relationship Dynamics and Communication Patterns:**

John*'s relationship with his partner emerged as a theme, particularly regarding differences in communication styles and emotional expression. His comment about his partner'*s birthday planning—*"He sucked the life out of my morning by insisting on talking about it"*—revealed frustration with his partner's more expressive and detail-oriented approach to social planning. This dynamic likely reflects broader patterns in how they navigate emotional and practical aspects of their relationship.

The contrast between John*'s emotional restraint and his partner'*s apparently more expressive style suggests potential complementarity but also friction in their relationship. John*'s difficulty identifying and communicating his emotions likely impacts intimate connection, while his partner'*s more detailed communication style may feel overwhelming to John's more internally focused processing. This theme connects to the broader challenge of maintaining meaningful relationships while struggling with emotional identification and expression, highlighting how alexithymia affects not only internal experience but also interpersonal functioning.

**Theme 5: Identity and Self-Understanding:**

Questions of identity and self-understanding permeated the session, from discussions about *"spirit animals"* to interest in personality assessments. John's comment *"I don't know me too"* when discussing his spirit animal reflected his broader uncertainty about his core identity and characteristics. His interest in the personality assessment suggested a desire for external frameworks to help organize his understanding of himself, potentially compensating for his difficulty accessing internal emotional cues that typically inform identity.

This theme connects to developmental questions about how we come to know ourselves and construct coherent identities. John's analytical tendencies may represent attempts to build intellectual understanding of himself in the absence of clear emotional signals. His uncertainty about fundamental aspects of his identity and experience suggests potential disruption in the integration of cognitive, emotional, and physical aspects of self. This fragmentation likely contributes to his sense of disconnection and difficulty experiencing himself as a whole, integrated person.

## Sentiment Analysis

**Sentiments About Self**

John expressed predominantly negative or neutral sentiments about himself, with particular emphasis on uncertainty and frustration:

**Uncertainty About Emotional Experience:** John's most consistent sentiment about himself was uncertainty regarding his emotional state: *"I don't know how I feel. Jonathan, I don't know."* This reflected not just momentary confusion but a pervasive sense of disconnection from his emotional life, suggesting negative sentiment about his capacity for emotional self-awareness.

**Frustration with Indecisiveness:** John expressed clear negative sentiment about his chronic indecisiveness: *"It's so fucking annoying, like sometimes I would like to fucking be sure of something."* The intensity and expletives conveyed genuine distress about this aspect of himself, indicating it causes significant suffering rather than mild inconvenience.

**Doubt About Happiness Capacity:** His statement *"I don't think I'm ever happy"* revealed negative sentiment about his capacity for positive emotional experiences. The absolute nature of *"ever"* suggested he views this as a fundamental limitation rather than a temporary state, reflecting pessimism about his ability to experience joy.

**Ambivalence About Analytical Tendencies:** John expressed mixed sentiment about his analytical approach, questioning *"if it's because I'm afraid to take a position, or if really that makes me somehow more thoughtful."* This ambivalence suggested he lacks a coherent narrative about whether this trait represents a strength or limitation.

**Sentiments About Others/External Situations**

John's sentiments toward others and external situations were more varied, ranging from mildly positive to irritated:

**Mild Positive Sentiment Toward Social Experiences:** When describing the beach outing and family gathering, John expressed mildly positive sentiment: *"We had a really nice day... it was not stressful, it was pleasant."* However, these positive evaluations were expressed with emotional detachment rather than enthusiasm, suggesting cognitive recognition of positive experiences without corresponding emotional resonance.

**Irritation Toward Partner's Communication Style:** John expressed negative sentiment about his partner's detailed planning and communication about the birthday celebration: *"He sucked the life out of my morning by insisting on talking about it."* This revealed frustration with his partner's approach to social planning and possibly broader communication patterns in the relationship.

**Neutral to Positive Sentiment Toward Family Members:** John's description of the family gathering as *"the easiest group of people"* suggested positive sentiment, though again expressed with emotional restraint. His comments about his nieces' parenting style as *"very relaxed"* and their children as *"funny and cute"* indicated mild positive sentiment, though qualified by distance (*"they're not my problem"*).

**Curiosity About Assessment Tools:** John expressed positive sentiment toward the personality assessment mentioned by the therapist: *"I want to take it."* This curiosity suggested openness to new frameworks for self-understanding and trust in the therapeutic process, representing one of the few clearly positive sentiments expressed during the session.

**Sentiments About Therapy/Therapeutic Process**

John's sentiments toward the therapeutic process appeared predominantly positive:

**Engagement with Therapeutic Exploration:** John willingly engaged with the therapist*'s philosophical propositions about happiness, indicating positive sentiment toward conceptual exploration in therapy. His thoughtful responses and building upon the therapist'*s ideas suggested he values the intellectual aspects of the therapeutic process.

**Trust in Therapeutic Relationship:** His comfort sharing vulnerable thoughts about emotional disconnection and expressing frustration about personal limitations indicated positive sentiment toward the therapeutic relationship as a safe space for authentic expression.

**Openness to New Therapeutic Approaches:** John*'s interest in the personality assessment suggested positive sentiment toward structured therapeutic tools that might provide new insights. This openness to the therapist'*s suggestions indicated trust in the therapist's judgment and methods.

The overall sentiment pattern reveals an individual who experiences predominantly negative or neutral sentiments about himself, particularly regarding his emotional capacity and decision-making abilities. His sentiments toward external experiences and relationships show cognitive recognition of positive aspects but emotional detachment, consistent with alexithymia. His positive sentiment toward the therapeutic process represents an important resource and foundation for continued work on emotional connection and self-understanding.

# Key Points

• **Alexithymia and Emotional Disconnection**: John's core presenting issue is difficulty identifying and connecting with his emotional experiences, as evidenced by his repeated statements about not knowing how he feels. This emotional disconnection appears pervasive, affecting his ability to experience happiness and satisfaction even during objectively pleasant events. Addressing this alexithymia is a primary treatment goal, as it underlies many of his other challenges, including chronic mild depression and relationship difficulties. Developing greater emotional awareness and vocabulary through structured practices and mindfulness techniques will be essential for helping John access and integrate his emotional experiences, potentially improving both mood and interpersonal functioning.

• **Chronic Indecisiveness and Analytical Overthinking**: John expressed significant frustration with his inability to feel certain about decisions and positions, describing it as *"fucking annoying"* that he's *"never sure of anything."* This chronic indecisiveness appears to cause substantial distress and may reflect underlying anxiety about making mistakes or taking positions. His tendency toward excessive analysis may serve as both a cognitive strength and an emotional defense mechanism, allowing intellectual engagement while avoiding emotional vulnerability. Therapeutic interventions should focus on helping John recognize when analysis becomes avoidance, developing tolerance for uncertainty, and connecting decisions to core values rather than seeking absolute certainty.

• **Existential Questions About Happiness and Normalcy**: John's engagement with profound questions about the nature of happiness and what constitutes *"normal"* emotional experience reveals an existential dimension to his struggles. His statement *"I want to be normal, and I want to feel normal"* suggests a sense of fundamental difference or alienation from others*' emotional experiences. This existential theme provides an important avenue for therapeutic exploration, potentially helping John develop a more integrated understanding of his unique emotional landscape while addressing feelings of isolation. The therapist'*s proposed framework of happiness (someone to love, something to do, something to look forward to) offers a concrete structure for John to evaluate and develop these areas in his life.

# Significant Quotes

*"I don't know how I feel. Jonathan, I don't know... I don't know if I ever really know, like, I know how I feel in the moment more than... big picture. No... I don't think I'm ever happy."*

This statement encapsulates John's core struggle with emotional identification and connection. The repetition of *"I don't know"* emphasizes the pervasiveness of this uncertainty about his emotional state. The distinction he draws between momentary feelings and broader emotional patterns demonstrates insight into different levels of emotional awareness, while acknowledging difficulty with both. His conclusion that he doesn't *"think I'm ever happy"* reveals a profound disconnection from positive emotional experiences, suggesting persistent dysthymia rather than episodic depression. This quote is significant because it clearly articulates the alexithymia that appears to underlie many of John's other challenges, including his chronic mild depression, relationship difficulties, and existential questioning. It establishes emotional disconnection as a primary clinical focus and provides a baseline for measuring progress in emotional awareness and connection.

*"It's so fucking annoying, like sometimes I would like to fucking be sure of something. I feel like I'm never sure of anything. And I don't know if it's because I'm afraid to take a position, or if really that makes me somehow more thoughtful, because I'm kind of constantly analyzing things."*

This quote reveals the significant distress caused by John*'s chronic indecisiveness and analytical tendencies. The emotional intensity and use of expletives contrast with his otherwise restricted affect, suggesting this is an area of genuine suffering. His self-questioning about whether this represents fear of taking positions or thoughtful consideration demonstrates metacognition about his patterns, though he remains caught in them. This quote is significant because it highlights how emotional disconnection affects decision-making and cognitive processes, creating a cycle where analysis substitutes for emotional guidance in choices. It also reveals John'*s ambivalence about this trait—recognizing both its potential value (thoughtfulness) and its limitations (paralysis in decision-making). This ambivalence provides an important entry point for therapeutic work on integrating cognitive and emotional processes in decision-making.

*"When you're really unhappy, you can't even see those things... you're in a mist, fog... you may have someone to love. There could be a million things you could be looking forward to, but you're not able to."*

This quote demonstrates John's insight into how depression affects perception and experience. His metaphor of being *"in a mist, fog"* vividly conveys the perceptual changes that accompany depression—the inability to *"see"* or connect with positive aspects of life despite their objective presence. This quote is significant because it reveals John's capacity for articulating complex emotional experiences when given appropriate frameworks, suggesting potential for developing greater emotional awareness. It also indicates his understanding of depression as a perceptual filter rather than an accurate reflection of reality, an important cognitive foundation for challenging depressive thinking. The quote connects his personal experience to the theoretical model of happiness discussed in session, demonstrating his ability to integrate conceptual understanding with lived experience when supported in making these connections.

# Comprehensive Narrative Summary

John Best presented to today's session with existential questions about emotional awareness and happiness that revealed a profound pattern of emotional disconnection and uncertainty. The session was characterized by philosophical exploration of these themes, punctuated by moments of frustration about his chronic indecisiveness and analytical tendencies. Throughout the dialogue, John demonstrated the very patterns he was describing—intellectual engagement with emotional concepts without corresponding emotional resonance, and uncertainty about fundamental aspects of his experience and identity.

The core of John's presentation centered on alexithymia—difficulty identifying and describing emotions. His repeated statements about not knowing how he feels (*"I don't know how I feel. Jonathan, I don't know"*) reflected not just momentary confusion but a pervasive disconnection from his emotional life. This emotional disconnection appears to affect his ability to experience happiness and satisfaction, as evidenced by his statement *"I don't think I'm ever happy"* despite describing objectively pleasant experiences like beach outings and family gatherings. His emotional flatness was observable in session, with a predominantly restricted affect even when discussing potentially enjoyable events.

Parallel to this emotional disconnection, John expressed significant frustration with his chronic indecisiveness and analytical overthinking: *"It's so fucking annoying, like sometimes I would like to fucking be sure of something. I feel like I'm never sure of anything."* The emotional intensity of this statement contrasted with his otherwise flat affect, suggesting this pattern causes genuine suffering. His questioning whether this represents fear of taking positions or thoughtful consideration demonstrated metacognition about his patterns, though he remains caught in them. This chronic uncertainty appears to affect multiple domains of his life, from major decisions to daily choices and even his sense of identity.

The session took an existential turn when discussing the nature of happiness and what constitutes *"normal"* emotional experience. When the therapist proposed that happiness requires *"someone to love, something to do and something to look forward to,"* John engaged thoughtfully with this framework, connecting it to his experiences of depression where he *"couldn't see"* these elements despite their presence. His comment *"I want to be normal, and I want to feel normal"* revealed a longing for a sense of belonging and shared emotional experience that he perceives others have access to, highlighting the existential isolation that can accompany emotional disconnection.

John*'s relationship with his partner emerged as a secondary theme, particularly regarding differences in communication styles and emotional expression. His frustration with his partner'*s detailed planning of his upcoming birthday celebration (*"He sucked the life out of my morning by insisting on talking about it"*) suggested that his emotional disconnection affects his intimate relationships, creating friction when his more internally focused processing encounters his partner's apparently more expressive style. This dynamic likely reflects broader patterns in how they navigate emotional and practical aspects of their relationship.

Throughout the session, John demonstrated significant insight into his patterns, particularly his difficulty with emotional identification and chronic indecisiveness. His engagement in metacognition about these patterns, questioning whether his analytical tendencies represented thoughtfulness or avoidance, showed capacity for self-reflection. His interest in personality assessment near the session's end suggested openness to new frameworks for self-understanding, potentially compensating for his difficulty accessing internal emotional cues that typically inform identity.

Moving forward, therapeutic work will focus on several key areas: developing greater emotional awareness and vocabulary through structured practices and mindfulness techniques; addressing chronic indecisiveness by connecting choices to values rather than seeking absolute certainty; exploring existential questions about happiness and normalcy to reduce feelings of alienation; and improving communication in relationships, particularly around emotional needs and boundaries. The strong therapeutic alliance and John's willingness to engage in philosophical exploration provide a solid foundation for this work, while his intellectual insight offers a bridge to developing greater emotional awareness and integration.

# Progress Note: Krista Flood - 5/28/2025

Comprehensive Clinical Progress Note for Krista Flood's Therapy Session on May 28, 2025

Krista presented to today's session describing a *"rough transition"* since returning home eight days ago after graduating from college. She reported significant stress related to family pressure, particularly from her mother and sister, regarding her immediate future, job prospects, and teaching certification exams. Krista stated, *"I literally went home. Was home for two days, and all of them, everyone's just like, What are you doing when you get a job? Where you going? What are you going for? Test for... Can you do this? You have to apply here. You have to do this. Why can't you submit your resume? And I'm like, I can't I want to get away from me."*

Krista described feeling overwhelmed by the expectations placed upon her immediately after graduation: *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago, and I just got home and, like, I can't even, like, process this. I don't want to just throw myself into something."* She expressed a need for time and space to figure out her next steps, stating, *"I need a freaking minute,"* but felt this need was not understood or respected by her family.

In response to the pressure, particularly from her mother, Krista made a significant decision: *"Wednesday morning, I woke up and I decided that I'm moving into the basement."* She explained this decision as a way to create necessary distance: *"I need realized that the only way, a way to help me survive, would be the farthest space, which is the basement from my mother."* She moved her belongings without asking permission, anticipating her mother would object, and reported her mother's reaction was relatively passive (*"Well, if you can figure it out, then fine"*).

Krista detailed specific pressures from her mother, including being told she *"can't eat anything in the house unless I buy it,"* needs to pay her phone bill, borrow the car, and get *"92 jobs."* She described her mother's constant questioning as feeling like a *"recorder."* Krista reported attempting to set a boundary with her sister via text, asking not to discuss job plans: *"Can we please not talk about this right now? Like, I I don't have the answers that you want, because I don't even know what I want to do, right?"* She reported her sister reacted negatively (*"crashed out on me"*), questioning her choices and lack of immediate plans. Krista chose to disengage from the text conversation.

Krista also discussed the practical challenges related to her teaching certification exams. She explained that due to student teaching, cheerleading commitments, and dealing with administrative issues related to graduation (*"all this Carol stuff"*), she did not take the required six exams while at school. She also noted financial constraints: *"I didn't have, at the time, money to pay for the exam, and my mom wasn't paying for them... So I actually couldn't even take home if I even wanted to."* Despite these challenges and the family pressure, Krista reported taking one exam (EAS) yesterday and scheduled another (multi-subject) for tomorrow, demonstrating proactive steps toward certification.

Krista expressed feeling unsupported by her family despite their high expectations: *"You don't get any support, but then they expect you to all do all these things. How am I supposed to do all these things and survive and do these additional things with no support."* She articulated the internal conflict between knowing her capabilities and feeling diminished by the difficult semester and family criticism: *"I mean, diminish in the fact that, like, I could do it, even though, like, in a reality check. Like, I know that I can, but it's like, also hard when that was the semester that I had."*

# Objective

Krista presented to the telehealth session appearing somewhat stressed but articulate and engaged. She maintained good eye contact and rapport. Her speech was clear, coherent, and goal-directed, though she spoke rapidly at times when describing frustrating family interactions.

Her affect was appropriate to content, primarily displaying frustration and anxiety when discussing family pressures, but shifting to more neutral or determined tones when discussing her decision to move to the basement or her actions regarding certification exams. Her mood appeared anxious and overwhelmed, consistent with her subjective report of navigating a difficult post-graduation transition and family conflict.

Krista's thought process was logical and organized. She demonstrated good insight into her emotional state and the dynamics contributing to her stress (*"You getting crazy is making me anxious"*). She showed awareness of her need for space and processing time (*"I need a freaking minute"*). There was no evidence of psychosis or suicidality.

Behaviorally, Krista demonstrated both reactive coping (moving to the basement without discussion) and proactive problem-solving (scheduling and taking certification exams despite challenges). She also showed emerging boundary-setting skills by attempting to limit stressful conversations with her sister and choosing to disengage when the boundary was not respected.

# Assessment

Krista presents with symptoms consistent with Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23), secondary to the significant life transition of graduating college, returning home, and navigating intense family pressure regarding her future career path.

The primary stressor appears to be the mismatch between Krista*'s need for time and space to process her graduation and plan her next steps, and her family'*s (mother and sister) immediate and intense expectations for her to secure employment and complete certifications. This dynamic creates significant anxiety and feelings of being overwhelmed, unsupported, and criticized (*"horrible person who is irresponsible and unmotivated"*).

Krista*'s decision to move into the basement represents a significant, albeit reactive, coping mechanism aimed at creating physical and psychological distance from her mother'*s perceived intrusions. While potentially effective in reducing immediate conflict, the long-term sustainability and impact on family dynamics require further exploration. Her attempts to set verbal boundaries with her sister, though met with resistance, indicate developing assertiveness skills.

Krista demonstrates resilience and agency by taking concrete steps toward her teaching certification (scheduling and taking exams) despite financial constraints, lack of family support, and recent academic challenges. This suggests underlying motivation and capability that contrasts with her family's apparent perception of her as unproductive.

Her cognitive framing reflects an internal conflict between external pressures (*"shoulds"* imposed by family) and her internal needs and timeline. She struggles with feeling invalidated (*"no one wants to listen"*) and pressured into decisions she isn't ready for (*"I don't want to just throw myself into something"*). The therapist's introduction of the concept *"it happened for you"* versus *"it happened to you"* appeared resonant, potentially offering a framework for reframing her difficult final semester and current transition challenges.

Strengths include self-awareness, resilience, proactive problem-solving regarding exams, emerging boundary-setting skills, and the ability to articulate her needs and feelings clearly in therapy. Risk factors include ongoing family conflict, potential for increased anxiety due to pressure, lack of perceived support system at home, and the inherent stress of post-graduation transition and job searching.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Continue exploring the concept of psychological flexibility, helping Krista differentiate between controllable actions (e.g., studying for exams, applying for jobs when ready) and uncontrollable factors (e.g., family opinions, immediate job market availability).  
Utilize values clarification exercises to help Krista identify her personal values regarding career, autonomy, family relationships, and well-being, guiding her decision-making process independent of external pressures.  
Practice cognitive defusion techniques to help Krista observe judgmental thoughts from family members (and internalized critical thoughts) without fusing with them or allowing them to dictate her actions or self-worth.  
Develop mindfulness skills to help Krista stay present and manage anxiety during stressful family interactions or when feeling overwhelmed by future uncertainties.

**Dialectical Behavior Therapy (DBT) Skills**:  
Focus on Interpersonal Effectiveness skills (DEAR MAN, GIVE, FAST) to help Krista communicate her needs and boundaries more effectively with her mother and sister, particularly navigating requests and managing conflict.  
Enhance Emotion Regulation skills to manage feelings of anxiety, frustration, and being overwhelmed triggered by family pressure and transition stress.  
Utilize Distress Tolerance skills (e.g., self-soothing, IMPROVE the moment) for coping with intense family interactions or moments of feeling stuck.  
Validate Krista's experience of needing time and space while reinforcing her capability and resourcefulness.

**Narrative Therapy Approaches**:  
Continue deconstructing the problematic family narrative that portrays Krista as unproductive or irresponsible, contrasting it with evidence of her resilience and proactive steps (e.g., moving, taking exams).  
Explore the influence of family and cultural narratives about post-graduation expectations and timelines.  
Identify unique outcomes where Krista has successfully navigated pressure or asserted her needs, strengthening her preferred narrative of competence and autonomy.  
Re-author her experience of the difficult final semester, focusing on her perseverance and eventual success rather than solely the negative aspects.

**Specific Interventions**:  
Develop a structured plan for navigating the job search and certification process at a pace that feels manageable for Krista, breaking down larger goals into smaller steps.  
Role-play difficult conversations with family members to practice assertive communication and boundary setting.  
Identify and cultivate sources of support outside the immediate family (e.g., friends, mentors).  
Explore strategies for managing the living situation in the basement to maximize its benefit as a space for autonomy while minimizing potential isolation.  
Process feelings related to the transition from the structured college environment to the uncertainty of post-graduate life.

**Follow-up:** Continue weekly sessions to support Krista through this transition period. Monitor anxiety levels, family dynamics, and progress with certification exams and job searching. Focus on reinforcing coping skills and building confidence in her ability to navigate this phase according to her own values and timeline.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Overwhelmed Frustration to Assertive Action:**

At the beginning of the session, Krista*'s tone conveyed overwhelmed frustration when describing her family'*s immediate pressure after graduation. Her speech was rapid, with frequent use of *"like"* as a filler word, and her phrasing reflected feeling bombarded: *"What are you doing when you get a job? Where you going? What are you going for? Test for... Can you do this?"* This tonal quality suggested feeling besieged and defensive.

A significant shift occurred when she described her decision to move to the basement. Her tone became more decisive and empowered: *"Wednesday morning, I woke up and I decided that I'm moving into the basement."* The emphasis on *"decided"* marked this tonal transition from reactive to proactive. Her explanation that this was *"the only way... to help me survive"* carried emotional weight but with a quality of determined self-protection rather than helplessness.

This tonal shift represents an important therapeutic indicator of Krista's capacity for agency despite feeling overwhelmed. The shift from victimhood to action suggests resilience and problem-solving abilities that can be reinforced in therapy. Her decision to move without asking permission (*"I didn't even ask her, because I had asked her, she'd say no"*) further demonstrates this emerging assertiveness, though the unilateral nature of the decision may reflect limited communication skills that could be addressed therapeutically.

**Shift 2: From Defensive Justification to Authentic Vulnerability:**

When initially discussing her reasons for not taking certification exams during school, Krista's tone was notably defensive, listing multiple external factors: student teaching, cheerleading, *"Carol stuff,"* graduation concerns. Her speech pattern was rapid and justificatory, suggesting she anticipated criticism and was preemptively defending herself.

A tonal shift occurred when she moved from external justifications to expressing her internal emotional experience: *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago, and I just got home and, like, I can't even, like, process this."* Her tone became more vulnerable and authentic, with emphasis on *"can't even... process this"* revealing the emotional core beneath the defensive exterior.

This shift from defensive justification to vulnerable expression represents an important therapeutic opening. When Krista accesses this more authentic voice, she articulates her needs more clearly (*"I need a freaking minute"*) and connects with her emotional experience rather than just reacting to external pressures. This tonal quality indicates moments when deeper therapeutic work is possible, as defenses are temporarily lowered.

**Shift 3: From Frustrated Recounting to Reflective Insight:**

Throughout much of the session, Krista's tone when recounting family interactions was characterized by frustration and indignation, particularly when quoting her mother or sister. Her speech was animated, with emphatic stress on phrases like *"92 jobs"* and *"what am I doing?"* conveying her exasperation with these interactions.

A notable shift occurred during the therapist's discussion of the concept *"it happened for you"* versus *"it happened to you."* Krista's tone became more reflective and contemplative: *"I feel better. Like I feel I mean, it's just like, the simplest, simplistic, in the most simplistic way of, like, someone just being like, okay."* Her speech slowed, with more thoughtful pauses, indicating active processing rather than reactive emotion.

This tonal shift suggests Krista's capacity for metacognition and psychological mindedness when provided with a supportive therapeutic frame. The change from frustrated recounting to reflective insight represents an important therapeutic pathway, demonstrating her ability to step back from immediate emotional reactions and consider alternative perspectives. This reflective capacity can be leveraged in therapy to help her develop more adaptive responses to family pressure.

**Shift 4: From Constrained Anxiety to Expansive Possibility:**

When discussing her career path, Krista's initial tone reflected constrained anxiety, focusing on what she *"should"* do and the pressure to use her teaching degree immediately. Her vocal quality was tense, with emphasis on obligations and external expectations.

A significant tonal shift emerged when she stated: *"It's not that I don't want to teach. I just want to do so many things."* Her voice became more animated and expansive, with genuine enthusiasm replacing anxiety. This shift from constrained to expansive tone revealed an authentic desire for exploration that had been overshadowed by pressure and criticism.

This tonal change highlights an important therapeutic direction—helping Krista connect with her intrinsic motivation and genuine interests rather than responding solely to external pressures. The enthusiasm in her tone when discussing multiple possibilities suggests that a values-based approach focusing on exploration and growth might be more aligned with her authentic self than immediate career certainty.

**Shift 5: From Isolated Struggle to Connected Understanding:**

Throughout much of the session, Krista's tone conveyed a sense of isolation in her struggle, emphasizing how *"no one understands"* and *"no one wants to listen."* Her vocal quality suggested feeling alone and misunderstood in her experience.

A notable shift occurred near the session*'s end when she connected with the therapist'*s framework: *"I'm just like, I feel better."* Her tone became warmer and more connected, with a quality of relief that suggested feeling understood and validated. This shift from isolated struggle to connected understanding represents the therapeutic alliance at work.

This tonal change indicates the importance of validation and normalized developmental framing in working with Krista. When she feels understood rather than judged, her tone shifts from defensive isolation to connected reflection, creating space for more productive therapeutic work. This pattern suggests that empathic validation should precede challenging interventions to maintain therapeutic engagement.

**Shift 6: From Reactive Emotion to Strategic Planning:**

In discussing her interactions with family, Krista's initial tone was primarily reactive and emotional, focusing on her immediate responses to pressure (ignoring, disengaging, moving to the basement). Her vocal quality conveyed being overwhelmed by circumstances rather than strategically navigating them.

A subtle but important shift occurred when discussing her certification exams: *"I took the EAS, which is educating all students for two hours... I take another one tomorrow."* Her tone became more matter-of-fact and strategic, focusing on concrete steps rather than emotional reactions. This shift from reactive emotion to strategic planning represents an important coping resource.

This tonal change highlights Krista's capacity to move beyond emotional reactivity toward purposeful action when given space and support. The contrast between her emotional tone when discussing family pressure and her strategic tone when discussing certification steps suggests that helping her expand this strategic approach to other stressors could be therapeutically beneficial.

## Thematic Analysis

**Theme 1: Post-Graduation Identity Formation and Autonomy:**

A central theme throughout the session was Krista's struggle with post-graduation identity formation and establishing autonomy after returning to her family home. Her statement *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago"* highlights the developmental nature of this transition. The conflict between her need for time and space to determine her path and her family's immediate expectations represents a classic autonomy struggle in emerging adulthood.

This theme manifested in Krista's physical action of moving to the basement without permission, a concrete representation of her psychological need for separation and autonomy. Her explanation that this was *"the only way... to help me survive"* frames this not as a preference but as a necessity for her psychological well-being. The basement becomes both literal and metaphorical space for identity formation away from parental influence.

The autonomy theme extends to Krista's resistance to immediate career decisions. Her statement *"It's not that I don't want to teach. I just want to do so many things"* reflects the exploratory nature of emerging adult identity formation, where possibilities remain open rather than foreclosed. This contrasts with her family*'s apparent pressure toward immediate commitment to a specific career path, creating tension between exploration (Krista'*s developmental need) and commitment (her family's expectation).

This theme connects to broader developmental psychology concepts regarding the transition to adulthood, particularly in family systems that may not recognize or support the exploratory phase of identity formation. Therapeutic work addressing this theme would focus on normalizing this developmental stage while helping Krista navigate family expectations with clearer communication and boundaries.

**Theme 2: Family Systems and Communication Patterns:**

A prominent theme involved dysfunctional family communication patterns, particularly around expectations and support. Krista described her mother's communication style as repetitive and intrusive, like a *"recorder,"* suggesting a pattern of criticism without listening. Her sister's response to boundary-setting attempts (*"crashed out on me"*) indicates a family system with limited tolerance for differentiation or boundary-setting.

This theme includes the paradoxical dynamic Krista articulated: *"You don't get any support, but then they expect you to all do all these things."* This pattern of high expectations coupled with low support creates a double bind where success seems impossible, leading to feelings of inadequacy and frustration. Krista's perception of being labeled *"a horrible person who is irresponsible and unmotivated"* suggests internalization of critical family messages.

Communication around the boat outing further illustrates problematic patterns, with Krista's sister failing to provide clear information (*"I'll let you know later"*) then expecting immediate availability (*"We're leaving in 15 minutes"*). This inconsistent communication style creates unpredictability and reinforces power dynamics where Krista must accommodate others' schedules without reciprocal consideration.

The theme extends to Krista's own communication strategies, which currently include avoidance (*"I just, like, ignored my mom"*), disengagement from conversations, and unilateral actions (moving to the basement without discussion). While these strategies provide temporary relief, they may reinforce rather than resolve dysfunctional patterns. Therapeutic work addressing this theme would focus on developing more effective communication skills and understanding family system dynamics.

**Theme 3: External Validation versus Internal Direction:**

A recurring theme involved the tension between seeking external validation and developing internal direction. Krista's distress about family criticism suggests significant investment in external validation, while her resistance to immediate career decisions reflects emerging internal direction. This tension is developmentally appropriate but creates significant anxiety in her current context.

This theme manifested in Krista*'s concern about others'* perceptions at social gatherings: *"Everyone's like, congratulations on graduating, and asking me what I'm doing."* Her discomfort with these questions reflects the gap between social expectations for clear post-graduation direction and her internal experience of uncertainty. Her sister's *"sly little remarks"* and statements that *"we'll talk about that later"* further highlight how external judgment increases her anxiety about not having immediate answers.

The therapist's introduction of the concept *"it happened for you"* versus *"it happened to you"* addresses this theme directly, offering a framework for shifting from external validation to internal meaning-making. Krista's response (*"I feel better"*) suggests receptivity to this perspective shift, indicating therapeutic potential in continuing to develop internal validation skills.

This theme connects to broader psychological concepts regarding locus of control and self-determination. Therapeutic work addressing this theme would focus on strengthening Krista's internal validation system while reducing dependence on external approval, particularly from family members whose validation appears conditional on meeting specific expectations.

**Theme 4: Practical Challenges versus Emotional Processing:**

A significant theme involved the tension between addressing practical challenges (certification exams, job applications) and the emotional processing needed after a difficult final semester. Krista's family appears focused exclusively on practical steps, while Krista expresses need for emotional processing before taking action: *"I can't even, like, process this. I don't want to just throw myself into something."*

This theme manifested in Krista*'s explanation of why she hadn'*t taken certification exams during school, citing both practical obstacles (time constraints, financial limitations) and emotional factors (*"all this Carol stuff,"* referring to academic difficulties). Her statement *"I need to process that"* indicates awareness that emotional processing is a necessary step rather than an avoidance tactic.

The practical-emotional tension extends to Krista's approach to the certification exams. While taking concrete steps (scheduling and taking exams), she also acknowledges the emotional challenge: *"It's not that I'm not ready. It's like, you're never going to be ready to take these exams."* This balanced perspective suggests capacity for both practical action and emotional awareness.

This theme connects to psychological concepts regarding the integration of thinking and feeling in effective decision-making. Therapeutic work addressing this theme would validate the importance of emotional processing while supporting practical progress, helping Krista develop an integrated approach rather than seeing these as opposing forces.

**Theme 5: Transition and Developmental Identity:**

The overarching theme of the session involved navigating the developmental transition from student to professional identity. Krista's statement *"the transition is, is something in itself"* acknowledges the inherent challenge of this life stage, independent of specific family dynamics. Her reference to *"trying to take it apart differently than I did last time"* suggests awareness of this as a pattern requiring new approaches.

This theme manifested in Krista's ambivalence about immediate teaching positions versus exploring multiple interests: *"It's not that I don't want to teach. I just want to do so many things."* This reflects the developmental task of identity exploration before commitment, a process her family appears to be short-circuiting with pressure for immediate career certainty.

The transition theme connects to Krista's concern about *"getting into bad habits or picking up new ones or doing the old work."* This suggests awareness that transition periods involve both risk (regression to unhelpful patterns) and opportunity (establishing new, healthier patterns). Her willingness to *"stand my ground"* and *"make the decisions and put one foot in front of the other"* indicates emerging commitment to navigating this transition intentionally.

This theme connects to developmental psychology concepts regarding emerging adulthood as a distinct life stage with specific tasks and challenges. Therapeutic work addressing this theme would normalize the uncertainty of this period while supporting Krista in developing a transition approach aligned with her values and long-term goals.

## Sentiment Analysis

**Sentiments About Self**

Krista expressed a complex mix of sentiments about herself throughout the session:

**Capability Amid Doubt:** Krista expressed a fundamental belief in her capabilities despite current challenges: *"I mean, diminish in the fact that, like, I could do it, even though, like, in a reality check. Like, I know that I can."* This sentiment reflects an underlying confidence that coexists with situational doubt, suggesting resilience despite current stressors.

**Overwhelmed by Expectations:** A predominant negative sentiment involved feeling overwhelmed by expectations: *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago, and I just got home and, like, I can't even, like, process this."* The repeated use of *"like"* and fragmented sentence structure in these moments reflected her emotional overwhelm when confronting these expectations.

**Defensive Self-Justification:** Krista expressed defensive sentiments when explaining why she hadn't completed certification exams, listing multiple external factors rather than accepting potential criticism. This defensive posture suggests internalized criticism that she feels compelled to counter, even in the supportive therapeutic environment.

**Emerging Self-Advocacy:** More positive sentiments emerged when Krista described taking action to protect her needs: *"I decided that I'm moving into the basement."* The decisiveness in these statements contrasted with the overwhelmed quality elsewhere, suggesting growing capacity for self-advocacy despite challenging circumstances.

**Confusion About Direction:** Krista expressed neutral to negative sentiment about her current uncertainty: *"I don't even know what I want to do, right?"* This sentiment reflects developmental appropriate uncertainty rather than pathological indecision, though family criticism appears to have negatively colored her perception of this normal exploratory phase.

**Sentiments About Others/External Situations**

Krista's sentiments toward others, particularly family members, were predominantly negative:

**Critical of Mother's Approach:** Krista expressed strongly negative sentiment toward her mother's communication style and expectations, describing it as repetitive (*"like a recorder"*) and unreasonable (*"92 jobs"*). The exaggeration in these descriptions reflects her frustration with what she perceives as unrealistic and intrusive expectations.

**Disappointment in Sister's Response:** Krista expressed negative sentiment about her sister's reaction to boundary-setting attempts: *"she crashed out on me."* This sentiment suggests feeling betrayed by someone she might have expected more understanding from, intensifying her sense of isolation within the family system.

**Ambivalence About Teaching Career:** Krista expressed mixed sentiment toward teaching as a career path: *"It's not that I don't want to teach. I just want to do so many things."* This reflects genuine interest coupled with resistance to premature commitment, particularly when driven by external pressure rather than internal readiness.

**Frustration with Certification Process:** Krista expressed negative sentiment toward the certification requirements, particularly given her recent graduation and financial constraints. Her statement that *"you're never going to be ready to take these exams"* suggests resignation to an imperfect process rather than confidence in her preparation.

**Positive Response to Therapeutic Framework:** In contrast to family interactions, Krista expressed positive sentiment toward the therapeutic framing offered: *"I feel better."* This simple statement reflected significant emotional relief when her experience was validated rather than criticized.

**Sentiments About Therapy/Therapeutic Process**

Krista's sentiments toward the therapeutic process appeared predominantly positive:

**Relief in Validation:** Krista expressed strong positive sentiment about feeling understood in therapy: *"I feel better. Like I feel I mean, it's just like, the simplest, simplistic, in the most simplistic way of, like, someone just being like, okay."* This sentiment highlights the therapeutic value of validation, particularly for someone experiencing significant criticism in other relationships.

**Receptivity to Reframing:** Krista showed positive sentiment toward the therapist's conceptual framing of *"it happened for you"* versus *"it happened to you,"* indicating openness to perspective shifts that might reduce her current distress.

**Engagement with Therapeutic Process:** Krista's active participation and detailed sharing throughout the session reflected positive sentiment toward the therapeutic relationship and process, suggesting good alliance despite her current life stressors.

**Appreciation for Practical Support:** Krista expressed positive sentiment about concrete therapeutic guidance, particularly frameworks that helped her navigate her current challenges with greater clarity and reduced self-criticism.

The overall sentiment pattern reveals an individual navigating significant developmental and family challenges with emerging resilience. While negative sentiments predominate regarding family interactions and current uncertainty, positive sentiments about her capabilities and the therapeutic process suggest important psychological resources that can be leveraged in treatment. The contrast between her sentiments about family interactions (predominantly negative) and therapy (predominantly positive) highlights the importance of the therapeutic relationship as a corrective emotional experience during this challenging transition.

# Key Points

• **Developmental Transition and Identity Formation**: Krista is navigating the complex developmental transition from student to professional identity, complicated by returning to her family home after graduation. Her statement *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago, and I just got home and, like, I can't even, like, process this"* captures the essence of this developmental challenge. This transition involves not just practical steps like certification exams and job applications, but also the psychological task of identity formation and establishing adult autonomy. Her family's immediate pressure for career certainty conflicts with the developmentally appropriate exploratory phase she needs. Supporting Krista in normalizing this developmental stage while developing strategies to navigate family expectations will be crucial for her psychological well-being during this transition.

• **Family System Dynamics and Communication Patterns**: Krista*'s family system appears characterized by high expectations coupled with low support, creating a double bind where success seems impossible. Her description of her mother'*s communication as like a *"recorder"* and her sister's negative reaction to boundary-setting attempts (*"crashed out on me"*) suggests a family system with limited tolerance for differentiation or autonomous decision-making. Krista's current coping strategies—avoidance, disengagement, and unilateral actions like moving to the basement—provide temporary relief but may reinforce rather than resolve dysfunctional patterns. Developing more effective communication skills and understanding family system dynamics will be essential for Krista to establish healthier relationships while maintaining necessary boundaries during this transition period.

• **Balancing Practical Progress with Emotional Processing**: Krista demonstrates awareness of both practical needs (certification exams, eventual job applications) and emotional processing requirements after a challenging final semester. Her statement *"I need a freaking minute"* captures her valid need for psychological space before making major decisions. While taking concrete steps toward certification, she also recognizes the emotional dimensions of her transition. This balanced perspective represents an important strength that can be built upon therapeutically. Supporting Krista in developing an integrated approach that honors both practical progress and emotional processing will help her navigate this transition more effectively than the all-or-nothing approach her family seems to be advocating.

# Significant Quotes

*"I need realized that the only way, a way to help me survive, would be the farthest space, which is the basement from my mother."*

This statement captures the intensity of Krista*'s need for psychological and physical space from her mother'*s perceived intrusions. The phrase *"to help me survive"* frames this not as a preference but as a necessity for her psychological well-being, revealing the depth of her distress in the current family dynamic. The decision to move to the basement without permission represents both a concrete coping strategy and a symbolic act of establishing boundaries and autonomy. This quote is significant because it demonstrates Krista*'s capacity for self-protective action despite feeling overwhelmed, an important psychological resource that can be reinforced in therapy. It also highlights the severity of the family conflict from Krista'*s perspective, suggesting that interventions addressing family communication patterns and boundaries will be essential components of treatment.

*"You don't get any support, but then they expect you to all do all these things. How am I supposed to do all these things and survive and do these additional things with no support."*

This quote articulates the central paradox Krista experiences in her family system—high expectations coupled with low support. The repetition of *"all these things"* emphasizes her perception of overwhelming demands, while the question *"How am I supposed to..."* reveals her genuine confusion about navigating these contradictory messages. The inclusion of *"survive"* alongside practical tasks suggests that the emotional toll of this dynamic threatens her basic psychological well-being. This quote is significant because it clearly identifies the double bind that contributes to Krista*'s distress and provides a framework for therapeutic interventions focused on realistic expectations, necessary support, and effective communication of needs. It also reveals Krista'*s capacity for insight into systemic dynamics rather than simply internalizing all difficulties as personal failings.

*"It's not that I don't want to teach. I just want to do so many things."*

This statement encapsulates Krista's developmental position regarding career identity—open to teaching but resistant to premature commitment that would foreclose other possibilities. The phrase *"so many things"* conveys enthusiasm and curiosity about multiple potential paths rather than avoidance of responsibility. This quote is significant because it reframes what her family appears to perceive as indecision or lack of direction as developmentally appropriate exploration. It provides an important counternarrative to the family*'s apparent pressure for immediate career certainty and reveals Krista'*s authentic motivation and interests beneath the defensive reactions to criticism. Therapeutically, this quote offers a foundation for values-based exploration that honors Krista's need for discovery while making progress toward meaningful goals at a pace that feels internally driven rather than externally imposed.

# Comprehensive Narrative Summary

Krista Flood presented to today's telehealth session focused on the challenges of her post-graduation transition, particularly the intense family pressure she has experienced since returning home eight days ago. Throughout the session, she articulated the complex interplay between developmental needs for autonomy and exploration, dysfunctional family communication patterns, and the practical demands of pursuing teaching certification while navigating uncertain career plans.

The central conflict Krista described involves the mismatch between her need for time and space to process her graduation and determine next steps, and her family's immediate expectations for career certainty and employment. Her statement *"I'm also struggling with the fact that I'm 22 I just graduated, like, literally, a week ago, and I just got home and, like, I can't even, like, process this"* captures the developmental nature of this challenge. Rather than receiving support during this transition, Krista reported being bombarded with questions and directives from both her mother and sister, creating significant anxiety and feelings of inadequacy.

In response to this pressure, Krista took the significant step of moving into the basement without asking permission, explaining this as necessary for her psychological survival: *"I need realized that the only way, a way to help me survive, would be the farthest space, which is the basement from my mother."* This action represents both a concrete coping strategy and a symbolic assertion of autonomy, suggesting emerging capacity for self-advocacy despite challenging circumstances. Her mother's relatively passive acceptance (*"Well, if you can figure it out, then fine"*) allowed this boundary to stand, though other pressures continued.

The family dynamics Krista described reflect a system characterized by high expectations coupled with low support, creating what she articulated as an impossible situation: *"You don't get any support, but then they expect you to all do all these things. How am I supposed to do all these things and survive and do these additional things with no support."* Her mother's demands regarding food, phone bills, car use, and employment (*"92 jobs"*) create a narrative of Krista as dependent and inadequate rather than as a young adult in transition. Her sister's negative reaction to boundary-setting attempts (*"crashed out on me"*) further reinforces a family system with limited tolerance for differentiation or autonomous decision-making.

Despite these challenges, Krista demonstrated important strengths and proactive behaviors. She scheduled and took one certification exam (EAS) and planned for another (multi-subject), showing commitment to professional development despite feeling overwhelmed. Her statement *"It's not that I don't want to teach. I just want to do so many things"* reveals authentic motivation and interest beneath defensive reactions to criticism. Her awareness of the need to *"take it apart differently than I did last time"* suggests capacity for learning from past experiences and developing new approaches to challenges.

The therapeutic intervention introducing the concept of *"it happened for you"* versus *"it happened to you"* appeared particularly resonant for Krista, offering a framework for reframing her difficult final semester and current transition challenges. Her response (*"I feel better"*) suggests significant relief when her experience was validated rather than criticized, highlighting the importance of the therapeutic relationship as a corrective emotional experience during this challenging period.

Moving forward, therapeutic work will focus on several key areas: supporting Krista in normalizing the developmental challenges of post-graduation transition while developing effective strategies for navigating family expectations; enhancing communication skills and boundary-setting within her family system; balancing practical progress on certification and career exploration with necessary emotional processing; and strengthening her internal validation system to reduce dependence on external approval, particularly from family members whose validation appears conditional.

The session concluded with Krista expressing determination to *"stand my ground"* and *"make the decisions and put one foot in front of the other,"* suggesting emerging commitment to navigating this transition intentionally despite family pressure. Her receptivity to therapeutic frameworks and capacity for both practical action and emotional awareness indicate good potential for progress with continued support.

# Progress Note: Max Moskowitz - 5/28/2025

Comprehensive Clinical Progress Note for Max Moskowitz's Therapy Session on May 28, 2025

Max presented to today's session providing a detailed account of his recent trip to New York to visit family. He described complex family dynamics, particularly focusing on his relationship with his mother: *"I can't stand being around my mom for too long."* Despite this tension, he reported several enjoyable activities during his trip, including attending a Beyonce concert at MetLife Stadium, seeing the *"Stranger Things"* Broadway show with his sister Ava, visiting Six Flags Great Adventure with family and friends, and spending time with his cousin and her fiancé.

Max described an uncomfortable situation at the Beyonce concert where his mother unexpectedly attended the same show in a box section but was unwilling to meet up with him for a photo: *"She's like, well, you're kind of far. I don't really want to go out of the way."* This interaction appeared to reinforce his perception of his mother*'s dismissive attitude toward him. He also reported meeting his mother'*s boyfriend without prior warning: *"I met my mom's boyfriend, like, without warning, but whatever, it's fine, I guess."* Despite his initial apprehension, Max described the boyfriend as *"a nice guy"* who is *"too good for her,"* noting that his mother *"bosses him around"* but that they have *"good banter"* and seem *"good for each other."*

Max expressed significant frustration regarding his brother Ian's behavior during the trip, describing him as *"the definition of the spoiled brat"* and *"so inconsiderate."* He provided specific examples of Ian's entitled behavior: *"We had a barbecue that night... my cousin wasn't seen him in a while. She's like, hey, like, can you get Ian?... I was like, hey. Like, just really want she's like, why does she want me? Like, I'm okay here. I'm like, well, she doesn't get to see you often... He's like, I don't really care what they think."* Max noted a pattern of preferential treatment toward Ian from their parents: *"He gets treated, he's like, the golden child for some reason, and he's the least successful... they feel like they need to, like, just be on, like, breathe down his neck, and like, he doesn't give a shit because he gets free shit and everything gets done for him."*

A significant stressor emerged at the end of Max's trip when his father brought up student loan payments as Max was leaving for the airport: *"Right before I left, like, literally, right as I was out the door with my dad, he gave me, oh yeah, make sure you pay your loans as I was out the door."* Max expressed feeling blindsided and frustrated by the timing: *"Dude, my flight's in an hour. Like, why didn't? Why wasn't this a conversation we had earlier?"* He reported that the loans total approximately $39,000 with monthly payments of $358, which he feels unable to afford. Max questioned the fairness of being responsible for loans he believes he didn't fully understand when signing: *"I feel like this was not the right move, like, this was not the right loan to go for... I don't know this. The whole thing just seems kind of fucked."*

Max also briefly mentioned an upcoming date scheduled for after the session: *"We're going to Olive Garden. We just have to reschedule theme park. And yeah, I'm going right after this."* He expressed some self-consciousness about a cut on his lip but overall seemed positive about the date. He noted that the date would *"get me out and takes my mind off of things and all that jazz."*

# Objective

Max presented to the telehealth session alert, oriented, and appropriately groomed. He was engaged throughout the session, maintaining good eye contact with the camera and demonstrating appropriate digital rapport. His speech was clear, coherent, and goal-directed, though occasionally rapid when discussing emotionally charged topics related to family dynamics.

Max's affect was full range and appropriate to content, shifting from animated enthusiasm when discussing enjoyable activities (concerts, Broadway shows) to frustration and irritation when describing family conflicts. His mood appeared euthymic with situational anxiety related to financial concerns. He demonstrated appropriate humor and was able to laugh at certain situations despite their stressful nature.

Max's thought process was logical and organized, though he occasionally jumped between topics in his detailed account of his trip. There was no evidence of thought disorder, hallucinations, or delusions. His cognitive functioning appeared intact, with good memory for recent events and conversations. He demonstrated insight into family dynamics, particularly regarding the differential treatment between himself and his brother.

Max showed good problem-solving abilities when discussing the student loan situation, working collaboratively with the therapist to analyze the loan documents and develop a strategy for approaching his father about a compromise. He sent a text message to his father during the session to initiate this conversation, demonstrating proactive engagement with the issue.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. Max appeared motivated to address the financial stressor and engaged actively in planning next steps.

# Assessment

Max presents with adjustment difficulties related to family dynamics and financial stressors (Adjustment Disorder with mixed anxiety and depressed mood, F43.23). His primary concerns center on navigating complex family relationships, particularly with his mother and brother, and addressing unexpected financial responsibilities related to student loans.

The family dynamics Max described reflect longstanding patterns of differential treatment between siblings, with Max perceiving his brother as receiving preferential treatment despite problematic behavior. His statement that Ian is *"the golden child for some reason, and he's the least successful"* suggests feelings of injustice and possibly resentment regarding this perceived inequity. These family dynamics appear to contribute to emotional distress and may reinforce negative self-perceptions or doubts about his value within the family system.

Max's relationship with his mother appears particularly strained, as evidenced by his statement *"I can't stand being around my mom for too long"* and his description of her unwillingness to meet up with him at the concert. The introduction of her new boyfriend without warning represents another potential source of adjustment stress, though Max appears to be handling this development relatively well, noting positive aspects of the relationship despite his initial discomfort.

The student loan situation represents a significant acute stressor with both financial and relational implications. Max*'s frustration about being held responsible for loans he feels he didn'*t fully understand or consent to (*"I didn't know what was going on"*) suggests potential issues with financial autonomy and communication within the family. His father's approach of bringing up the loans as Max was leaving for the airport indicates problematic communication patterns that exacerbate the financial stress.

Max's reported history of impulsive spending (*"I'm such an impulsive spender. I want a little insane freshman year in college"*) may reflect both a reaction to previous financial restrictions (*"my parents never let me have money"*) and potential difficulties with emotional regulation through purchasing behaviors. This pattern may complicate his ability to manage the new financial responsibilities being placed on him.

Psychological strengths observed include Max's ability to maintain positive social connections despite family stressors, his capacity for enjoyment of activities (concerts, shows, amusement parks), his willingness to engage in problem-solving regarding the loan situation, and his openness to dating and new relationships. His insight into family dynamics, though sometimes painful, represents a cognitive strength that can facilitate adaptive coping.

Risk factors include the financial stress of unexpected loan payments, ongoing family conflict, and potential for impulsive financial decisions under stress. Protective factors include his social support network (sister, cousin, friends), engagement in enjoyable activities, and his therapeutic relationship.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Utilize values clarification exercises to help Max identify his core values regarding financial independence, family relationships, and personal autonomy, providing a foundation for decision-making that aligns with his authentic self rather than family expectations.  
Implement cognitive defusion techniques to help Max create distance from unhelpful thoughts about family comparisons and financial worries, reducing their emotional impact.  
Develop mindfulness practices specifically focused on noticing impulses to spend impulsively without automatically acting on them, strengthening his ability to make conscious financial choices.  
Create committed action plans aligned with identified values, particularly regarding financial management and boundary-setting with family members.

**Dialectical Behavior Therapy (DBT) Skills**:  
Teach interpersonal effectiveness skills to enhance Max*'s ability to negotiate with his father regarding the loan situation, focusing on DEAR MAN techniques for making effective requests.  
Implement emotion regulation strategies to help Max manage frustration and anxiety related to family interactions and financial pressures.  
Develop distress tolerance skills to cope with challenging family situations without resorting to impulsive behaviors or emotional withdrawal.  
Practice validation skills to help Max acknowledge his own emotional experiences while maintaining perspective on family members'* limitations.

**Narrative Therapy Approaches**:  
Explore and externalize problematic family narratives, particularly those related to sibling comparison and parental expectations.  
Identify unique outcomes where Max has successfully navigated family dynamics or financial decisions in ways that align with his values.  
Develop alternative narratives about his financial capabilities that incorporate both responsibility and self-compassion, countering potential stories of financial incompetence or victimhood.  
Examine how cultural and family narratives about money and success influence his self-perception and decision-making.

**Specific Interventions**:  
Develop a concrete financial plan for addressing the student loan situation, including a budget assessment to determine realistic payment capabilities and potential negotiation points with his father.  
Role-play the upcoming conversation with his father about the loans, practicing clear communication about financial realities while maintaining boundaries.  
Implement a spending awareness journal to track emotional triggers for impulsive purchases and develop alternative coping strategies.  
Create a family interaction plan with specific boundaries and self-care strategies for future family visits to reduce emotional depletion.  
Explore and reinforce positive aspects of Max's identity and accomplishments outside of family comparisons to strengthen self-concept.

**Follow-up:** Continue weekly sessions focused on implementing the financial plan and preparing for the conversation with his father. Review the results of the assessment completed in the previous session at the next appointment to integrate findings into the treatment approach. Monitor emotional response to the upcoming date and explore how romantic relationships fit into his values and goals.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Casual Reporting to Emotional Frustration About Mother:**

The session began with Max providing a relatively matter-of-fact summary of his trip activities. However, when discussing the Beyonce concert incident with his mother, his tone shifted noticeably from casual reporting to emotional frustration: *"She's like, well, you're kind of far. I don't really want to go out of the way."* His delivery became more clipped and included subtle vocal tension, indicating that this interaction held emotional significance beyond the surface details.

This tonal shift revealed underlying hurt regarding his mother*'s perceived dismissiveness. While Max attempted to maintain a casual tone when describing the incident, the shift in his vocal quality and pacing suggested that her unwillingness to meet him for a photo represented a deeper pattern of emotional disconnection rather than a simple logistical issue. The therapist'*s attentive listening during this shift allowed Max to continue elaborating on family dynamics without directly challenging his attempt to minimize the emotional impact.

**Shift 2: From Controlled Irritation to Intense Frustration About Brother:**

When Max began discussing his brother Ian, his tone shifted from controlled irritation to more intense frustration, marked by increased volume and emphasis on certain phrases: *"He's so inconsiderate... he is the definition of the spoiled brat."* This tonal shift was accompanied by more rapid speech and specific examples of Ian's behavior, suggesting this is a significant source of ongoing frustration.

The intensity in Max*'s tone when discussing Ian revealed deep-seated feelings about perceived inequity in family treatment. His voice contained elements of both anger and bewilderment, particularly when describing how his parents respond to Ian'*s behavior: *"They treat him like royalty, because they're almost fighting for his love."* This tonal pattern suggested that Max*'s frustration stems not just from his brother'*s behavior but from the family system that appears to reward it, potentially triggering feelings of unfairness or invisibility in comparison.

**Shift 3: From Animated Enthusiasm to Reflective Enjoyment:**

When describing the Broadway show experience, Max's tone shifted from general reporting to animated enthusiasm: *"Absolutely amazing... jaw dropping... there are some crazy, cool effects."* His speech became more rapid and included more descriptive language, with genuine excitement evident in his vocal quality.

This tonal shift demonstrated Max*'s capacity for positive emotional engagement and enjoyment despite the family stressors described elsewhere. The enthusiasm in his tone when discussing the show contrasted markedly with the frustration evident when discussing family interactions, suggesting that these recreational activities serve as important sources of positive emotional experience and potential coping resources. The therapist'*s affirming responses to this enthusiasm helped reinforce the value of these positive experiences.

**Shift 4: From Casual Mention to Alarmed Urgency About Loans:**

A dramatic tonal shift occurred when Max introduced the student loan issue. What began as a casual mention of his father's comment quickly shifted to alarmed urgency when discussing the specifics: *"There is 30, $39,000 left... three fucking 303 50 a month."* His tone conveyed shock, disbelief, and anxiety, with notable tension in his voice.

This tonal shift revealed the significant emotional impact of this financial stressor. The sudden intensity and use of expletives suggested that Max felt blindsided by both the amount and the expectation of payment. His tone contained elements of both anger toward his father for the timing of the conversation and anxiety about the financial implications. This shift provided important clinical information about the acute nature of this stressor and its potential to overwhelm Max's coping resources if not addressed.

**Shift 5: From Distressed to Collaborative Problem-Solving:**

As the session progressed to analyzing the loan documents, Max's tone shifted from distressed to more collaborative and solution-focused: *"Can I pay for the lower one and he just covers the bigger one... I feel like that's fair."* His vocal quality became more measured and his pacing slowed, indicating a transition from emotional reaction to cognitive problem-solving.

This tonal shift demonstrated Max*'s resilience and capacity to move from emotional distress to practical problem-solving when provided with appropriate support and information. The calmer, more deliberate tone suggested engagement with the problem-solving process and a reduction in the initial anxiety spike. The therapist'*s matter-of-fact approach to reviewing the loan information appeared to facilitate this shift, providing a model for addressing the issue pragmatically rather than remaining in emotional distress.

**Shift 6: From Frustration to Reflective Insight About Financial Patterns:**

When discussing his history with money management, Max's tone shifted from frustration about the loans to more reflective insight: *"I guess is another reason why I'm such an impulsive spender... my parents never let me have money."* His pace slowed and his voice softened, indicating a moment of self-awareness and connection-making.

This tonal shift revealed Max*'s capacity for psychological insight and his ability to connect current challenges with developmental patterns. The thoughtful quality in his tone suggested genuine reflection rather than defensive justification of spending habits. This shift represented an important therapeutic opportunity, indicating Max'*s readiness to explore how family patterns around money have shaped his own financial behaviors and potentially opening avenues for intervention regarding financial management skills.

## Thematic Analysis

**Theme 1: Perceived Inequity in Family Treatment:**

A prominent theme throughout the session was Max's perception of inequitable treatment between himself and his brother within the family system. His description of Ian as *"the golden child"* despite being *"the least successful"* highlighted this perceived disparity. Max provided specific examples of Ian's entitled behavior being tolerated or even rewarded by their parents, contrasting this with his perception that he would be held to different standards: *"If I said the same thing, y'all would be up my fucking ass with that."*

This theme reflects deeper questions about fairness, recognition, and value within the family system. Max*'s frustration appeared to stem not just from Ian'*s behavior itself but from what it represented about his own position in the family. The pattern he described—where his parents *"coddle"* Ian and *"fight for his love"* while holding Max to higher standards—suggests a family dynamic where attention and affection may be distributed unequally, potentially reinforcing negative self-perceptions or doubts about his value to his parents.

This theme connects to broader developmental questions about sibling relationships, parental favoritism (real or perceived), and the formation of identity within family systems. Max's awareness of these patterns demonstrates insight, though his emotional response indicates ongoing distress about these dynamics. Addressing this theme therapeutically involves both validating his experience of inequity while helping him develop a sense of self-worth independent of these family comparisons.

**Theme 2: Financial Autonomy and Responsibility:**

The student loan situation introduced a significant theme around financial autonomy, responsibility, and the transition to adult financial independence. Max*'s distress about being held responsible for loans he feels he didn'*t fully understand or consent to (*"I didn't know what was going on"*) highlighted tensions between dependence and independence in his relationship with his parents, particularly his father.

This theme encompasses several interconnected elements: the practical reality of the financial burden, the process by which financial decisions were made during his college years, his history of financial management (including impulsive spending), and the communication patterns around money within his family. His comment that *"my parents never let me have money"* followed by acknowledging he went *"a little insane freshman year in college"* with spending suggests a pattern where restricted financial autonomy may have contributed to later difficulties with financial self-regulation.

The abrupt way his father introduced the loan repayment expectation (as Max was leaving for the airport) further reinforces this theme, suggesting ongoing problematic communication around financial matters. This theme connects to broader developmental challenges around establishing adult financial independence and responsibility, particularly in families where financial boundaries and expectations may be unclear or inconsistently enforced.

**Theme 3: Maternal Relationship and Emotional Disconnection:**

Max's relationship with his mother emerged as a significant theme, characterized by emotional disconnection and perceived dismissiveness. His statement *"I can't stand being around my mom for too long"* established this as a general pattern, while specific incidents like her unwillingness to meet for a photo at the concert provided concrete examples of interactions that reinforce this disconnection.

This theme extends to his observations about his mother's relationship with her boyfriend, where his comment that the boyfriend is *"too good for her"* suggests complex feelings about his mother's character and relationships. His description of their dynamic—*"she bosses him around"* but *"he kind of like punches back"*—may reflect his own wishes for more assertive boundaries in his relationship with her.

The unannounced introduction to her boyfriend (*"I met my mom's boyfriend, like, without warning"*) further highlights communication issues and potential boundary violations that characterize their relationship. This theme connects to developmental questions about adult child-parent relationships, particularly the renegotiation of boundaries and expectations as children mature. Max's awareness of these dynamics suggests potential for growth in how he manages this relationship, though his current strategy appears to be primarily distance and limited exposure (*"I can't stand being around my mom for too long"*).

**Theme 4: Coping Through Recreational Activities and Social Connection:**

Despite the family stressors described, a positive theme emerged around Max's engagement in enjoyable activities and social connections during his trip. His animated descriptions of the Beyonce concert, the Broadway show, the amusement park visit, and time with his sister and cousin highlighted the importance of these experiences as sources of positive emotion and potential coping resources.

This theme reflects Max's capacity for positive engagement and enjoyment despite challenging family dynamics. His detailed and enthusiastic description of the Broadway show in particular (*"absolutely amazing... jaw dropping"*) demonstrated genuine pleasure and engagement, suggesting these experiences serve as important counterbalances to family stress. Similarly, his connections with his sister Ava and his cousin appeared to provide supportive relationships within the broader family system.

His mention of the upcoming date at the end of the session extends this theme, suggesting he actively seeks positive social experiences and new connections. This theme represents an important psychological strength and potential protective factor against the stressors identified elsewhere in the session. Therapeutically, building on these positive engagement capacities could help strengthen resilience and expand coping resources.

**Theme 5: Identity Development and Autonomy:**

Underlying many of the specific issues discussed was a broader theme of identity development and autonomy as a young adult. Max*'s navigation of family relationships, financial responsibilities, and personal choices all reflect aspects of this developmental process. His frustration with both parents'* approaches—his mother*'s emotional distance and his father'*s abrupt financial expectations—suggests he is working to establish his own identity and boundaries while still managing family connections and obligations.

This theme encompasses questions about how Max defines himself in relation to and separate from his family of origin. His observations about family dynamics, particularly regarding his brother, suggest he is actively working to understand these patterns rather than simply accepting them without question. Similarly, his willingness to engage with the loan issue, despite his frustration, indicates a developing sense of agency and responsibility.

The upcoming date and his social activities during the trip further reflect this theme of identity development through new experiences and relationships outside the family system. This theme connects to normal developmental processes of early adulthood, where establishing autonomy while maintaining connection represents a central task. Therapeutically, supporting this process involves helping Max clarify his values and boundaries while developing skills for navigating complex family relationships from a more differentiated position.

## Sentiment Analysis

**Sentiments About Self**

Max expressed a mix of sentiments about himself throughout the session:

**Financial Anxiety and Uncertainty:** When discussing the student loans, Max expressed significant negative sentiment about his financial situation: *"I'm not paying this"* and questioning *"what am I supposed to do about this loan thing?"* These statements reflected anxiety about financial responsibilities and uncertainty about how to address them.

**Self-Awareness About Financial Patterns:** Max demonstrated neutral to slightly negative sentiment when reflecting on his spending habits: *"I'm such an impulsive spender. I want a little insane freshman year in college."* This acknowledgment contained elements of self-criticism but was presented with a degree of acceptance rather than harsh judgment.

**Mild Self-Consciousness:** Regarding his upcoming date, Max expressed mild negative sentiment about his appearance: *"I have a really big cut on my lip, and I'm kind of self conscious about it."* This suggested some vulnerability about physical appearance in social situations, though it didn't appear to be preventing him from engaging in the date.

**Positive Anticipation:** Despite the self-consciousness, Max expressed positive sentiment about the upcoming date: *"I'm excited. I think it'll be nice... he'll get me out and takes my mind off of things."* This reflected capacity for positive emotional expectation despite stressors.

**Sentiments About Others/External Situations**

Max's sentiments toward others varied significantly depending on the relationship:

**Strong Negative Sentiment Toward Brother:** Max expressed consistently negative sentiment toward his brother Ian, using terms like *"spoiled brat,"* *"inconsiderate,"* and describing him as acting *"like he's higher than everybody else."* These statements reflected significant frustration and possibly resentment about Ian's behavior and treatment within the family.

**Mixed Sentiment Toward Mother:** Max expressed predominantly negative sentiment toward his mother, stating *"I can't stand being around my mom for too long"* and describing her dismissive behavior at the concert. However, his sentiment was more complex when discussing her relationship with her boyfriend, acknowledging positive aspects of their dynamic despite his overall critical view of her.

**Frustrated Sentiment Toward Father:** Regarding his father, Max expressed frustration about communication patterns, particularly around the loan issue: *"Why wasn't this a conversation we had earlier?"* This sentiment reflected disappointment about his father's approach rather than a global negative view of him.

**Positive Sentiment Toward Sister and Cousin:** Max expressed positive sentiment when discussing time spent with his sister Ava and his cousin, describing these interactions as *"a lot of fun"* and enjoyable, suggesting these relationships serve as positive connections within the family system.

**Strong Positive Sentiment Toward Entertainment Experiences:** Max expressed enthusiastic positive sentiment about the Broadway show (*"absolutely amazing"*) and the Beyonce concert (*"absolutely wonderful"*), indicating capacity for genuine enjoyment and positive emotional experiences.

**Sentiments About Therapy/Therapeutic Process**

Max's sentiments toward the therapeutic process appeared predominantly positive:

**Collaborative Engagement:** Max demonstrated positive sentiment toward the therapeutic relationship through his willingness to share personal information and engage in problem-solving about the loan situation. His comfort sending a text to his father during the session suggested trust in the therapeutic process.

**Openness to Guidance:** His question about the assessment results from the previous session (*"Did you end up compiling the results from that test that we took last time?"*) indicated positive sentiment toward therapeutic tools and interest in insights they might provide.

**Value for Therapeutic Support:** When discussing the loan situation, Max*'s willingness to incorporate the therapist'*s analysis (*"me and the therapist made this file"*) in his communication with his father suggested he values the therapeutic perspective and sees it as lending credibility to his position.

The overall sentiment pattern reveals an individual navigating significant family stressors while maintaining capacity for positive emotional experiences and engagement. His sentiments reflect both acute stress (particularly regarding the loans) and longstanding patterns of family dynamics that contribute to emotional distress. His generally positive sentiment toward therapy and recreational activities suggests important resources for coping with these challenges.

# Key Points

• **Student Loan Financial Stressor**: The unexpected responsibility for significant student loan payments ($39,000 total, $358 monthly) represents an acute stressor with both financial and relational implications. Max feels blindsided by both the amount and his father*'s expectation that he assume responsibility for loans he believes he didn'*t fully understand when signing. This situation requires immediate attention through practical financial planning and communication strategies. Developing a realistic assessment of Max's financial capacity, creating a potential compromise proposal (such as his suggestion to pay the smaller loan while his father covers the larger one), and preparing for a productive conversation with his father are essential next steps. This issue connects to broader themes of financial autonomy, communication patterns within the family, and the transition to adult financial independence.

• **Family Dynamic of Perceived Inequity**: Max's description of differential treatment between himself and his brother represents a significant ongoing stressor affecting his emotional well-being and self-concept. His perception that Ian is treated as *"the golden child"* despite problematic behavior suggests feelings of injustice that may contribute to resentment and negative self-comparison. Therapeutic work should address both the emotional impact of these perceptions and practical strategies for navigating family interactions. Helping Max develop a sense of self-worth independent of these family comparisons, establish effective boundaries during family visits, and process feelings of unfairness without becoming emotionally depleted by them will be important for his psychological well-being. This pattern connects to developmental questions about sibling relationships and identity formation within family systems.

• **Pattern of Impulsive Spending as Emotional Regulation**: Max's acknowledgment of impulsive spending tendencies, particularly during his freshman year of college, suggests a potential pattern of using purchases as emotional regulation that may complicate his ability to manage new financial responsibilities. His insight that this pattern may relate to previous financial restrictions (*"my parents never let me have money"*) provides an important connection between developmental experiences and current behaviors. Addressing this pattern through increased awareness of emotional triggers for spending, development of alternative coping strategies, and practical budgeting skills will be essential for supporting financial stability. This pattern connects to broader themes of emotional regulation, autonomy development, and the establishment of healthy financial habits in early adulthood.

# Significant Quotes

*"He gets treated, he's like, the golden child for some reason, and he's the least successful... they feel like they need to, like, just be on, like, breathe down his neck, and like, he doesn't give a shit because he gets free shit and everything gets done for him."*

This statement encapsulates Max's perception of inequitable treatment within his family system, particularly regarding his brother Ian. The phrase *"golden child"* suggests a family dynamic where one child receives preferential treatment regardless of behavior or achievement. His observation that Ian is *"the least successful"* yet receives the most attention and resources highlights Max's sense of injustice about this pattern. The description of his parents *"breathing down his neck"* while Ian *"doesn't give a shit"* suggests Max perceives a dysfunctional cycle where problematic behavior actually elicits more parental investment. This quote is significant because it reveals Max's understanding of family dynamics that likely contribute to his emotional distress and potentially shape his self-concept through comparison. It provides important context for therapeutic work addressing family relationships, boundary-setting, and the development of self-worth independent of family validation patterns.

*"Right before I left, like, literally, right as I was out the door with my dad, he gave me, oh yeah, make sure you pay your loans as I was out the door. And I'm like, yeah, no, I'm not doing that. Oh, and he's like, you gotta stop ignoring these. And I'm like, Dude, my flight's in an hour. Like, why didn't? Why wasn't this a conversation we had earlier?"*

This quote highlights problematic communication patterns regarding financial responsibilities within Max*'s family. The timing of his father'*s comment—*"literally, right as I was out the door"*—suggests avoidance of meaningful discussion about an important topic, potentially reflecting discomfort with financial conversations or anticipation of conflict. Max's immediate rejection (*"yeah, no, I'm not doing that"*) followed by frustration about the timing reveals both the practical impact of poor communication and the emotional response it triggers. His question *"Why wasn't this a conversation we had earlier?"* indicates a desire for more thoughtful, planned discussion of significant issues rather than last-minute directives. This quote is significant because it demonstrates how communication patterns exacerbate the inherent stress of financial responsibilities and highlights an area where developing more effective communication strategies could improve both practical outcomes and relationship quality.

*"I didn't know what was going on. Of course, I I was barely, I barely understood the concept of $1 because my parents never let me have money. All my money went to them when I worked. Well, not to them, but it was like, my quote, unquote bank account... which I guess is another reason why I'm such an impulsive spender."*

This statement reveals Max's insight into the connection between his developmental experiences with money and his current financial behaviors. His description of *"barely understanding the concept of $1"* due to limited financial autonomy during adolescence highlights how restricted access to financial decision-making may have impeded the development of money management skills. The phrase *"quote, unquote bank account"* suggests skepticism about how his money was handled, potentially indicating feelings of financial disempowerment. His connection between this history and being *"an impulsive spender"* demonstrates awareness of how these early patterns may have contributed to later difficulties with financial self-regulation. This quote is significant because it shows Max's capacity for psychological insight and his ability to connect current challenges with developmental experiences. It provides an important foundation for therapeutic work addressing financial behaviors through both practical skills development and exploration of the emotional aspects of money management.

# Comprehensive Narrative Summary

Max Moskowitz presented to today*'s telehealth session primarily focused on processing his recent trip to New York to visit family and addressing an unexpected financial stressor related to student loan repayment. Throughout the session, complex family dynamics emerged as significant factors affecting his emotional well-being, particularly his relationships with his mother and brother and his father'*s communication about financial responsibilities.

The session began with Max providing a detailed account of his trip activities, including attending a Beyonce concert, seeing a Broadway show, visiting an amusement park, and spending time with various family members. While he described enjoying these activities, his narrative quickly revealed underlying tensions within his family system. His statement *"I can't stand being around my mom for too long"* established a pattern of strained maternal relationship that was further illustrated by specific incidents, such as her unwillingness to meet him for a photo at the concert despite attending the same event. The unannounced introduction to her boyfriend (*"I met my mom's boyfriend, like, without warning"*) further highlighted communication issues and potential boundary violations that characterize their relationship.

A significant theme emerged around Max's perception of inequitable treatment between himself and his brother Ian within the family system. His description of Ian as *"the definition of the spoiled brat"* who is treated like *"the golden child"* despite being *"the least successful"* revealed feelings of injustice about family dynamics. Max provided specific examples of Ian's entitled behavior being tolerated or even rewarded by their parents, contrasting this with his perception that he would be held to different standards. This perceived inequity appeared to contribute to emotional distress and potentially reinforced negative self-comparisons or doubts about his value within the family system.

The most acute stressor discussed was the unexpected responsibility for significant student loan payments, introduced by his father as Max was leaving for the airport. Max expressed feeling blindsided by both the amount ($39,000 total with $358 monthly payments) and the timing of the conversation: *"Dude, my flight's in an hour. Like, why wasn't this a conversation we had earlier?"* This situation highlighted problematic communication patterns regarding financial responsibilities and raised questions about financial autonomy and the transition to adult financial independence. Max questioned the fairness of being responsible for loans he believes he didn't fully understand when signing: *"I didn't know what was going on... I barely understood the concept of $1 because my parents never let me have money."*

Max demonstrated insight into how his developmental experiences with money may have contributed to current financial behaviors, noting that restricted access to financial decision-making during adolescence may have contributed to later impulsive spending: *"My parents never let me have money... which I guess is another reason why I'm such an impulsive spender."* This connection between early financial restrictions and later difficulties with financial self-regulation suggested an important area for therapeutic intervention.

Despite these stressors, Max demonstrated significant psychological strengths throughout the session. His animated descriptions of enjoyable activities (particularly the Broadway show: *"absolutely amazing... jaw dropping"*) highlighted his capacity for positive emotional engagement. His relationships with his sister Ava and his cousin appeared to provide supportive connections within the broader family system. His willingness to engage in problem-solving about the loan situation, including sending a text to his father during the session to initiate a conversation, demonstrated resilience and agency in addressing challenges.

Moving forward, therapeutic work will focus on several key areas: developing a concrete financial plan for addressing the student loan situation, including potential negotiation points with his father; implementing strategies for managing family interactions to reduce emotional depletion, particularly regarding the perceived inequity between himself and his brother; exploring and addressing patterns of impulsive spending through increased awareness of emotional triggers and development of alternative coping strategies; and continuing to strengthen positive social connections and activities that provide enjoyment and support.

The session concluded with brief mention of an upcoming date, suggesting Max is actively engaged in building social connections outside his family system. His statement that the date would *"get me out and takes my mind off of things"* indicated awareness of the value of positive activities for emotional well-being. This forward-looking perspective, combined with his engagement in the therapeutic process, suggests good potential for addressing the identified challenges and continuing his development of adult identity and autonomy.

# Progress Note: Meera Zucker - 5/29/2025

Comprehensive Clinical Progress Note for Meera Zucker's Therapy Session on May 29, 2025

Meera presented to today's session primarily focused on a significant family conflict regarding summer travel plans and her relationship with her brother. She described a complex situation that began when she attempted to coordinate a visit to see her brother, sister-in-law, and niece in Tahoe: *"I texted my brother, and I was like, because I wanted to know, like, what the fuck the plan was for the summer, and, like, I needed to book my flight home."* After initial communication with her brother, who indicated he was at a work conference, Meera reached out to her sister-in-law, who responded by sending pictures of renovations to their Tahoe house and suggesting, *"it would be great to get you out here sometime in the next year or so."*

When Meera clarified her understanding that she was planning to visit in early July, her sister-in-law informed her that they had friends coming to stay during that time. This created confusion about the previously discussed plan for Meera to take her niece Brianna to Los Angeles for a week. Meera expressed frustration about the lack of clear communication: *"I text my brother. He's like, Hey, I don't know what's happening, but if I thought I was coming to you guys for her birth, for Brianna's birthday and the fourth but apparently you have friends staying there."* She reported that her brother did not respond for *"five days later,"* which she described as feeling like *"a week in anybody's book."*

When her brother finally called, he suggested that Meera stay in Reno (45 minutes away from their Tahoe house) while their friends visited. Meera expressed that this arrangement defeated the purpose of her visit: *"Why would I stay in Reno if I'm trying to see you and your kids?"* She described her brother's response as dismissive of her concerns: *"We'd love to make it work. We'd love to have you. The cons are coming... The only problem is you would have to share a room with Brianna, everyone's gonna have to make sacrifices."* Meera responded by asserting that her *"sacrifice is taking your child for a week,"* highlighting that she felt her contribution to the family was being undervalued.

After continued unclear communication and her brother failing to follow up as promised, Meera made the decision to book a return flight that would not allow her to take her niece as previously discussed: *"I was looking at flights for me to fly home on July 7, meaning I'm not staying to watch her."* She described her brother's response as placing responsibility on her: *"Well, if you can't take her, she's not gonna come."* Meera expressed that this felt unfair: *"That's really shitty, because you're I can't spend any time with her then, or you."*

Meera also reported discovering through social media that her brother and sister-in-law were currently in Tahoe with the same friends for Memorial Day weekend, which reinforced her feeling that they were prioritizing these friendships over their relationship with her: *"Clearly, they have time to hang out with their friends, but he can't pick up the phone and call me to talk."*

When discussing her emotional response to the situation, Meera acknowledged feeling hurt but demonstrated resolve in her decision to maintain boundaries: *"I mean, it's shitty, but like, some, some of my friends, I've, like, told this to like, two or three people, and they're like, well, hopefully he'll change. And I'm like, I don't think he will, but maybe he will."*

Meera also briefly discussed work-related stress, describing the end of the school year as *"fucking bananas right now"* with events like kindergarten orientation being *"not well planned"* and creating situations where she felt frustrated with colleagues' lack of preparation. She mentioned considering her teaching assignment for the next year, expressing a preference to remain in kindergarten rather than move to first grade with her current students: *"I actually don't want to go to first grade at all because I don't want to teach these fucking kids again."*

Meera noted sleep disturbances, reporting that she *"woke up at last night at like, 330 and then four and then five, and at 530 it's just like, I'm getting up."* However, she mentioned using this early morning time productively: *"But then I clean so I, like, got shit done. That's when I have my most energy."*

# Objective

Meera presented to the telehealth session alert, oriented, and appropriately groomed. She maintained good eye contact with the camera and demonstrated appropriate digital rapport. Her speech was clear, coherent, and goal-directed, though occasionally rapid and animated when discussing emotionally charged topics related to her family conflict.

Meera's affect was full range and appropriate to content, shifting from frustration and irritation when describing interactions with her brother and sister-in-law to more matter-of-fact when discussing work-related stressors. Her mood appeared mildly dysthymic with situational irritability related to family dynamics. She demonstrated appropriate humor throughout the session and was able to laugh at certain situations despite their stressful nature.

Meera's thought process was logical and organized, with good sequential recounting of complex interpersonal interactions. There was no evidence of thought disorder, hallucinations, or delusions. Her cognitive functioning appeared intact, with good memory for recent events, conversations, and timeline details. She demonstrated insight into family dynamics, particularly regarding patterns of one-sided effort in her relationship with her brother.

Meera showed good problem-solving abilities and assertiveness in her decision to book her return flight independently rather than continue waiting for her brother's response. She demonstrated emotional regulation when discussing frustrating situations, maintaining composure while clearly expressing her feelings about perceived inequities in family relationships.

There were no observed signs of acute distress, suicidal ideation, or safety concerns during the session. Meera appeared stable despite the interpersonal stressors discussed and engaged actively in reflecting on her responses to these situations.

# Assessment

Meera presents with adjustment difficulties related to family relationship stressors (Adjustment Disorder with mixed anxiety and depressed mood, F43.23). Her primary concerns center on navigating a complex and often one-sided relationship with her brother and sister-in-law, particularly regarding boundaries, communication patterns, and perceived inequities in effort and consideration.

The family dynamics Meera described reflect longstanding patterns of her needs being secondary to her brother*'s family'*s preferences and convenience. Her statement that interactions are *"always centered around him, his family"* suggests a persistent imbalance in the relationship that has created cumulative emotional distress. The current conflict regarding summer plans appears to be a crystallizing incident that has brought these patterns into sharper focus, prompting Meera to take more definitive action in setting boundaries.

Meera's decision to book her return flight independently, effectively withdrawing from the caregiving role she was expected to fulfill for her niece, represents an important step in asserting her own needs and boundaries. While this decision caused some emotional distress, it also appears to have provided a sense of agency and self-respect that may be therapeutic in addressing longstanding patterns of accommodation in this relationship.

The sleep disturbances Meera reported (waking at 3:30, 4:00, and 5:00 AM) may reflect the emotional processing and anxiety related to both family conflict and work stressors as the school year concludes. However, her ability to use this early morning time productively suggests adaptive coping with these sleep disruptions rather than allowing them to further impact her functioning.

Work-related stressors appear secondary to the family conflict but contribute to Meera*'s overall stress level. Her frustration with colleagues'* lack of preparation and concerns about potentially teaching the same challenging students next year indicate professional stressors that may require additional coping strategies as she navigates the end of the school year.

Psychological strengths observed include Meera's growing assertiveness in setting boundaries, her ability to articulate her needs clearly, her capacity for self-reflection about relationship patterns, and her resilience in maintaining professional functioning despite personal stressors. Her planned trip to Europe (Edinburgh and London) suggests proactive self-care and engagement with enjoyable activities despite relationship disappointments.

Risk factors include the potential for continued family conflict, particularly if her brother or mother attempt to induce guilt about her decision not to take her niece for the week. The end-of-year work demands may also temporarily increase stress levels. Protective factors include her therapeutic relationship, supportive friends with whom she has discussed the situation, and her growing confidence in setting appropriate boundaries.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions**:  
Continue developing psychological flexibility around family relationships, helping Meera distinguish between pain (the natural disappointment of unmet expectations) and suffering (the additional distress created by struggling against this reality).  
Utilize values clarification exercises to help Meera identify her core values regarding family relationships, reciprocity, and self-respect, providing a foundation for decisions that align with her authentic self rather than family expectations.  
Implement cognitive defusion techniques to help Meera create distance from unhelpful thoughts about family obligations and guilt, reducing their emotional impact.  
Develop mindfulness practices specifically focused on noticing physical sensations associated with family-related stress, potentially addressing sleep disruptions.

**Dialectical Behavior Therapy (DBT) Skills**:  
Reinforce the interpersonal effectiveness skills Meera demonstrated in her boundary-setting with her brother, highlighting the DEAR MAN components she naturally employed.  
Continue developing emotion regulation strategies to help Meera manage frustration and disappointment related to family interactions without becoming emotionally depleted.  
Explore validation strategies to help Meera acknowledge her own emotional experiences while reducing dependence on external validation from family members.  
Practice radical acceptance of her brother's limitations and priorities, focusing energy on relationships that offer more reciprocity and satisfaction.

**Narrative Therapy Approaches**:  
Explore and externalize problematic family narratives, particularly those related to Meera*'s role as the accommodating sister/aunt who should prioritize others'* needs.  
Identify unique outcomes where Meera has successfully navigated family dynamics in ways that honor her own needs and values.  
Develop alternative narratives about her relationship with her niece that acknowledge the limitations imposed by the parents while maintaining hope for meaningful connection in the future.  
Examine how cultural and family narratives about unmarried women's obligations and availability influence expectations within her family system.

**Specific Interventions**:  
Develop a self-care plan for managing potential emotional aftermath if her brother or mother attempt to induce guilt about her decision.  
Create strategies for maintaining appropriate boundaries during future family interactions while leaving room for relationship repair if her brother demonstrates willingness to create more balance.  
Implement sleep hygiene practices to address early morning awakening, potentially including a worry journal before bed to externalize concerns.  
Explore opportunities for meaningful connection with her niece that don't require her to accept unbalanced or last-minute arrangements.  
Support planning for her European trip as a form of self-care and positive anticipation during this period of family disappointment.

**Follow-up:** Continue weekly sessions focused on processing family dynamics and reinforcing boundary-setting skills. Monitor sleep patterns and emotional response to any further communication from family members about summer plans. Provide support through the end of the school year transition and preparation for summer break.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Factual Reporting to Emotional Frustration:**

The session began with Meera providing a relatively matter-of-fact account of her initial communication with her brother about summer plans. However, when describing her sister-in-law's response about having friends visiting, her tone shifted noticeably to one of frustration and disbelief: *"She's like, Oh, we have friends coming in town. Then I was like, Oh, okay."* The shift was marked by increased vocal emphasis and a slightly higher pitch, indicating emotional activation.

This tonal shift revealed that what might appear on the surface as a simple scheduling conflict held deeper emotional significance for Meera. The abruptness of the shift suggested that her sister-in-law*'s response triggered immediate recognition of a familiar pattern rather than isolated disappointment. The therapist'*s attentive listening during this shift allowed Meera to continue elaborating on the situation without prematurely moving to problem-solving, creating space for the emotional component to be fully expressed.

**Shift 2: From Frustration to Assertive Determination:**

When describing her decision to book her return flight independently, Meera's tone shifted from frustrated recounting to assertive determination: *"I was like, fuck it. I'm booking it like I am not waiting around forever."* Her voice became more decisive and emphatic, with stronger declarative statements and less hesitation.

This tonal shift represented an important therapeutic moment, revealing Meera*'s growing capacity to move from passive frustration to active boundary-setting. The energy and conviction in her tone when describing this decision contrasted with the more reactive quality present when describing her brother'*s behavior, suggesting a transition from victim position to agent. The therapist's affirming response (*"I'm obsessed with everything about you right now"*) reinforced this shift, potentially strengthening Meera's confidence in her decision.

**Shift 3: From Anger to Reflective Insight:**

When discussing her brother*'s explanation about starting his own firm and juggling work and family responsibilities, Meera'*s tone shifted from angry dismissal to more reflective insight: *"I don't feel bad for you. You put this on yourself. You have your $2 million house like you don't need that. If it's too stressful, don't live that lifestyle."* While still critical, her tone became more measured and analytical, suggesting cognitive processing rather than pure emotional reaction.

This tonal shift demonstrated Meera*'s capacity for perspective-taking and critical thinking about family dynamics, even while maintaining appropriate boundaries. The shift from hot anger to cooler analysis suggested emotional regulation skills and the ability to contextualize her brother'*s behavior within broader life choices. This represents an important clinical strength that can be built upon in therapy, helping Meera respond to family dynamics from a more centered, less reactive position.

**Shift 4: From Defensive Justification to Confident Assertion:**

When discussing her friends*' suggestions that her brother might change, Meera'*s tone shifted from slightly defensive justification to more confident assertion: *"I don't think he will, but maybe he will."* This subtle shift was characterized by a more grounded vocal quality and slight slowing of speech rate, suggesting increased comfort with her position regardless of others' opinions.

This tonal shift revealed growing confidence in Meera*'s own assessment of the relationship, even when it differs from friends'* more optimistic views. The ability to acknowledge others*' perspectives without abandoning her own judgment represents important progress in developing a secure sense of self in relation to others. The therapist'*s validation of her boundary-setting (*"I love that you did that"*) appeared to reinforce this confidence, creating a positive feedback loop that may strengthen Meera's trust in her own perceptions.

**Shift 5: From Personal Frustration to Professional Competence:**

When the conversation shifted to work stressors, Meera's tone changed from personal emotional engagement to more professional competence and humor: *"She goes, take a deep breath. You can only control what's in your sphere of influence."* Her delivery became more ironic and included shared laughter with the therapist, indicating emotional distance from the work situation compared to the family conflict.

This tonal shift highlighted Meera*'s ability to compartmentalize different life stressors and maintain perspective on work challenges. The humor and irony in her tone when recounting her colleague'*s advice suggested resilience and the capacity to find amusement in frustrating situations when they don't touch on core emotional vulnerabilities. This represents an important coping skill that differentiates situational irritants from deeper relational wounds, potentially providing a model for developing similar emotional distance from family stressors.

**Shift 6: From Engaged Conversation to Reflective Fatigue:**

Near the end of the session, when discussing evening plans, Meera's tone shifted to one of reflective fatigue: *"I have to figure out dinner and hopefully passing the fuck out."* Her vocal energy decreased, with lower volume and flatter intonation, suggesting the emotional processing during the session had accessed deeper energy reserves.

This tonal shift provided important clinical information about Meera*'s energy levels and the emotional impact of discussing family conflicts. The fatigue in her tone, combined with her report of sleep disruptions, suggested that while she is managing well cognitively and behaviorally, these stressors are taking a physical toll that merits attention. The therapist'*s inquiry about sleep following this tonal shift represented good clinical responsiveness, addressing the physical manifestation of emotional stress that might otherwise have been overlooked.

## Thematic Analysis

**Theme 1: Inequity in Relationship Effort and Consideration:**

A central theme throughout the session was Meera's experience of inequity in her relationship with her brother, particularly regarding effort and consideration. Her detailed account of attempting multiple times to coordinate plans, only to be met with delayed responses and changing conditions, highlighted this imbalance. Her statement *"I'm not sitting here fucking twiddling my thumbs all day long"* emphasized her perception that her time and needs were being devalued in comparison to her brother's priorities.

This theme extends beyond the current conflict to a pattern Meera identified in their relationship history: *"It's always centered around him, his family."* Her example of her brother throwing himself a birthday party and justifying not including her because *"Meera is not married"* further illustrated this pattern of her needs being secondary. The inequity appears particularly painful in the context of the caregiving role Meera was expected to fulfill for her niece, with little accommodation or appreciation for her contribution.

This theme connects to broader questions about reciprocity in adult sibling relationships and the often unexamined expectations placed on unmarried family members to accommodate those with children. Meera's growing awareness of and resistance to this pattern represents an important developmental step in establishing healthier relationship boundaries based on mutual respect rather than role-based obligations.

**Theme 2: Communication Patterns and Avoidance:**

Problematic communication patterns emerged as a significant theme, particularly her brother*'s tendency toward avoidance and delayed responses. Meera'*s account of waiting five days for a reply, only to receive inadequate information, highlighted how poor communication exacerbated the underlying relationship issues. Her brother's statement that *"By the time the kids are settled down, it's 10pm and I can't call you"* represented what Meera perceived as an excuse rather than a legitimate constraint.

This theme encompasses not just the timing of communication but its quality and transparency. Meera's discovery through social media that her brother and sister-in-law were currently in Tahoe with the same friends suggested information was being selectively shared or withheld. Her frustration that *"he can't pick up the phone and call me to talk"* while having time for social activities highlighted her perception of being deliberately kept at a distance through communication patterns.

The theme connects to broader family system dynamics where avoidance serves to maintain problematic patterns while preventing direct negotiation of needs and boundaries. Meera's decision to take definitive action rather than continue participating in this pattern represents an important shift from reactive waiting to proactive boundary-setting.

**Theme 3: Boundary Setting and Self-Advocacy:**

Meera's growing capacity for boundary setting and self-advocacy emerged as a positive developmental theme. Her decision to book her return flight independently rather than continue accommodating unclear expectations demonstrated this evolution: *"I'm booking it like I am not waiting around forever."* This action represented not just a practical solution but a psychological statement about her value and needs.

This theme was reinforced by Meera's clear communication about her decision and its rationale: *"I texted him and my mom... just so everyone's aware, I am flying home on the seventh I have no idea what's happening with Brianna."* Rather than continuing to accommodate or make herself available for last-minute arrangements, she established a clear boundary and placed responsibility for managing the consequences back on her brother.

The therapist's affirmation of this boundary-setting (*"I am obsessed with the way that you not only drew a line and made a limit, yet you did make requests and he failed to follow through"*) highlighted the therapeutic significance of this theme. Meera's growth in this area represents an important shift from accommodating family expectations at her own expense to honoring her needs and requiring reciprocal consideration in relationships.

**Theme 4: Relationship with Niece and Future Connection:**

A poignant theme emerged around Meera*'s relationship with her niece Brianna and her concerns about future connection. While the conflict centered on logistics and communication with her brother, Meera'*s disappointment about potentially not seeing her niece revealed deeper emotional investment: *"That's really shitty, because you're I can't spend any time with her then, or you."*

This theme connects to broader questions about maintaining meaningful aunt-niece relationships when parent relationships are strained. The therapist's reflection about wishing he could *"teleport her five years in advance"* acknowledged the developmental reality that Meera's relationship with her niece may evolve as Brianna gains more autonomy from her parents.

Meera's agreement with this perspective (*"I'll be there for her when she's visiting her mom"*) suggested hope for future connection despite current obstacles. This theme represents an important emotional complexity in the situation—Meera's desire to maintain connection with her niece while not accepting disrespectful treatment from her brother and sister-in-law.

**Theme 5: Work Stress and Professional Identity:**

While secondary to the family conflict, work stress emerged as a significant theme affecting Meera's overall well-being. Her description of the end of the school year as *"fucking bananas"* with poorly planned events and uncooperative colleagues highlighted additional stressors compounding the family situation.

This theme included Meera's reflections on her professional preferences and boundaries, particularly her desire not to teach the same challenging students next year: *"I actually don't want to go to first grade at all because I don't want to teach these fucking kids again."* This statement revealed her capacity for honest self-assessment about her professional limits and needs.

The work theme connected to the broader pattern of boundary-setting evident in the family situation, suggesting a period of general reassessment of what Meera is willing to tolerate across different life domains. Her adoption of her colleague*'s phrase about only controlling what'*s in her *"sphere of influence"* suggested potential integration of this principle across both personal and professional contexts.

## Sentiment Analysis

**Sentiments About Self**

Meera expressed a mix of sentiments about herself throughout the session:

**Self-Advocacy and Pride:** Meera expressed positive sentiment about her decision to set boundaries with her brother: *"I booked it"* and *"I just made a decision for me."* These statements reflected growing confidence in her right to prioritize her own needs and time, representing a positive shift in self-perception.

**Frustration with Self-Doubt:** When discussing her friends' suggestions that her brother might change, Meera expressed mild negative sentiment about potential self-doubt: *"I don't think he will, but maybe he will."* This suggested some internal tension between her assessment of the relationship and social pressure to maintain hope for improvement.

**Competence Amid Challenges:** When discussing work stressors, Meera expressed neutral to positive sentiment about her ability to manage difficult situations: *"That's when I have my most energy"* (referring to early morning productivity despite sleep disruption). This reflected confidence in her professional capabilities despite challenges.

**Deserving of Reciprocity:** Throughout the session, Meera expressed increasingly positive sentiment about her deservingness of reciprocal consideration in relationships: *"My sacrifice is taking your child for a week."* This statement reflected growing self-valuation and expectation of appropriate recognition for her contributions.

**Sentiments About Others/External Situations**

Meera's sentiments toward others varied significantly depending on the relationship:

**Strong Negative Sentiment Toward Brother and Sister-in-Law:** Meera expressed consistently negative sentiment toward her brother and sister-in-law's behavior, describing their communication as inadequate and their priorities as misplaced. Her statement *"Clearly, they have time to hang out with their friends, but he can't pick up the phone and call me"* encapsulated this negative evaluation of their choices and consideration.

**Mixed Sentiment Toward Mother:** Meera expressed mild negative sentiment toward her mother's involvement: *"Of course, my mom got in the middle of it."* This suggested frustration with family system patterns where her mother's intervention complicated rather than resolved situations.

**Protective Sentiment Toward Niece:** Despite frustration with the parents, Meera expressed positive sentiment toward her niece, with disappointment centered on lost opportunity for connection: *"That's really shitty, because you're I can't spend any time with her then, or you."* This differentiation reflected emotional sophistication in separating feelings about different family members.

**Negative Sentiment Toward Challenging Students:** Meera expressed strong negative sentiment about potentially teaching certain students again: *"I don't want to teach these fucking kids again."* The intensity of this sentiment suggested significant stress related to classroom management challenges.

**Positive Anticipation Toward Travel:** Meera expressed positive sentiment about her planned trip to Europe, representing a bright spot amid the family and work stressors discussed throughout the session.

**Sentiments About Therapy/Therapeutic Process**

Meera's sentiments toward the therapeutic process appeared predominantly positive:

**Comfort with Vulnerability:** Meera demonstrated positive sentiment toward the therapeutic relationship through her willingness to share emotionally charged experiences and her authentic expression of frustration, including colorful language that suggested comfort and trust in the therapeutic space.

**Receptiveness to Validation:** Her positive response to the therapist's affirmation of her boundary-setting suggested she valued this perspective and found it supportive of her growth process.

**Engagement with Therapeutic Reflection:** When the therapist offered the perspective about wishing to *"teleport her five years in advance"* regarding her niece relationship, Meera's engaged response suggested she found this framing helpful and insightful.

The overall sentiment pattern reveals an individual navigating significant family stressors while developing stronger self-advocacy skills and boundary-setting capacity. Her sentiments reflect both acute frustration with specific family interactions and growing confidence in her right to expect reciprocity and respect in relationships. Her generally positive sentiment toward therapy and future plans (European travel) suggests important resources for coping with these challenges.

# Key Points

• **Boundary Setting as Developmental Growth**: Meera's decision to book her return flight independently rather than continue accommodating unclear expectations represents significant psychological growth in her capacity for self-advocacy and boundary setting. After multiple attempts to coordinate plans with her brother and sister-in-law, receiving delayed or inadequate responses, she took definitive action to protect her time and emotional well-being. This boundary setting is particularly meaningful given the historical pattern she described where family interactions have been *"always centered around him, his family."* Her growing ability to recognize inequitable relationship patterns and take concrete steps to address them indicates important progress in her interpersonal development. Supporting this emerging strength while helping her manage any resulting family fallout will be essential for consolidating this growth.

• **Relationship with Niece Amid Family Conflict**: A significant emotional complexity in Meera's situation involves her desire to maintain a meaningful relationship with her niece Brianna while not accepting disrespectful treatment from her brother and sister-in-law. Her disappointment that she *"can't spend any time with her then, or you"* reveals the painful consequence of setting necessary boundaries with her brother—potentially limited access to her niece. This represents a common challenge in family systems where relationships with children can be gatekept by parents with whom there is conflict. Therapeutic work should acknowledge this loss while helping Meera develop a long-term perspective on her aunt-niece relationship, recognizing that as Brianna matures, there may be opportunities for more direct connection independent of her parents' involvement.

• **Cumulative Effect of Work and Family Stressors**: The combination of end-of-year teaching responsibilities (*"fucking bananas right now"*) and significant family conflict creates a cumulative stress burden that may be affecting Meera's sleep and overall well-being. Her report of waking multiple times during the night (3:30, 4:00, 5:00 AM) suggests physiological stress activation that merits attention. While Meera demonstrates good coping by using early morning hours productively, the potential for burnout exists if these stressors continue without adequate relief. Developing additional stress management strategies and ensuring sufficient recovery time during her upcoming summer break will be important for preventing depletion of her psychological resources.

# Significant Quotes

*"I'm not sitting here fucking twiddling my thumbs all day long. I fucking work 50 hour weeks because I tutor probably 10 hours beyond my regular job."*

This statement encapsulates Meera*'s frustration with the perceived devaluation of her time and needs in comparison to her brother'*s priorities. The intensity and expletives convey genuine emotional distress about being treated as if her time is infinitely available and less valuable than her brother*'s family obligations. The specific reference to her work hours serves to counter any potential narrative that as a single person without children, she has abundant free time or fewer legitimate demands on her schedule. This quote is significant because it reveals both the emotional impact of feeling devalued and Meera'*s growing capacity to assert her equal worth and right to consideration. It provides important context for understanding why this particular conflict triggered such a definitive boundary-setting response, as it appears to have crystallized a longstanding pattern of inequity that had reached a breaking point.

*"My sacrifice is taking your child for a week."*

This concise statement powerfully reframes the family dynamic, challenging her brother's assertion that *"everyone's gonna have to make sacrifices"* if she visits while their friends are staying. By explicitly naming her willingness to care for her niece for a week as a *"sacrifice,"* Meera asserts that her contribution to the family system has significant value that deserves recognition and reciprocity. The statement reflects growing self-advocacy and refusal to accept a one-sided arrangement where her contributions are taken for granted while she is expected to accommodate others*' preferences. This quote is significant because it demonstrates Meera'*s ability to clearly articulate the imbalance in the relationship without becoming defensive or apologetic. It represents an important moment of clarity and assertiveness that likely contributed to her subsequent decision to book her return flight independently rather than continue participating in an inequitable arrangement.

*"I don't think he will, but maybe he will."*

This brief statement regarding whether her brother might change reveals important nuance in Meera's psychological processing of the situation. It demonstrates her ability to hold both realistic assessment based on past experience (*"I don't think he will"*) and openness to positive possibilities (*"maybe he will"*) simultaneously. This cognitive flexibility allows her to set appropriate boundaries based on current reality while avoiding rigid thinking that might permanently foreclose relationship improvement. The statement suggests emotional maturity in accepting her brother*'s limitations without either idealizing potential change or becoming completely cynical about the relationship. This quote is significant because it indicates Meera'*s capacity for balanced thinking about complex family dynamics, an important psychological strength that can be further developed in therapy. It also provides a window into her internal dialogue about hope versus experience in this relationship, revealing the emotional complexity beneath her decisive boundary-setting actions.

# Comprehensive Narrative Summary

Meera Zucker presented to today's telehealth session primarily focused on processing a significant family conflict regarding summer travel plans and her relationship with her brother. Throughout the session, she demonstrated growing capacity for boundary setting and self-advocacy while navigating complex emotions about family dynamics and her relationship with her niece.

The session centered on Meera*'s detailed account of attempting to coordinate a visit to see her brother, sister-in-law, and niece in Tahoe, only to discover that they had invited friends to stay during her planned visit. After multiple attempts to clarify arrangements and receiving delayed or inadequate responses, Meera made the decision to book her return flight independently, effectively withdrawing from the previously discussed plan for her to take her niece Brianna to Los Angeles for a week. This decision represented a significant psychological shift from her historical pattern of accommodating her brother'*s preferences and schedule at her own expense.

The family dynamics Meera described reflected longstanding patterns of inequity in effort and consideration. Her statement that interactions are *"always centered around him, his family"* suggested a persistent imbalance that had created cumulative emotional distress. Specific examples, such as her brother justifying her exclusion from his birthday celebration because *"Meera is not married,"* illustrated how her needs and value within the family system had been consistently minimized. The current conflict appeared to crystallize these patterns, prompting Meera to take more definitive action in setting boundaries.

Problematic communication patterns emerged as a significant factor exacerbating the underlying relationship issues. Meera's account of waiting five days for replies, receiving inadequate information, and discovering through social media that her brother and sister-in-law were currently in Tahoe with the same friends highlighted how avoidance and selective information-sharing maintained dysfunctional family dynamics. Her frustration that *"he can't pick up the phone and call me to talk"* while having time for social activities reflected her perception of being deliberately kept at a distance through these communication patterns.

A particularly poignant aspect of the situation involved Meera*'s relationship with her niece Brianna and her concerns about future connection. While the conflict centered on logistics and communication with her brother, Meera'*s disappointment about potentially not seeing her niece revealed deeper emotional investment. The therapist's reflection about wishing he could *"teleport her five years in advance"* acknowledged the developmental reality that Meera's relationship with her niece may evolve as Brianna gains more autonomy from her parents, offering a hopeful long-term perspective on this valued relationship.

Secondary to the family conflict but contributing to Meera's overall stress level were work pressures related to the end of the school year. Her description of this period as *"fucking bananas"* with poorly planned events and uncooperative colleagues highlighted additional stressors compounding the family situation. Her preference not to teach the same challenging students next year suggested a period of general reassessment of what she is willing to tolerate across different life domains.

The sleep disturbances Meera reported (waking at 3:30, 4:00, and 5:00 AM) likely reflected the physiological impact of these combined stressors. While she demonstrated adaptive coping by using early morning hours productively, these disruptions suggested a need for additional stress management strategies to prevent potential burnout or more significant sleep problems.

Throughout the session, Meera demonstrated significant psychological strengths, including her growing assertiveness in setting boundaries, her ability to articulate her needs clearly, her capacity for balanced thinking about complex family dynamics, and her resilience in maintaining professional functioning despite personal stressors. Her planned trip to Europe (Edinburgh and London) represented an important self-care strategy and source of positive anticipation amid current disappointments.

Moving forward, therapeutic work will focus on several key areas: reinforcing Meera's boundary-setting skills while helping her manage any resulting family fallout; developing strategies for maintaining connection with her niece despite strained parent relationships; implementing stress management and sleep hygiene practices to address the cumulative effect of work and family stressors; and continuing to strengthen her sense of self-worth independent of family validation or approval.

The session concluded with the therapist affirming Meera's growth in knowing *"what you stand for, and know what you won't stand for, and know your value in a relationship,"* highlighting the developmental significance of her recent boundary-setting actions. This affirmation, combined with Meera's own growing confidence in her decisions, suggests good potential for continued progress in establishing healthier relationship patterns based on mutual respect rather than one-sided accommodation.

# Progress Note: Nancy Grossman - 5/28/2025

Comprehensive Clinical Progress Note for Nancy Grossman's Therapy Session on May 28, 2025

Nancy presented to today*'s session expressing a mixture of excitement and anxiety regarding her daughter Lindsay'*s upcoming wedding, which is scheduled to occur in less than a week. She reported experiencing waves of panic interspersed with periods of feeling *"good"* and *"excited."* Nancy stated, *"In general, I'm good, I'm excited, then I just get waves of like, panic."* These anxiety episodes manifest primarily through body image concerns and obsessive thoughts about her appearance for the wedding.

Nancy described specific appearance-related worries, stating, *"I'm like, I'm too thin. Like, I don't want to be too thin in my dress. Like, my dress is perfect now, but I want to weigh, like a certain, I have like a number, and I'm like, two pounds below that number."* She reported actively trying to gain weight to reach her *"ideal"* weight of 110 pounds, expressing concern that her current weight of 108 pounds might drop further to 106 pounds by the wedding, causing her dress to *"hang and not look good."* She also reported fixating on her skin, stating, *"Oh, my God, what if my skin breaks out?"*

Nancy acknowledged these patterns as stress reactions, noting, *"I resort back to my old I torture myself habits, so that's my stress reaction. But then I just try to not do that. Stop doing that. So sometimes I'm good and sometimes I'm not good."* This insight demonstrates awareness of her tendency toward appearance-focused anxiety under stress.

Nancy also reported significant family tension surrounding the wedding, particularly between her husband David and her sister Jill's husband. She described ongoing conflict regarding a shared financial account that David needs to close, with her brother-in-law insisting on being included in the process: *"She texted him at 8:13 today, wedding getting close, don't forget to loop me in when you close the account today."* Nancy expressed frustration with this dynamic but reported encouraging her husband to handle the situation diplomatically for the sake of the wedding.

Nancy shared concerns about her daughter Lindsay's pre-wedding anxiety, particularly regarding health concerns. She stated, *"She's just paranoid she's gonna be sick,"* noting that Lindsay has been worried about family members potentially exposing her to illness before the wedding. Nancy described Lindsay's anxiety manifesting in controlling behaviors toward family members, including her sister Chelsea, who reported, *"Lindsay told me, if I get her sick, she'll never forgive me. I'm going to ruin her wedding."*

Nancy reported significant logistical stress related to wedding preparations, mentioning, *"When we drive up next week, we have like, four car loads of stuff,"* and describing her home as looking *"like a cyclone"* with wedding items and her daughter's belongings. She noted disrupted sleep patterns, stating, *"The night before, I literally was up, I just was wired and up, and I wasn't even like, my mind wasn't even racing. I just was like, up."* She also mentioned waking at 5 AM due to wedding-related thoughts.

When reflecting on her current emotional state compared to the previous year, Nancy noted significant improvement, stating, *"This summer is a hell of a lot better than last summer,"* referencing her breast cancer surgery from the previous June: *"Yeah, and I was waiting to get my tits cut off."* This comparison provided context for her current stressors, framing them as challenging but preferable to her health crisis of the previous year.

# Objective

Nancy presented to the session well-groomed and appropriately dressed. She was alert and oriented, with clear and coherent speech. Her affect was primarily animated and engaged, though it fluctuated throughout the session, becoming more anxious when discussing wedding preparations and appearance concerns, and more relaxed when discussing positive aspects of the upcoming celebration.

Nancy demonstrated good insight into her anxiety patterns, recognizing her tendency to *"torture myself"* with appearance-focused worries when stressed. Her thought process was logical and organized, with no evidence of thought disorder, delusions, or hallucinations. She showed appropriate judgment in managing family conflicts, encouraging her husband to handle the financial situation diplomatically despite his frustration.

Nancy's mood appeared mildly anxious but generally positive, with appropriate emotional responses to content. She displayed a good sense of humor throughout the session, engaging in light-hearted banter with the therapist while still addressing serious concerns. Her cognitive functioning appeared intact, with no memory or concentration difficulties noted.

Nancy's interpersonal functioning in the session was warm and engaged, with good rapport evident between her and the therapist. She demonstrated appropriate boundaries and social skills. Her non-verbal behavior was congruent with verbal content, showing increased animation when discussing wedding details and more tension when discussing family conflicts or appearance concerns.

Nancy's sleep disturbance (difficulty falling asleep, early morning awakening) appeared directly related to wedding stress rather than indicating a more significant mood disorder. She denied any suicidal or homicidal ideation, and no safety concerns were identified during the session.

# Assessment

Nancy presents with Adjustment Disorder with Anxiety (F43.28) related to the significant life event of her daughter's wedding and associated family dynamics. Her symptoms include episodic anxiety, sleep disturbance, appearance-focused rumination, and heightened vigilance about potential problems that could affect the wedding. These symptoms represent a maladaptive response to an identifiable stressor that is expected to resolve once the wedding is complete.

Nancy's anxiety manifests primarily through body image concerns and appearance-focused rumination, consistent with her historical coping patterns. Her statement, *"I resort back to my old I torture myself habits,"* demonstrates insight into how stress activates these established patterns. Her current fixation on being *"too thin"* for her dress represents an interesting inversion of more typical body image concerns, but follows the same pattern of body-focused anxiety as a response to feeling out of control in other areas.

The family dynamics surrounding the wedding create additional stress, particularly the tension between her husband and brother-in-law regarding the financial account. Nancy*'s role as mediator between these parties adds to her emotional burden, as she attempts to maintain family harmony while supporting her husband'*s boundaries. Her approach to this conflict demonstrates psychological flexibility, as she encourages her husband to handle the situation diplomatically while acknowledging his legitimate frustration.

Nancy*'s concerns about her daughter Lindsay'*s pre-wedding anxiety create a recursive stress pattern, where she worries about her daughter*'s worrying. This dynamic is complicated by Lindsay'*s controlling behaviors toward family members regarding potential illness exposure, which Nancy must navigate while managing her own anxiety about the wedding. This multi-generational anxiety pattern is common in family systems during major transitions.

Nancy*'s comparison of her current stress to last year'*s breast cancer experience provides important context for her psychological resilience. Her statement, *"This summer is a hell of a lot better than last summer,"* indicates perspective-taking ability and gratitude despite current challenges. This perspective likely serves as a protective factor, helping her maintain overall emotional stability despite acute wedding-related stress.

Nancy's strengths include good insight into her anxiety patterns, strong communication skills, psychological flexibility in managing family conflicts, and the ability to maintain humor and perspective despite stress. Risk factors include her history of body image concerns, family conflict dynamics, and the acute time pressure of the upcoming wedding.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue to develop mindfulness skills to help Nancy notice when she is engaging in *"torture myself habits"* without judgment, creating space between the anxiety trigger and her response.  
Utilize defusion techniques to help Nancy recognize appearance-focused thoughts as mental events rather than literal truths, particularly regarding weight and skin concerns.  
Explore values clarification regarding Nancy*'s role as mother-of-the-bride, helping her connect with what kind of presence she wants to bring to her daughter'*s wedding beyond appearance concerns.  
Practice acceptance of normal pre-wedding anxiety while committing to actions aligned with making the event meaningful and joyful for her daughter and family.

**Dialectical Behavior Therapy (DBT) Skills:**  
Enhance emotion regulation skills to manage anxiety spikes, particularly through opposite action (e.g., responding to appearance anxiety with self-care rather than self-criticism).  
Strengthen distress tolerance skills to manage sleep disruption and acute anxiety episodes in the days leading up to the wedding.  
Utilize interpersonal effectiveness skills to navigate family tensions, particularly regarding the financial account conflict between her husband and brother-in-law.  
Practice radical acceptance of aspects of the wedding and family dynamics that cannot be controlled or changed at this point.

**Narrative Therapy Approaches:**  
Explore the dominant narratives about *"mother of the bride"* roles and expectations that may be contributing to Nancy's anxiety, contrasting these with her preferred identity and values.  
Identify unique outcomes where Nancy has successfully navigated family tensions or managed appearance concerns in healthier ways, building a counter-narrative to the *"torture myself"* pattern.  
Externalize the *"wedding perfectionism"* as a separate entity from Nancy*'s authentic self, helping her recognize when this external pressure is driving her anxiety.  
Connect Nancy'*s current experience to her cancer recovery narrative from the previous year, strengthening her story of resilience and perspective-taking.

**Specific Interventions:**  
Develop a concrete self-care plan for the final days before the wedding, including sleep hygiene practices and scheduled breaks from wedding preparations.  
Create a *"wedding day emergency kit"* for anxiety management, including grounding techniques, perspective-taking prompts, and brief mindfulness exercises.  
Role-play potential challenging interactions with family members, particularly regarding the financial account closure and Lindsay's illness concerns.  
Establish a post-wedding follow-up session to process the experience and transition back to regular therapeutic goals.

**Follow-up::** Schedule a session for June 9, 2025, at 12:00 PM (as agreed upon in session) to provide support following the wedding weekend and assess resolution of adjustment symptoms or need for continued intervention.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Anxious Rumination to Humorous Perspective:**

At the beginning of the session when discussing her weight concerns, Nancy's tone conveyed genuine anxiety and rumination: *"I'm like, I'm too thin. Like, I don't want to be too thin in my dress. Like, my dress is perfect now, but I want to weigh, like a certain, I have like a number."* Her speech pattern included repetitive use of *"like"* and fragmented thoughts, indicating cognitive anxiety. The tone was tense and self-critical.

A significant shift occurred when the therapist responded with humor about making *"Appalachian food"* to help her gain weight. Nancy*'s tone immediately lightened, with genuine laughter and engagement in the humorous exchange. This shift from anxious rumination to humorous perspective demonstrated Nancy'*s capacity to step back from anxiety when provided with an alternative perspective.

This tonal shift has therapeutic significance as it reveals Nancy's psychological flexibility and receptivity to reframing. The ease with which she could transition from anxiety to humor suggests that cognitive interventions utilizing humor and perspective-taking could be particularly effective. This capacity for tonal shifting also indicates emotional resilience that can be leveraged in managing wedding-related stress.

**Shift 2: From Controlled Diplomacy to Authentic Frustration:**

When initially discussing the family conflict regarding the financial account, Nancy's tone was measured and diplomatic: *"I didn't tell him what to do. He was fine when he met his sister. He didn't. He just did what needed to be done."* Her speech pattern was controlled and solution-focused, emphasizing positive outcomes rather than emotional reactions.

A notable shift occurred when sharing the text message from her sister-in-law about *"looping in"* on the account closure. Nancy's tone became more authentically frustrated and indignant, with emphasis on the timing and inappropriateness of the request so close to the wedding. This shift revealed the emotional impact of the family tension beneath her diplomatic approach.

This tonal change highlights the emotional labor Nancy is performing in managing family dynamics while maintaining a positive wedding atmosphere. The contrast between her diplomatic public stance and authentic private frustration suggests potential stress from emotional suppression. Therapeutic interventions that provide space for authentic emotional expression while supporting effective boundary management could help reduce this burden.

**Shift 3: From Present Stress to Comparative Relief:**

Throughout much of the session, Nancy's tone when discussing wedding preparations conveyed present-focused stress and anxiety, with emphasis on immediate concerns and problems to solve. Her speech was rapid and detail-oriented, focusing on logistics, appearance issues, and family tensions.

A significant tonal shift occurred when she compared this year to last year's cancer experience: *"This summer is a hell of a lot better than last summer."* Her tone became more reflective and perspective-taking, with a quality of genuine gratitude despite current challenges. This shift from immediate stress to broader life perspective revealed an important coping resource.

This tonal change demonstrates Nancy's capacity for psychological perspective-taking and meaning-making in the face of stress. The ability to contextualize current challenges within her broader life narrative, particularly her cancer experience, represents a significant psychological strength. Therapeutic interventions that help her access this perspective during moments of acute anxiety could enhance her resilience during the wedding events.

**Shift 4: From Maternal Concern to Boundary Recognition:**

When discussing her daughter Lindsay*'s anxiety about family members potentially exposing her to illness, Nancy'*s initial tone conveyed maternal concern and accommodation: *"She's just paranoid she's gonna be sick."* Her speech pattern suggested empathy and a desire to protect her daughter's experience.

A subtle but important shift occurred when describing her daughter*'s controlling behaviors toward family members. Nancy'*s tone became more boundary-aware, recognizing the excessive nature of some requests: *"I said, just of all people is worried. The whole bunch is worried. They're all sick, but all have different ailments."* This shift indicated recognition of the need for reasonable limits despite maternal concern.

This tonal change reveals Nancy's capacity to balance empathy for her daughter with appropriate adult boundaries. The shift from pure accommodation to gentle limit-setting suggests healthy family functioning despite the stress of the wedding preparations. Therapeutic support for this balanced approach could help Nancy navigate the intense emotional dynamics of the mother-daughter relationship during this significant transition.

**Shift 5: From Social Performance to Authentic Vulnerability:**

During discussions of social aspects of the wedding, Nancy's tone often reflected awareness of social performance and appearance: *"I don't want to be tired because I don't want to look tired."* Her speech conveyed consciousness of being observed and evaluated by others, with emphasis on managing impressions.

A contrasting tonal quality emerged when discussing her deeper feelings about the wedding and family relationships. In these moments, her tone became more vulnerable and authentic, particularly when expressing her hopes for family harmony despite tensions. This shift from social performance to authentic vulnerability revealed the emotional depth beneath the logistical concerns.

This tonal variation highlights the dual nature of weddings as both public performances and deeply personal family transitions. Nancy's ability to access both registers—social awareness and emotional authenticity—represents psychological flexibility that can be supported therapeutically. Interventions that help her connect with her authentic values amid social pressures could enhance her experience of the wedding events.

**Shift 6: From Immediate Anxiety to Future Relief:**

Throughout much of the session, Nancy's tone when discussing wedding preparations conveyed immediate anxiety about the coming days, with emphasis on problems to solve and concerns to address. Her speech was present-focused and sometimes urgent in quality.

A notable shift occurred when discussing plans for after the wedding, with her tone becoming more relaxed and open: *"After the wedding, I'll revisit."* This shift from immediate anxiety to anticipated future relief suggested confidence that the current stressful period is temporary and manageable.

This tonal change indicates Nancy's healthy temporal perspective—her understanding that current stressors are time-limited rather than permanent. This perspective likely serves as a protective factor against more pervasive anxiety or hopelessness. Therapeutic interventions that reinforce this temporal framing could help Nancy maintain resilience through the intense final days before the wedding.

## Thematic Analysis

**Theme 1: Body Image as Anxiety Barometer:**

A prominent theme throughout the session was Nancy's use of body image concerns as a barometer for her overall anxiety level. Rather than directly expressing wedding-related anxiety, she channeled it into specific appearance concerns: *"I'm like, I'm too thin. Like, I don't want to be too thin in my dress."* Her fixation on reaching a specific weight (110 pounds) and fears about her skin breaking out represented concrete manifestations of more abstract wedding anxieties.

This theme connects to Nancy's self-described pattern of *"torture myself habits"* that emerge under stress. Her awareness that these patterns represent a stress reaction rather than genuine body issues demonstrates psychological insight: *"I resort back to my old I torture myself habits, so that's my stress reaction."* Despite this insight, the pattern remains active, suggesting deeply ingrained coping mechanisms.

The body image theme extends beyond Nancy to her daughter Lindsay, who was described as having *"prophylactic dermatology appointments Monday and Tuesday, in case she needs an injection"* for potential acne. This multi-generational concern with appearance suggests family patterns around managing anxiety through body focus.

This theme connects to broader psychological concepts regarding somatization of anxiety and the use of controllable body concerns (weight, skin) to manage uncontrollable situational anxiety (family tensions, wedding logistics). Therapeutic work addressing this theme would focus on developing more direct anxiety management strategies while maintaining compassionate awareness of the body image concerns.

**Theme 2: Family Systems and Triangulation:**

A central theme involved complex family dynamics and triangulation patterns, particularly regarding the conflict between Nancy's husband David and her brother-in-law. Nancy described her role as mediator and diplomat: *"I didn't tell him what to do,"* while simultaneously guiding her husband toward specific actions: *"I said that was the agreement. You decide what you're gonna do."*

This theme manifested in Nancy's description of information management between family members: *"They don't know what I know and don't know, and that's perfect."* She described maintaining separate communication channels with different family members, allowing her to navigate tensions without directly confronting them: *"I keep them and I just never say words, so they have no idea."*

The triangulation pattern extended to Nancy*'s daughters, with Nancy mediating between Lindsay'*s illness concerns and Chelsea's social obligations: *"Chelsea gets anxious. Then she starts telling me, without Lindsay, I have to get I'm like, chill, you're going."* This pattern of indirect communication through Nancy rather than direct communication between parties creates additional emotional labor for her while maintaining family homeostasis.

This theme connects to family systems theory concepts regarding triangulation as a stability mechanism in anxious family systems. Therapeutic work addressing this theme would focus on supporting more direct communication patterns while acknowledging the temporary need for diplomatic navigation during the high-stress wedding period.

**Theme 3: Cancer Experience as Perspective Frame:**

A significant theme involved Nancy*'s use of her previous year'*s breast cancer experience as a frame for contextualizing current wedding stressors. Her statement *"This summer is a hell of a lot better than last summer"* referenced waiting for breast surgery the previous June: *"Yeah, and I was waiting to get my tits cut off."* This comparison provided important perspective on her current challenges.

This theme represents a powerful meaning-making process, where Nancy integrates her cancer experience into her ongoing narrative in a way that enhances resilience rather than trauma. The therapist reinforced this perspective: *"That's hard to fathom. That's hard to believe,"* acknowledging the significant life transition Nancy has navigated in the past year.

The cancer theme connects to existential aspects of the mother-of-the-bride experience, highlighting the poignancy of Nancy being present and well for her daughter's wedding after facing a life-threatening illness. While not explicitly discussed, this subtext adds emotional depth to the wedding preparations beyond logistical and appearance concerns.

This theme connects to psychological concepts regarding post-traumatic growth and meaning-making after health crises. Therapeutic work addressing this theme would focus on strengthening this perspective-taking capacity as a resource for managing current stressors while honoring the emotional significance of being present for her daughter's wedding after cancer treatment.

**Theme 4: Control and Uncertainty in Transition Rituals:**

A recurring theme involved attempts to control uncertainty within the wedding as a major family transition ritual. Nancy described multiple family members*' controlling behaviors, from Lindsay'*s concerns about illness exposure to her brother-in-law's insistence on being included in account closure. These behaviors represent attempts to manage the inherent uncertainty of major life transitions.

This theme manifested in Nancy*'s detailed attention to wedding logistics and appearance concerns, which provide concrete areas of control amid the emotional complexity of her daughter'*s marriage. Her focus on specific weights, skin condition, and sleep patterns represents attempts to create certainty and predictability within an inherently unpredictable emotional experience.

The control theme extends to family scheduling and boundaries, with Nancy weighing whether to attend her regular canasta game: *"If it's going to stress her out, I don't need to be blamed for something."* This hypervigilance about potential problems reflects the heightened stakes of the wedding as a once-in-a-lifetime event that *"must"* go perfectly.

This theme connects to anthropological and psychological concepts regarding transition rituals and their function in managing anxiety about life changes. Therapeutic work addressing this theme would focus on balancing appropriate preparation with acceptance of uncertainty, helping Nancy distinguish between controllable and uncontrollable aspects of the wedding experience.

## Sentiment Analysis

**Sentiments About Self**

Nancy expressed a complex mixture of sentiments about herself throughout the session:

**Body Image Concern:** Nancy expressed negative sentiment toward her current weight, despite being in a normatively healthy range: *"I'm like, I'm too thin. Like, I don't want to be too thin in my dress."* This inverted body image concern (fear of being too thin rather than too fat) still represents negative self-evaluation and anxiety about appearance.

**Self-Awareness:** Nancy demonstrated positive sentiment regarding her self-awareness: *"I resort back to my old I torture myself habits, so that's my stress reaction. But then I just try to not do that."* This recognition of patterns without harsh self-judgment suggests healthy self-reflection.

**Role Competence:** Nancy expressed generally positive sentiment about her handling of family dynamics, particularly her diplomatic navigation of tensions between her husband and brother-in-law. Her confidence in guiding these interactions without creating additional conflict suggests positive self-evaluation of her interpersonal skills.

**Appearance Anxiety:** Nancy expressed negative sentiment about potential appearance issues at the wedding: *"I get fixated on my skin. Oh, my God, what if my skin breaks out?"* These concerns reflect temporary state anxiety rather than trait-level negative self-evaluation.

**Resilience Identity:** Nancy expressed strongly positive sentiment when comparing her current situation to last year's cancer experience: *"This summer is a hell of a lot better than last summer."* This comparison frames her current self as resilient and recovered, a significantly positive self-evaluation despite current stressors.

**Sentiments About Others/External Situations**

Nancy's sentiments toward others and external situations varied considerably:

**Ambivalence Toward Husband:** Nancy expressed mixed sentiment toward her husband David, showing empathy for his frustration with his brother-in-law while also expressing mild exasperation at his reactivity: *"He couldn't stop talking about that."* This ambivalence reflects the complexity of supporting a spouse through family conflict.

**Protective Toward Daughter:** Nancy expressed predominantly positive sentiment toward her daughter Lindsay, showing empathy for her pre-wedding anxiety while gently acknowledging its excessive nature: *"She's just paranoid she's gonna be sick."* This balanced perspective suggests healthy maternal attachment with appropriate boundaries.

**Negative Toward Brother-in-Law:** Nancy expressed consistently negative sentiment toward her brother-in-law, describing him as *"obsessed with money and obsessed with control."* This negative evaluation was tempered by psychological understanding: *"He has just, you know, that is his, his weak area."*

**Mixed Toward Sister:** Nancy expressed complex sentiment toward her sister Jill, combining understanding of her difficult position (*"it's important to her to maintain that relationship"*) with frustration at her accommodation of her husband's inappropriate demands.

**Positive Toward Wedding Itself:** Despite the associated stressors, Nancy expressed predominantly positive sentiment toward the wedding itself and its significance, showing genuine excitement alongside anxiety about its execution.

**Sentiments About Therapy/Therapeutic Process**

Nancy's sentiments toward the therapeutic process appeared predominantly positive:

**Comfort with Therapeutic Relationship:** Nancy demonstrated positive sentiment toward the therapeutic relationship through engaged humor, open disclosure, and comfortable banter throughout the session. The ease of interaction suggests strong alliance and trust.

**Valuing of Therapeutic Support:** Nancy expressed positive sentiment about the therapist's perspective and support, particularly regarding family dynamics. Her willingness to schedule a post-wedding follow-up session indicates valuing of therapeutic support during significant transitions.

**Openness to Humor as Intervention:** Nancy responded very positively to the therapist's use of humor to shift perspective on her concerns, suggesting receptivity to this therapeutic approach. Her laughter and engagement with humorous exchanges indicate positive sentiment toward this aspect of the therapeutic process.

**Appreciation of Continuity:** Nancy's reference to previous discussions and willingness to continue therapy after the wedding suggests positive sentiment about the ongoing nature of the therapeutic relationship rather than viewing it as crisis-only support.

The overall sentiment pattern reveals an individual navigating significant but temporary stressors with generally healthy psychological resources. While negative sentiments predominate regarding specific wedding-related concerns (appearance, family tensions), these are contextualized within broadly positive sentiments about her life situation, particularly compared to the previous year's health crisis. The positive sentiments toward the therapeutic relationship suggest good engagement and potential for effective intervention during this stressful period.

# Key Points

• **Body-Focused Anxiety as Stress Response**: Nancy's fixation on being *"too thin"* for her wedding dress and concerns about potential skin breakouts represent her characteristic pattern of channeling general anxiety into specific body-focused concerns. Her statement, *"I resort back to my old I torture myself habits, so that's my stress reaction,"* demonstrates insight into this pattern while still being caught in its grip. This manifestation of anxiety is particularly significant because it represents an inversion of more typical body image concerns (fear of being too thin rather than too fat), yet follows the same psychological function of attempting to control something concrete (weight, skin) when feeling overwhelmed by less controllable stressors (family dynamics, wedding logistics). Supporting Nancy in recognizing these body concerns as anxiety signals rather than literal problems could help her respond more effectively to the underlying stress without engaging in counterproductive behaviors like attempting to gain weight rapidly before the wedding.

• **Family System Navigation and Emotional Labor**: Nancy is performing significant emotional labor in navigating complex family dynamics, particularly the tension between her husband and brother-in-law regarding the financial account closure. Her approach of maintaining separate communication channels with different family members (*"They don't know what I know and don't know, and that's perfect"*) allows her to preserve family harmony while supporting her husband's boundaries. This diplomatic role extends to mediating between her daughters regarding pre-wedding illness concerns. While this triangulation pattern creates additional emotional burden for Nancy, it represents a pragmatic short-term strategy for maintaining family stability during the high-stakes wedding period. Supporting Nancy in recognizing the emotional cost of this mediator role while affirming her skill in family navigation could help her maintain this necessary function without becoming overwhelmed by it in the final days before the wedding.

• **Cancer Recovery as Perspective Resource**: Nancy's reference to her breast cancer treatment the previous summer provides a crucial perspective frame for her current wedding-related stress. Her statement, *"This summer is a hell of a lot better than last summer... Yeah, and I was waiting to get my tits cut off,"* reveals her capacity to contextualize current challenges within her broader life narrative. This perspective-taking ability represents a significant psychological resource that helps Nancy maintain overall emotional stability despite acute wedding-related anxiety. The existential significance of being present and well for her daughter's wedding after facing a life-threatening illness adds emotional depth to the experience beyond logistical concerns. Helping Nancy access this perspective during moments of acute anxiety could enhance her resilience and ability to be fully present during the wedding events.

# Significant Quotes

*"I'm like, I'm too thin. Like, I don't want to be too thin in my dress. Like, my dress is perfect now, but I want to weigh, like a certain, I have like a number, and I'm like, two pounds below that number, and I'm like, Oh, my God, I can't weigh this. So I'm trying to, like stuff my face to, like, eat."*

This quote captures the essence of Nancy's body-focused anxiety pattern, revealing how general wedding stress manifests as specific weight concerns. The repetitive use of *"like"* and fragmented sentence structure reflects cognitive anxiety, while the content reveals an interesting inversion of typical body image concerns—fear of being too thin rather than too fat. The statement *"I'm trying to, like stuff my face"* indicates potentially counterproductive behavioral responses to this anxiety. This quote is significant because it demonstrates how even individuals with generally healthy body image can experience body-focused anxiety during major life transitions. It also reveals Nancy's tendency to seek control through body management when feeling overwhelmed by less controllable aspects of the wedding preparation. Therapeutically, this quote suggests the need for interventions that help Nancy recognize body concerns as anxiety signals rather than literal problems requiring behavioral solutions like forced eating.

*"This summer is a hell of a lot better than last summer... Yeah, and I was waiting to get my tits cut off."*

This powerful statement contrasts Nancy's current wedding-related stress with her breast cancer experience the previous summer. The blunt, colloquial language (*"tits cut off"*) conveys both emotional distance from the trauma and authentic processing of the experience. This quote is significant because it demonstrates Nancy*'s remarkable psychological resilience and perspective-taking ability. By contextualizing current wedding stress within her cancer recovery narrative, she accesses a broader life perspective that helps maintain emotional stability despite acute anxiety. The quote also reveals the existential significance of being present and well for her daughter'*s wedding after facing a life-threatening illness—a dimension that adds emotional depth to the wedding experience beyond logistical and appearance concerns. Therapeutically, this perspective-taking capacity represents a significant resource that can be leveraged to help Nancy manage wedding-related anxiety in the coming days.

*"They don't know what I know and don't know, and that's perfect. That's it. And I said, but she text you like she feels guilty because she knows it's against like the grain of what she want, how she wants to be with you, but she has to answer to him when he's sitting there, and she's going to do it because her that's where her bread is buttered, and she's not messing that up, not at the expense of you."*

This quote reveals Nancy*'s sophisticated understanding of family system dynamics, particularly regarding her sister'*s conflicted position between her husband and brother. The statement *"They don't know what I know and don't know, and that's perfect"* demonstrates strategic information management to maintain family stability, while her explanation of her sister*'s behavior shows psychological insight into competing loyalties and motivations. This quote is significant because it illustrates Nancy'*s role as family diplomat and emotional translator, helping her husband understand his sister*'s behavior without excusing the underlying conflict. It reveals the emotional labor Nancy performs in maintaining family harmony while supporting her husband'*s legitimate frustration. Therapeutically, this quote suggests the need to acknowledge the skill involved in Nancy's family navigation while also recognizing the emotional burden it creates during an already stressful time.

# Comprehensive Narrative Summary

Nancy Grossman presented to today*'s session focused primarily on managing her anxiety and family dynamics in the final days before her daughter Lindsay'*s wedding. Throughout the session, she demonstrated a complex interplay of excitement and stress, psychological insight and habitual anxiety patterns, diplomatic family navigation and authentic emotional reactions.

The central challenge Nancy described involves managing multiple dimensions of pre-wedding stress simultaneously: her own appearance-focused anxiety, family tensions regarding a financial account closure, her daughter's health-related wedding anxiety, and the logistical demands of wedding preparation. Her statement, *"In general, I'm good, I'm excited, then I just get waves of like, panic,"* captures this oscillation between positive anticipation and acute anxiety that characterizes her current experience.

Nancy's anxiety manifests primarily through body image concerns, particularly fear of being *"too thin"* for her wedding dress and fixation on reaching a specific weight (110 pounds). Her insight that *"I resort back to my old I torture myself habits, so that's my stress reaction"* demonstrates awareness of this pattern while still being caught in its grip. This body-focused anxiety represents a characteristic response to feeling overwhelmed by less controllable aspects of the wedding preparation, creating a concrete focus for her general anxiety.

The family dynamics Nancy navigates add significant complexity to her experience. She described ongoing tension between her husband David and her brother-in-law regarding a shared financial account that needs to be closed before the wedding. Her diplomatic approach to this conflict—encouraging her husband to handle the situation appropriately while acknowledging his legitimate frustration—demonstrates psychological flexibility and pragmatic family management. Her statement, *"They don't know what I know and don't know, and that's perfect,"* reveals her strategic information management to maintain family stability during this high-stakes period.

Nancy also described managing her daughter Lindsay*'s pre-wedding anxiety, particularly regarding potential illness exposure before the wedding. Lindsay'*s controlling behaviors toward family members (*"Lindsay told me, if I get her sick, she'll never forgive me. I'm going to ruin her wedding"*) create additional emotional labor for Nancy as she mediates between her daughters and supports Lindsay*'s needs while maintaining reasonable family functioning. This multi-generational anxiety pattern is common in family systems during major transitions but adds to Nancy'*s overall stress burden.

A significant psychological resource Nancy demonstrated was her ability to contextualize current wedding stress within her cancer recovery narrative from the previous year. Her statement, *"This summer is a hell of a lot better than last summer... Yeah, and I was waiting to get my tits cut off,"* reveals remarkable perspective-taking ability that helps maintain emotional stability despite acute anxiety. This comparison frames her current challenges as manageable and temporary, while also highlighting the existential significance of being present and well for her daughter's wedding after facing a life-threatening illness.

Throughout the session, Nancy showed psychological strengths including insight into her anxiety patterns, sophisticated understanding of family dynamics, capacity for humor and perspective-taking, and diplomatic skill in managing complex interpersonal situations. Her challenges include body-focused anxiety, sleep disruption, family tension management, and the logistical demands of wedding preparation.

Moving forward, therapeutic work will focus on supporting Nancy through the final days before the wedding by enhancing mindfulness of anxiety patterns, developing concrete strategies for managing acute stress, supporting effective family navigation while minimizing emotional burden, and strengthening her access to the perspective-taking capacity demonstrated in her cancer recovery comparison. The post-wedding session scheduled for June 9th will provide an opportunity to process the experience and assess resolution of adjustment symptoms or need for continued intervention.

Nancy's prognosis is good, with expectation that her adjustment symptoms will significantly decrease following the wedding. Her psychological insight, strong therapeutic alliance, and demonstrated resilience through her cancer experience all suggest capacity for effective coping with the current stressors. The primary therapeutic goal is supporting her through this intense but time-limited period while minimizing the impact of *"torture myself habits"* on her experience of this significant family milestone.

# Progress Note: Nico Luppino - 5/29/2025

Comprehensive Clinical Progress Note for Nico Luppino's Therapy Session on May 29, 2025

Nico presented to today's session with significant frustration regarding his health insurance situation, which has been preventing him from obtaining his PrEP medication. He reported, *"I need to study my health insurance stuff first, because I'm so frustrated how confusing this is and how much time I have to spend to get it right."* Nico described a complex situation involving his previous insurance (Cigna), current Medicaid coverage, and confusion about a Blue Cross Blue Shield plan from a former employer that is still appearing in the system. This administrative burden has caused him considerable stress, as he stated, *"I guess I'm a little bit scared that I won't be able to get my prep."*

Nico also reported relationship challenges with his partner Hassan, who recently returned from a trip to Virginia. He described feeling disconnected from Hassan, stating, *"I in general feel like I've been talking to Hassan less too, partly because of my stress, and also mostly because of my stress."* This disconnection has been exacerbated by Hassan's family visiting, requiring Hassan to hide aspects of his identity: *"He cleaned out his whole house of, like, not mostly my stuff, too, but like, or at least, like, hiding anything sexual, right, weed or, yeah, just like, everything."* Nico expressed frustration about Hassan's family dynamics, noting, *"His family seems very dramatic,"* referencing an incident where Hassan's brother claimed food poisoning and went to the emergency room.

Nico shared ongoing tension with Hassan's cousin regarding an upcoming trip they are planning together (July 2-15). He reported feeling disrespected when the cousin booked him for an extra day without consulting his work availability: *"When booking the trip, he didn't respect my availability, yeah, and booked me for an extra day."* This incident caused significant stress for Nico, who worried about approaching his boss for the additional time off. He expressed feeling shut down emotionally about the trip planning: *"I just kind of shut down and stop talking. I it. I can't even, like, be so excited about it with, like, talking with everybody."*

Regarding his work environment, Nico described ongoing challenges with his *"woman boss"* whom he characterized as *"very difficult to deal with,"* stating she *"makes mistakes and then tries to blame everybody else for it."* He noted that a new employee quit after just one week. Nico also reported an uncomfortable interaction with a coworker who became upset with him for not helping carry items from the car, despite this coworker typically refusing help when offered. Nico reflected, *"Everybody has bad days,"* and noted the coworker was dealing with a sick or possibly deceased dog.

Nico expressed frustration about the work culture, stating, *"Half the job is people just telling me go run so I avoid being yelled at,"* and reported hearing this directive *"at least 10 times a day"* from multiple supervisors. He described feeling unable to think effectively while moving around the workplace: *"I can't, like, walk around and think at the same time. I'm gonna hit my head on something."*

Despite these stressors, Nico expressed positive feelings about his relationship with Hassan overall: *"Everything feels good. I love Hassan. He makes me feel good."* He acknowledged that their recent difficult interaction was likely due to mutual stress—his own insurance and landlord issues, and Hassan's family visit requiring him to conceal his sexual orientation: *"He feels like he can't be gay, you know, around them."* Nico expressed optimism about their upcoming time together on Thursday.

# Objective

Nico presented to the session appropriately dressed and well-groomed. His speech was clear, coherent, and goal-directed, though occasionally rapid when discussing stressful topics. His affect was primarily frustrated when discussing insurance issues and work challenges, but brightened noticeably when discussing positive aspects of his relationship with Hassan. His mood appeared mildly anxious but generally stable.

Nico demonstrated good insight into interpersonal dynamics, particularly in recognizing that both he and Hassan were under stress, which contributed to their recent communication difficulties. He showed cognitive flexibility in understanding his coworker's negative behavior might be related to personal issues rather than directed at him personally: *"Everybody has bad days... his dog isn't doing too well."*

Nico's thought process was logical and organized, with no evidence of thought disorder, delusions, or hallucinations. He displayed intellectual curiosity and analytical thinking when discussing linguistics and phonetics, demonstrating sophisticated understanding of speech patterns and pronunciation challenges. This intellectual engagement appeared to serve as a positive coping mechanism, allowing him to temporarily shift focus from stressors to an area of interest and competence.

Nico's interpersonal functioning in the session was warm and engaged, with appropriate humor and rapport with the therapist. He demonstrated appropriate boundaries and social skills. His non-verbal behavior was congruent with verbal content, showing increased animation when discussing topics of interest and more tension when discussing stressors.

Nico showed appropriate problem-solving behavior by accepting help with his insurance situation, allowing the therapist to involve a third party (Mark) who could assist with navigating the complex insurance system. This willingness to accept help represents adaptive coping in contrast to his previous attempts to manage the situation independently.

No safety concerns were identified during the session. Nico denied any suicidal or homicidal ideation, and no evidence of self-harm or harm to others was observed or reported.

# Assessment

Nico presents with Adjustment Disorder with mixed anxiety and depressed mood (F43.23) related to multiple psychosocial stressors including health insurance complications, work environment challenges, and relationship dynamics. His symptoms include frustration, anxiety about accessing necessary medication (PrEP), emotional withdrawal from relationship planning, and sleep disturbance. These symptoms represent a maladaptive response to identifiable stressors that are expected to improve with resolution of the stressors and continued therapeutic support.

Nico's primary stressor involves navigating a complex health insurance situation that is preventing him from accessing PrEP medication, which is essential for his sexual health and safety. His statement, *"I guess I'm a little bit scared that I won't be able to get my prep,"* reveals underlying health anxiety related to potential HIV exposure if unable to maintain his medication regimen. This anxiety is exacerbated by the bureaucratic challenges of resolving insurance issues, which Nico finds overwhelming and frustrating.

The work environment represents another significant stressor, characterized by critical supervision, blame dynamics, and pressure to appear constantly busy even when counterproductive to task completion. Nico's report that *"half the job is people just telling me go run so I avoid being yelled at"* suggests a workplace culture that prioritizes appearance of productivity over actual effectiveness, creating ongoing stress and potentially undermining his sense of competence and autonomy.

Relationship dynamics with Hassan and his extended family create additional stress, particularly around cultural and family expectations regarding sexual orientation. Hassan*'s need to conceal his sexual orientation and relationship with Nico during family visits creates a situation where Nico feels erased or invalidated. This dynamic is complicated by the upcoming trip with Hassan'*s cousin, where Nico experienced boundary violations regarding his work schedule, yet feels unable to assert himself effectively due to complex family and cultural considerations.

Nico demonstrates several psychological strengths, including intellectual curiosity, perspective-taking ability, and capacity for humor even when discussing stressors. His linguistic analysis of pronunciation challenges revealed sophisticated cognitive abilities and served as a positive coping mechanism, temporarily shifting focus from stressors to an area of interest and competence. His ability to recognize that his coworker's negative behavior might be related to personal issues rather than directed at him personally demonstrates emotional intelligence and cognitive flexibility.

Risk factors include Nico's tendency toward emotional withdrawal when overwhelmed (*"I just kind of shut down and stop talking"*), difficulty asserting boundaries with Hassan's family, and potential health risks if unable to access PrEP medication. Protective factors include his positive relationship with Hassan overall, intellectual resources, willingness to accept help with complex problems, and engagement in therapy.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue developing mindfulness skills to help Nico notice when he is becoming overwhelmed and shutting down emotionally, creating space between triggers and responses.  
Explore values clarification regarding relationship and work priorities, helping Nico connect with what matters most to him beyond immediate stressors.  
Practice defusion techniques to help Nico recognize anxious thoughts about health insurance and medication access as mental events rather than literal threats requiring immediate resolution.  
Develop acceptance of difficult emotions while committing to actions aligned with valued living, particularly regarding boundary-setting in relationships.

**Dialectical Behavior Therapy (DBT) Skills:**  
Enhance interpersonal effectiveness skills to help Nico assert boundaries with Hassan's family while maintaining relationship harmony, particularly regarding the upcoming trip planning.  
Strengthen emotion regulation skills to manage frustration and anxiety related to work and insurance challenges without withdrawing or shutting down.  
Develop distress tolerance skills to manage acute stress situations at work, particularly when feeling pressured or criticized by supervisors.  
Practice DEAR MAN skills for effective communication with Hassan about relationship needs during family visits and with supervisors about work expectations.

**Narrative Therapy Approaches:**  
Explore dominant narratives about sexual orientation and family acceptance that may be influencing both Nico and Hassan's responses to family visits.  
Identify unique outcomes where Nico has successfully navigated complex interpersonal situations, building a counter-narrative to the *"shutting down"* pattern.  
Externalize the *"insurance fuckery"* as a separate entity from Nico*'s competence, helping him recognize when systemic problems are being internalized as personal failures.  
Develop a preferred identity story that incorporates Nico'*s intellectual strengths, relationship values, and capacity for perspective-taking.

**Specific Interventions:**  
Provide practical support with insurance navigation, including involving Mark to assist with resolving the coordination of benefits issue with Medicaid.  
Explore the use of the *"Paired"* relationship app with Hassan to maintain connection during periods of limited contact due to family visits.  
Role-play potential challenging conversations with Hassan's cousin regarding trip planning and boundary-setting.  
Develop concrete coping strategies for managing work stress, particularly regarding the expectation to appear constantly busy.

**Follow-up::** Schedule next session for Thursday, June 5, 2025, to provide support following Nico's planned reunion with Hassan and to assess progress with insurance resolution and medication access.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Frustrated Helplessness to Relieved Acceptance:**

At the beginning of the session when discussing his insurance challenges, Nico's tone conveyed intense frustration and helplessness: *"I need to study my health insurance stuff first, because I'm so frustrated how confusing this is and how much time I have to spend to get it right."* His speech pattern included emphasis on the burden and complexity, with a tone of resignation about having to navigate this alone.

A significant shift occurred when the therapist offered practical assistance by involving Mark to help with the insurance issue. Nico's tone immediately lightened, with expressions of gratitude and relief: *"Thank you so much. Me ain't poor. Thank you. Thank you. Thank you."* This shift from frustrated helplessness to relieved acceptance demonstrated Nico's receptivity to support when offered in concrete, practical ways.

This tonal shift has therapeutic significance as it reveals Nico's capacity to move from overwhelm to acceptance when provided with appropriate resources. The ease with which he transitioned from frustration to gratitude suggests that practical problem-solving interventions could be particularly effective for reducing his anxiety. This capacity for tonal shifting also indicates emotional resilience that can be leveraged in addressing other stressors.

**Shift 2: From Emotional Withdrawal to Analytical Engagement:**

When discussing the conflict with Hassan*'s cousin regarding trip planning, Nico'*s tone was flat and disengaged: *"I just kind of shut down and stop talking. I it. I can't even, like, be so excited about it with, like, talking with everybody."* His speech pattern was halting and reflected emotional withdrawal as a response to feeling disrespected.

A notable shift occurred when the conversation turned to linguistics and pronunciation challenges. Nico's tone became animated, precise, and intellectually engaged: *"I can tell you, just so you know, linguistically, why that's so hard..."* His speech became more fluid and confident, with complex explanations of phonetics and mouth positions for different sounds.

This tonal change highlights Nico*'s use of intellectual engagement as a coping mechanism and source of confidence. The contrast between his withdrawn tone when discussing interpersonal conflicts and his animated tone when discussing linguistics suggests that intellectual domains provide a sense of mastery and enjoyment that could be therapeutically leveraged. Interventions that incorporate Nico'*s intellectual strengths while addressing emotional challenges could enhance his engagement and self-efficacy.

**Shift 3: From Critical Judgment to Compassionate Understanding:**

When initially describing his coworker*'s negative behavior, Nico'*s tone conveyed judgment and frustration: *"And he's like, kind of like, when you see someone carrying a bunch of stuff back and forth, you get up and help them."* His speech pattern emphasized the perceived unfairness of the criticism, with a defensive quality.

A significant tonal shift occurred when Nico reflected on possible reasons for the coworker's behavior: *"Everybody has bad days. That's really good perspective. His dog isn't doing too well."* His tone became more compassionate and understanding, with genuine empathy for the coworker's personal challenges.

This tonal change demonstrates Nico's capacity for perspective-taking and empathy even in situations where he feels criticized. The ability to shift from defensive judgment to compassionate understanding represents a significant psychological strength. Therapeutic interventions that help him access this perspective-taking capacity during moments of interpersonal conflict could enhance his relationships and reduce reactive stress responses.

**Shift 4: From Anxious Uncertainty to Hopeful Anticipation:**

When discussing the challenges in his relationship with Hassan due to family visits and limited contact, Nico's tone conveyed anxiety and uncertainty: *"It's also hard. I've not been able to talk to him as much. I thought that we would be able to sneak around a little bit more and see each other."* His speech reflected disappointment and concern about the relationship.

A shift occurred when discussing their upcoming plans to see each other: *"Everything feels good. I love Hassan. He makes me feel good... I think it'll be fine once, once we hang out."* His tone became warmer and more optimistic, with genuine affection and anticipation.

This tonal variation reveals Nico's capacity to maintain hope and positive feelings about his relationship despite current challenges. The shift from anxious uncertainty to hopeful anticipation suggests resilience in his attachment to Hassan. Therapeutic support for this balanced perspective could help Nico navigate the complexities of their relationship, particularly regarding family dynamics and cultural expectations.

**Shift 5: From Overwhelmed Confusion to Strategic Problem-Solving:**

Throughout discussions of insurance complications, Nico's tone often reflected overwhelmed confusion: *"I don't even know how like I, it's just the old employer, right? I could send an email. Is that, like, a, like, an email ain't gonna work."* His speech was fragmented and uncertain, reflecting cognitive overwhelm.

A contrasting tonal quality emerged when discussing specific steps for resolving the insurance issue with Mark's help. In these moments, his tone became more focused and strategic, particularly when clarifying what information Mark would need: *"You have the spelling of my name and everything, I guess you do, but I do, yeah."* This shift from overwhelmed confusion to strategic problem-solving revealed Nico's capacity to engage effectively when provided with appropriate structure.

This tonal variation highlights the importance of breaking down complex problems into manageable steps for Nico. His ability to shift from confusion to strategic thinking when provided with concrete guidance represents a strength that can be supported therapeutically. Interventions that provide similar structure for other challenging situations could enhance his problem-solving efficacy and reduce anxiety.

**Shift 6: From Self-Critical Frustration to Humorous Self-Acceptance:**

At times when discussing his difficulties with certain tasks or situations, Nico's tone conveyed self-critical frustration: *"I can't, like, walk around and think at the same time. I'm gonna hit my head on something."* His speech reflected a sense of inadequacy or deficiency in meeting perceived expectations.

A shift occurred through the use of humor and self-acceptance, often facilitated by the therapeutic relationship: *"I hit my head on stuff when I'm not thinking it's, like, just because, like, it's, there's a lot of stuff hanging up on."* This was followed by shared laughter and playful banter about linguistic challenges.

This tonal change indicates Nico's capacity to move from self-criticism to self-acceptance through humor and relational support. The ease with which he could transition into playful engagement suggests that humor represents an important coping resource. Therapeutic interventions that incorporate humor while validating his experiences could help reduce self-criticism and enhance self-compassion.

## Thematic Analysis

**Theme 1: Navigating Systems Not Designed for Accessibility:**

A prominent theme throughout the session was Nico's struggle to navigate complex systems that are not designed for accessibility or ease of use. This was most evident in his description of health insurance challenges: *"I need to study my health insurance stuff first, because I'm so frustrated how confusing this is and how much time I have to spend to get it right."* The term *"insurance fuckery"* aptly captured his experience of a system designed to be confusing rather than helpful.

This theme extended beyond insurance to workplace dynamics, where Nico described arbitrary rules and expectations: *"Half the job is people just telling me go run so I avoid being yelled at."* The emphasis on appearance over effectiveness (*"They just don't want to see me standing"*) reflected another system not designed for actual productivity or employee wellbeing.

The theme also manifested in Nico's attempts to access healthcare, particularly PrEP medication: *"I guess I'm a little bit scared that I won't be able to get my prep."* His fear of being unable to access necessary medication highlighted the real consequences of inaccessible systems, particularly for LGBTQ+ individuals seeking preventive healthcare.

This theme connects to broader societal issues regarding healthcare access, workplace culture, and systems that create unnecessary barriers. Therapeutic work addressing this theme would focus on developing effective navigation strategies while maintaining perspective on systemic rather than personal failures.

**Theme 2: Cultural and Family Expectations Around Sexual Identity:**

A central theme involved navigating cultural and family expectations regarding sexual identity, particularly in Hassan*'s family context. Nico described Hassan'*s preparations for family visits: *"He cleaned out his whole house of, like, not mostly my stuff, too, but like, or at least, like, hiding anything sexual, right, weed or, yeah, just like, everything."* This hiding of identity reflected the pressure to conform to family expectations.

This theme manifested in Nico*'s description of Hassan'*s behavior during family visits: *"He feels like he can't be gay, you know, around them."* The need to conceal fundamental aspects of identity created strain on their relationship, limiting communication and connection: *"When he was in Virginia, he was, like, sharing a hotel room with his brother so he couldn't, like, talk."*

The theme extended to Nico*'s relationship with Hassan'*s extended family, particularly the cousin planning their trip. The complex dynamics of being included in family activities while also experiencing boundary violations suggested the ambiguous position of being a partner not fully acknowledged within the family system.

This theme connects to psychological concepts regarding identity development, family systems, and minority stress. Therapeutic work addressing this theme would focus on supporting Nico in navigating these complex dynamics while maintaining his authentic self and developing effective boundary-setting strategies that respect cultural differences.

**Theme 3: Communication Challenges and Connection Maintenance:**

A recurring theme involved challenges in maintaining connection and communication across various relationships. With Hassan, Nico described difficulty maintaining connection during family visits: *"It's also hard. I've not been able to talk to him as much. I thought that we would be able to sneak around a little bit more and see each other."* This reflected the challenge of sustaining intimacy when external factors limit communication.

This theme manifested in Nico's attempts to introduce the *"Paired"* relationship app to enhance connection: *"I try to get Hassan to download the app over like our video chat, but it's so hard to get him to, like, focus and actually do what I'm asking him over that."* His frustration with Hassan's lack of engagement with this connection tool reflected the broader challenge of maintaining relationship quality during separation.

The communication theme extended to workplace interactions, where Nico described misunderstandings and unclear expectations: *"I don't know if I asked him, like in the middle or only at the end, but I was like, Do you need any help?"* The ambiguity in communication created unnecessary conflict and stress.

This theme connects to attachment theory concepts regarding connection maintenance and communication patterns in relationships. Therapeutic work addressing this theme would focus on developing effective communication strategies across different relationship contexts while acknowledging the unique challenges in each.

**Theme 4: Intellectual Engagement as Coping and Identity:**

A significant theme involved Nico's use of intellectual engagement as both a coping mechanism and an aspect of identity. This was most evident in his detailed explanation of linguistics and phonetics: *"I can tell you, just so you know, linguistically, why that's so hard... the L's and the R's and the first, like blue, and then the next words cross, and then, like an L, again, Blue Cross, Blue Shield."* This intellectual analysis provided a temporary respite from emotional stressors.

This theme manifested in Nico's pride in his linguistic knowledge and his enjoyment in sharing this expertise: *"Learn IPA. I've said this for years. I don't know why I haven't. It's only useful for I'm a nerd."* His self-identification as a *"nerd"* reflected positive association with intellectual interests.

The intellectual engagement theme extended to his approach to learning accents and languages: *"I think about learning a British accent. Sometimes I try to like British I just copy the guy in the TV."* This playful intellectual exploration represented a positive coping strategy and source of enjoyment.

This theme connects to psychological concepts regarding intellectual identity, flow states, and cognitive coping strategies. Therapeutic work addressing this theme would focus on leveraging Nico's intellectual strengths while helping him apply similar analytical skills to emotional and interpersonal challenges.

## Sentiment Analysis

**Sentiments About Self**

Nico expressed a complex mixture of sentiments about himself throughout the session:

**Frustration with System Navigation:** Nico expressed significant negative sentiment toward his ability to navigate complex systems: *"I'm so frustrated how confusing this is and how much time I have to spend to get it right."* This frustration reflected not self-criticism but recognition of systems designed to be inaccessible.

**Intellectual Confidence:** Nico demonstrated positive sentiment regarding his linguistic knowledge and analytical abilities: *"I can tell you, just so you know, linguistically, why that's so hard."* This intellectual domain represented an area of confidence and positive self-evaluation.

**Interpersonal Uncertainty:** Nico expressed mixed sentiment about his interpersonal effectiveness, particularly regarding boundary-setting with Hassan's cousin: *"I just kind of shut down and stop talking."* This reflected negative evaluation of his communication pattern while also recognizing the challenging nature of the situation.

**Physical Self-Awareness:** Nico expressed neutral to slightly negative sentiment about his physical coordination: *"I can't, like, walk around and think at the same time. I'm gonna hit my head on something."* This self-observation was presented matter-of-factly rather than with harsh self-judgment.

**Health Concern:** Nico expressed anxiety about his health management, particularly regarding PrEP access: *"I guess I'm a little bit scared that I won't be able to get my prep."* This reflected appropriate concern about an important health need rather than generalized health anxiety.

**Sentiments About Others/External Situations**

Nico's sentiments toward others and external situations varied considerably:

**Ambivalence Toward Hassan:** Nico expressed mixed sentiment toward Hassan, combining positive feelings (*"I love Hassan. He makes me feel good"*) with frustration about communication challenges and family dynamics (*"He feels like he can't be gay, you know, around them"*). This ambivalence reflected the complexity of navigating a relationship across cultural and family expectations.

**Negative Toward Work Environment:** Nico expressed consistently negative sentiment toward his workplace culture: *"Half the job is people just telling me go run so I avoid being yelled at."* His description of supervisors and the *"woman boss"* reflected frustration with arbitrary rules and blame dynamics.

**Mixed Toward Coworker:** Nico expressed initially negative sentiment toward the coworker who criticized him, followed by more compassionate understanding: *"Everybody has bad days... his dog isn't doing too well."* This shift demonstrated emotional intelligence and perspective-taking ability.

**Negative Toward Hassan's Cousin:** Nico expressed predominantly negative sentiment toward Hassan's cousin regarding trip planning: *"When booking the trip, he didn't respect my availability."* This negative evaluation was based on specific boundary violations rather than general dislike.

**Negative Toward Insurance System:** Nico expressed strongly negative sentiment toward the health insurance system, captured in the term *"insurance fuckery."* This external attribution of frustration appropriately located the problem in the system rather than in himself.

**Sentiments About Therapy/Therapeutic Process**

Nico's sentiments toward the therapeutic process appeared predominantly positive:

**Appreciation for Practical Help:** Nico expressed strongly positive sentiment toward the practical assistance offered with his insurance issue: *"Thank you so much. Me ain't poor. Thank you. Thank you. Thank you."* This gratitude reflected valuing of concrete problem-solving support.

**Comfort with Therapeutic Relationship:** Nico demonstrated positive sentiment toward the therapeutic relationship through engaged humor, open disclosure, and comfortable banter throughout the session. The ease of interaction suggested strong alliance and trust.

**Openness to Intervention:** Nico responded positively to the suggestion of involving Mark to help with insurance issues, indicating receptivity to therapeutic interventions and willingness to accept help with complex problems.

**Engagement with Therapeutic Process:** Nico's willingness to discuss multiple aspects of his life—relationship, work, insurance, linguistic interests—suggested positive sentiment toward the therapeutic process as a space for exploring diverse concerns rather than focusing narrowly on problems.

The overall sentiment pattern reveals an individual navigating significant but manageable stressors with generally healthy psychological resources. While negative sentiments predominate regarding specific external systems (insurance, workplace) and interpersonal challenges (Hassan's family dynamics), these are balanced by positive sentiments about his relationship with Hassan overall, his intellectual interests, and the therapeutic relationship. The positive sentiments toward therapy and willingness to accept help suggest good engagement and potential for effective intervention.

# Key Points

• **Health Insurance Barriers to PrEP Access**: Nico's frustration with navigating the complex health insurance system is preventing him from accessing PrEP medication, creating both practical and psychological concerns. His statement, *"I guess I'm a little bit scared that I won't be able to get my prep,"* reveals the underlying health anxiety related to potential HIV exposure if unable to maintain his medication regimen. This situation exemplifies the broader systemic barriers that LGBTQ+ individuals often face when seeking preventive healthcare, particularly sexual health services. The resolution of this insurance issue is a high priority not only for practical health reasons but also for reducing Nico's overall stress burden. The willingness to accept help from Mark represents an adaptive coping strategy that acknowledges the complexity of the system while taking concrete steps toward resolution. Supporting Nico in maintaining this practical problem-solving approach while managing the associated anxiety will be important for his overall wellbeing.

• **Relationship Navigation Across Cultural and Family Expectations**: Nico is managing a complex relationship dynamic with Hassan, whose family visits require concealment of their relationship and Hassan*'s sexual orientation. Nico'*s observation that *"he feels like he can't be gay, you know, around them"* highlights the strain this places on their connection and communication. This situation is further complicated by interactions with Hassan*'s extended family, particularly the cousin who violated Nico'*s boundaries regarding trip planning. Nico's tendency to *"shut down and stop talking"* when feeling disrespected represents an avoidant coping strategy that temporarily reduces stress but ultimately impedes effective communication and boundary-setting. The *"Paired"* relationship app represents a potential tool for maintaining connection during periods of limited contact, though Hassan's reluctance to engage with this solution creates additional frustration. Supporting Nico in developing more effective communication strategies that respect cultural differences while maintaining his own boundaries will be essential for relationship satisfaction and personal wellbeing.

• **Intellectual Engagement as Strength and Coping Resource**: Nico demonstrates sophisticated intellectual abilities, particularly in linguistics and phonetics, which serve as both a source of identity (*"I'm a nerd"*) and a coping mechanism during stress. His detailed explanation of pronunciation challenges revealed not only technical knowledge but also genuine enjoyment in sharing this expertise. This intellectual engagement provides temporary respite from emotional stressors and represents a significant psychological strength. Nico's ability to shift from emotional overwhelm to analytical engagement suggests cognitive flexibility that can be therapeutically leveraged. His intellectual strengths could be applied more broadly to emotional and interpersonal challenges, potentially enhancing his problem-solving effectiveness across different life domains. Supporting Nico in recognizing and utilizing this intellectual strength while developing complementary emotional skills will help create a more balanced coping repertoire.

# Significant Quotes

*"I need to study my health insurance stuff first, because I'm so frustrated how confusing this is and how much time I have to spend to get it right... I guess I'm a little bit scared that I won't be able to get my prep."*

This quote captures the essence of Nico's frustration with navigating complex healthcare systems and the real consequences of these barriers. The first part reveals the cognitive and emotional burden of dealing with insurance complications, while the second part expresses the underlying health anxiety about being unable to access necessary preventive medication. The term *"scared"* indicates vulnerability rarely expressed elsewhere in the session, suggesting the significance of this concern. This quote is clinically significant because it highlights how systemic barriers to healthcare access create not only practical problems but also psychological distress. It reveals Nico*'s awareness of health risks and his desire for responsible self-care, which represents a strength despite the frustration. Therapeutically, this quote suggests the need for both practical support with insurance navigation and emotional support for the associated anxiety, particularly given the importance of PrEP for Nico'*s sexual health and safety.

*"He cleaned out his whole house of, like, not mostly my stuff, too, but like, or at least, like, hiding anything sexual, right, weed or, yeah, just like, everything... He feels like he can't be gay, you know, around them."*

This powerful statement describes the erasure of identity that occurs when Hassan's family visits, affecting both Hassan directly and Nico indirectly. The detailed description of hiding evidence of their relationship and lifestyle reveals the psychological impact of this concealment—not just the practical aspects of moving items but the symbolic erasure of their authentic selves. The second part succinctly captures the core issue: the inability to express fundamental aspects of identity in the presence of family. This quote is significant because it illustrates the minority stress experienced by LGBTQ+ individuals in non-accepting family contexts and how this stress affects relationships. It reveals the ongoing navigation of cultural and family expectations that both Nico and Hassan must manage. Therapeutically, this quote suggests the need for interventions that support identity affirmation while developing strategies for navigating family systems that may not fully accept that identity.

*"Half the job is people just telling me go run so I avoid being yelled at... I can't, like, walk around and think at the same time. I'm gonna hit my head on something."*

This quote reveals the conflict between workplace expectations and Nico*'s actual working style and needs. The first part describes a workplace culture focused on appearance rather than effectiveness, with arbitrary rules that create unnecessary stress. The second part explains why this expectation is particularly challenging for Nico—his need to be stationary to think effectively, and the physical risks of moving without full attention. This quote is significant because it highlights the mismatch between environmental demands and individual needs that often creates workplace stress. It reveals Nico'*s self-awareness about his cognitive processing style and the frustration of being in an environment that doesn't accommodate this style. Therapeutically, this quote suggests the need for interventions that help Nico advocate for reasonable accommodations while developing coping strategies for managing in environments that may not be optimally designed for his needs.

# Comprehensive Narrative Summary

Nico Luppino presented to today's session navigating multiple interconnected challenges across healthcare access, relationship dynamics, and workplace stress. Throughout the session, he demonstrated a complex interplay of frustration and resilience, intellectual engagement and emotional withdrawal, relationship satisfaction and boundary challenges.

The central challenge Nico described involves accessing PrEP medication through a confusing health insurance system that has created barriers due to outdated information from previous employers. His statement, *"I'm so frustrated how confusing this is and how much time I have to spend to get it right,"* captures the cognitive and emotional burden of navigating systems not designed for accessibility. This frustration is compounded by genuine health concerns, as he expressed being *"a little bit scared"* about not being able to access necessary preventive medication. This situation exemplifies the broader systemic barriers that LGBTQ+ individuals often face when seeking preventive healthcare, particularly sexual health services.

A significant breakthrough occurred when the therapist offered practical assistance by involving Mark to help navigate the insurance system. Nico's immediate shift from frustrated helplessness to relieved gratitude (*"Thank you so much. Me ain't poor. Thank you. Thank you. Thank you."*) demonstrated his receptivity to concrete problem-solving support. This intervention addressed both the practical issue and the associated emotional burden, providing a model for effective help-seeking that Nico can apply to other complex challenges.

The relationship dynamics Nico navigates with Hassan and his extended family create additional complexity in his experience. Hassan*'s family visits require concealment of their relationship and Hassan'*s sexual orientation, creating a situation where Nico feels temporarily erased or invalidated. His description of Hassan cleaning the house to hide *"anything sexual"* or evidence of their lifestyle revealed the psychological impact of this concealment—not just the practical aspects of moving items but the symbolic erasure of their authentic selves. This situation is further complicated by interactions with Hassan*'s extended family, particularly the cousin who violated Nico'*s boundaries regarding trip planning.

Despite these challenges, Nico expressed genuine affection and optimism about his relationship with Hassan: *"Everything feels good. I love Hassan. He makes me feel good."* This balanced perspective demonstrates emotional resilience and the capacity to maintain connection despite temporary stressors. The *"Paired"* relationship app represents a potential tool for strengthening this connection, though Hassan's reluctance to engage with this solution creates additional frustration.

Nico's workplace environment represents another significant stressor, characterized by critical supervision, blame dynamics, and pressure to appear constantly busy even when counterproductive to task completion. His report that *"half the job is people just telling me go run so I avoid being yelled at"* suggests a workplace culture that prioritizes appearance over effectiveness, creating ongoing stress and potentially undermining his sense of competence and autonomy. His need to be stationary to think effectively conflicts with this expectation of constant movement, creating a mismatch between environmental demands and individual needs.

Throughout the session, Nico demonstrated several psychological strengths, most notably his sophisticated intellectual abilities and analytical thinking. His detailed explanation of linguistics and phonetics revealed not only technical knowledge but also genuine enjoyment in sharing this expertise. This intellectual engagement provided temporary respite from emotional stressors and represented a significant coping resource. His self-identification as a *"nerd"* reflected positive association with intellectual interests that contribute to his sense of identity and competence.

Nico also demonstrated emotional intelligence and perspective-taking ability, particularly in his reflection on his coworker's negative behavior: *"Everybody has bad days... his dog isn't doing too well."* This capacity to shift from defensive judgment to compassionate understanding represents a significant psychological strength that can be leveraged in other interpersonal situations.

Moving forward, therapeutic work will focus on supporting Nico in resolving his insurance challenges to access necessary medication, developing more effective communication and boundary-setting strategies with Hassan and his family, and enhancing workplace coping skills. The ACT framework will help Nico develop mindfulness of emotional withdrawal patterns while clarifying values regarding relationship and work priorities. DBT skills will enhance interpersonal effectiveness and emotion regulation, particularly in challenging family and workplace interactions. Narrative approaches will help Nico recognize and challenge dominant narratives about sexual orientation and family acceptance while developing a preferred identity story that incorporates his intellectual strengths and relationship values.

Nico's prognosis is good, with expectation that his adjustment symptoms will improve with resolution of current stressors and continued development of coping skills. His intellectual resources, capacity for perspective-taking, positive relationship with Hassan, and engagement in therapy all suggest capacity for effective adaptation to current challenges. The primary therapeutic goals are supporting him through the insurance resolution process, enhancing communication skills across different relationships, and developing workplace coping strategies that honor his unique cognitive style while meeting necessary job requirements.

# Progress Note: Owen Lennon - 5/28/2025

Comprehensive Clinical Progress Note for Owen Lennon's Therapy Session on May 28, 2025

Owen presented to today*'s session expressing mixed feelings about his cousin Corey'*s upcoming visit from Ireland (June 19-30). He reported ambivalence about reconnecting with this cousin, stating, *"It's not like we're, I don't even know, like we're friends, like we're, you don't say that you're friendly."* Owen described a history of feeling rejected by Corey during adolescence: *"Once, like, he got to, like, 10 or 11, like, anytime we'd come to visit, he would, like, literally never be there and just be with his friends the whole time. And I would just be, like, not cool, bro, really, like, Oh my God."*

Owen contrasted his relationship with Corey to his closer bond with Corey's younger brother Ryan, stating, *"I've always been like, super tight with him,"* and noting that Ryan has expressed appreciation for their relationship: *"He's like, it feels like my cousins actually, like, you know, love me and, you know, like, did it all? Like we're actually friends and shit."* Owen mentioned that Ryan is the cousin who wants to get matching tattoos with him, indicating a significant emotional connection.

Owen expressed concern about how Corey might interact with his friend group, stating, *"I'm kind of freaking out. Like, I don't know if, like my friends, like, I know my friends will be cool, but I'm like, is this dickhead, you know, like my friends."* He specifically worried about potential judgment from Corey regarding one of his friends: *"I know he's gonna, like, he's gonna rip on him, and then he's probably gonna be home. He's like, You, what the fuck are you friends with that kid?"* This concern reflects Owen's anxiety about navigating different social worlds and potential judgment about his peer choices.

Owen also reported uncertainty about planning activities for Corey's visit, stating, *"The other part of me is just like, Oh my God. I feel like, find shit for me to do with him, you know."* He mentioned potential activities including showing Corey around New York City, visiting fashion districts, and exploring abandoned buildings at Kings Park (a former psychiatric facility). Regarding the latter, Owen described detailed plans for trespassing: *"We, like, climbed those walls and then scale into the caved in roof,"* indicating risk-taking behavior that he seems eager to share with his cousin.

Owen expressed concern about Corey's ability to participate in nightlife activities due to age restrictions, noting, *"He can drink over there, but he's only 20, so I don't know if he has a fake so I'm like, I don't know what you're gonna really do."* He contemplated having Corey use his brother's ID to access bars and clubs, suggesting comfort with rule-breaking behaviors to facilitate social experiences.

When discussing his upcoming trip to Seattle (May 30-June 5), Owen described plans centered around outdoor activities, sports, and substance use. He stated matter-of-factly, *"Outdoors, drugs and sports. I'm like, the most frat response ever,"* showing self-awareness about his recreational priorities. He mentioned specific plans for cannabis use: *"We did go to the dispensary every night,"* referring to a previous trip, and indicated plans to continue this pattern.

Owen described a playful game he and his friends engage in while people-watching, where they claim unusual-looking strangers as part of their imaginary *"crew"* and create backstories for them. He recounted with enthusiasm: *"There's like a triplet of people, and there was, like, these two, like, masculine, lesbian looking women... And then this dude in the dead center... And I was like, he goes, they're all in my crew."* This activity appears to serve as a bonding experience and source of entertainment for Owen and his peer group.

# Objective

Owen presented to the session well-groomed and appropriately dressed. He was alert and oriented, with clear and coherent speech. His affect was primarily animated and engaged, with appropriate emotional responses to content. His mood appeared euthymic with occasional anxiety when discussing social concerns related to his cousin's visit.

Owen demonstrated good insight into family dynamics, recognizing the complex history with his cousin and the different quality of relationships within the extended family system. His thought process was logical and organized, with no evidence of thought disorder, delusions, or hallucinations. He showed appropriate judgment in some areas while displaying risk-taking tendencies in others, particularly regarding trespassing in abandoned buildings and facilitating underage drinking.

Owen's interpersonal functioning in the session was warm and engaged, with good rapport evident between him and the therapist. He demonstrated appropriate boundaries and social skills. His non-verbal behavior was congruent with verbal content, showing increased animation when discussing activities he enjoys and more tension when discussing potential social conflicts.

Owen's cognitive functioning appeared intact, with no memory or concentration difficulties noted. He demonstrated age-appropriate abstract thinking and problem-solving abilities. His language was developmentally appropriate for his age group, with frequent use of colloquialisms and some profanity that appeared contextually appropriate rather than indicative of impulse control issues.

No safety concerns were identified during the session regarding self-harm or harm to others. However, Owen's descriptions of trespassing in abandoned buildings and facilitating underage drinking indicate risk-taking behaviors that could potentially lead to legal consequences or physical injury.

# Assessment

Owen presents with Adjustment Disorder with mixed anxiety and depressed mood (F43.23) related to the developmental transition from adolescence to young adulthood, with associated identity formation challenges and navigation of complex family relationships. His symptoms include mild anxiety about social judgment, uncertainty about family relationships, and engagement in risk-taking behaviors that may represent attempts to establish autonomy and peer bonding.

Owen*'s primary psychological challenge involves navigating the complex transition from adolescent to adult identity, particularly regarding family relationships and peer group formation. His ambivalence about his cousin'*s visit represents a broader developmental task of integrating childhood family connections with his current emerging adult identity. The statement, *"It's not like we're, I don't even know, like we're friends,"* reveals uncertainty about how to categorize relationships that were once defined by family structure but now require more intentional maintenance.

The contrast Owen draws between his relationships with cousins Corey and Ryan highlights his developing capacity for relationship discernment—recognizing and valuing authentic connection (Ryan) while feeling ambivalent about obligatory family relationships (Corey). This represents healthy psychological development in distinguishing between relationships based on genuine connection versus those based solely on family obligation.

Owen's concern about how Corey might judge his friend group reveals ongoing identity consolidation work, as he navigates potential conflicts between family expectations and peer choices. His statement, *"I'm kind of freaking out. Like, I don't know if, like my friends, like, I know my friends will be cool, but I'm like, is this dickhead, you know, like my friends,"* indicates anxiety about integrating different social worlds and potential judgment about his social choices. This represents a normal developmental challenge for emerging adults as they establish independent social identities while maintaining family connections.

Owen's risk-taking behaviors, particularly regarding trespassing in abandoned buildings and facilitating underage drinking, represent age-typical exploration and boundary-testing. While concerning from a safety perspective, these behaviors also serve developmental functions related to autonomy, peer bonding, and identity formation. His detailed knowledge of how to access restricted areas suggests this is an established pattern rather than impulsive behavior.

Owen's description of the *"crew"* game he plays with friends demonstrates creative social bonding and shared meaning-making within his peer group. This playful activity serves multiple psychological functions: strengthening group cohesion, creating shared experiences, and developing observational skills and narrative abilities. The competitive element adds excitement while the collaborative storytelling aspect fosters creativity and connection.

Owen's strengths include good insight into family dynamics, capacity for authentic relationships, social engagement skills, and creative thinking. Risk factors include engagement in potentially dangerous trespassing activities and substance use patterns that could escalate if used as primary coping mechanisms. Protective factors include strong peer relationships, family connections (particularly with cousin Ryan), and willingness to engage in therapy.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue developing mindfulness skills to help Owen notice anxiety about social judgment without becoming fused with these thoughts.  
Explore values clarification regarding family relationships, helping Owen identify what kind of cousin/family member he wants to be beyond obligation.  
Practice defusion techniques to help Owen recognize anxious thoughts about Corey*'s judgment as mental events rather than literal truths requiring response.  
Develop acceptance of the complexity of family relationships while committing to actions aligned with Owen'*s values regarding connection and authenticity.

**Dialectical Behavior Therapy (DBT) Skills:**  
Enhance interpersonal effectiveness skills to help Owen navigate potential tensions during Corey's visit, particularly regarding different social expectations.  
Strengthen emotion regulation skills to manage anxiety about social judgment without resorting to substance use or risk-taking behaviors.  
Develop distress tolerance skills to manage uncomfortable family interactions without avoiding or escalating conflict.  
Practice DEAR MAN skills for setting boundaries with both Corey and friends if needed during the visit.

**Narrative Therapy Approaches:**  
Explore dominant narratives about family obligations versus chosen relationships that may be influencing Owen*'s approach to Corey'*s visit.  
Identify unique outcomes where Owen has successfully navigated complex social situations, building a counter-narrative to the anxiety about social worlds colliding.  
Externalize the *"judgment"* concern as separate from both Owen and Corey, helping Owen recognize when anticipated criticism is based on past patterns rather than present reality.  
Develop a preferred identity story that incorporates Owen's values regarding authentic connection while acknowledging family complexity.

**Specific Interventions:**  
Develop a concrete plan for Corey*'s visit that balances family obligation with Owen'*s authentic interests and boundaries.  
Explore harm reduction strategies regarding abandoned building exploration, acknowledging the appeal while identifying safer alternatives.  
Discuss substance use patterns and develop awareness of potential escalation risks, particularly during vacation contexts.  
Role-play potential challenging interactions with Corey, particularly regarding friend group dynamics.

**Follow-up::** Schedule next session for after Owen*'s Seattle trip but before Corey'*s visit, allowing processing of the trip experience while preparing for family visit challenges.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Anxious Uncertainty to Playful Engagement:**

At the beginning of the session when discussing his cousin*'s upcoming visit, Owen'*s tone conveyed genuine anxiety and uncertainty: *"It's kind of like a weird dynamic... It's not like we're, I don't even know, like we're friends."* His speech pattern included hesitations, qualifiers, and fragmented thoughts, indicating cognitive anxiety about navigating this relationship.

A significant shift occurred when the conversation moved to planning activities for his Seattle trip. Owen's tone became more animated and playful: *"Outdoors, drugs and sports. I'm like, the most frat response ever."* His speech became more fluid and confident, with genuine laughter and engagement in the planning process.

This tonal shift has therapeutic significance as it reveals Owen*'s capacity to move from anxiety to playful engagement when focused on peer activities rather than family obligations. The contrast between his uncertain tone regarding family dynamics and his confident tone regarding peer activities suggests different levels of comfort and identity consolidation in these domains. Therapeutic interventions that help him access this playful confidence in family contexts could enhance his resilience during Corey'*s visit.

**Shift 2: From Critical Judgment to Compassionate Understanding:**

When initially describing his cousin Corey*'s past behavior, Owen'*s tone conveyed judgment and hurt: *"Anytime we'd come to visit, he would, like, literally never be there and just be with his friends the whole time. And I would just be, like, not cool, bro, really, like, Oh my God."* His speech emphasized the perceived rejection and unfairness of Corey's behavior.

A subtle but important shift occurred when Owen considered Corey's current life circumstances, particularly his military service: *"I don't know what he's doing, but I hope he's like..."* This shift toward wondering about Corey's experience indicated a move toward perspective-taking and potential empathy.

This tonal change highlights Owen*'s capacity to shift from past hurt to present curiosity about his cousin'*s life. The ability to consider Corey's current circumstances rather than remaining fixed on childhood disappointments represents emotional maturity and potential for relationship growth. Therapeutic support for this perspective-taking capacity could help Owen approach the upcoming visit with more openness and less defensive anticipation.

**Shift 3: From Social Anxiety to Confident Assertion:**

When discussing his concerns about how Corey might judge his friends, Owen's tone reflected social anxiety and anticipatory worry: *"I'm kind of freaking out. Like, I don't know if, like my friends, like, I know my friends will be cool, but I'm like, is this dickhead, you know, like my friends."* His speech pattern was hesitant and included repeated qualifiers.

A contrasting tonal quality emerged when Owen asserted his loyalty to his friend group: *"He's gonna have to tough it up, because, like, these are my dogs, you know."* His tone became more definitive and confident, indicating a clear value priority despite his anxiety.

This tonal variation reveals Owen*'s internal conflict between anxiety about judgment and confidence in his social choices. The shift from worried uncertainty to confident assertion suggests an emerging adult identity that prioritizes authentic peer connections over family approval. Therapeutic interventions that strengthen this authentic self-assertion while managing anxiety could support Owen'*s identity development.

**Shift 4: From Strategic Planning to Enthusiastic Storytelling:**

When discussing logistical aspects of exploring abandoned buildings, Owen's tone was strategic and detail-oriented: *"The way it's set up is there's like one straight building like this, and then there's like a hallway connecting, and then two like L shaped buildings."* His speech was measured and focused on spatial orientation and access methods.

A shift occurred when recounting past exploration experiences, with his tone becoming more enthusiastic and animated: *"We, like, climbed those walls and then scale into the caved in roof."* This enthusiasm extended to describing the *"crew"* game with friends, where his tone conveyed genuine joy and playfulness.

This tonal change indicates Owen*'s capacity for both strategic thinking and enthusiastic engagement—cognitive and emotional strengths that could be therapeutically leveraged. The ease with which he transitions between planning and storytelling suggests flexibility in cognitive style that could be applied to other life challenges. Supporting this cognitive-emotional integration could enhance Owen'*s problem-solving in various contexts.

**Shift 5: From Self-Conscious Reflection to Humorous Self-Acceptance:**

At times when discussing potentially embarrassing topics like food preferences, Owen's tone conveyed self-conscious reflection: *"I think I'm a picky eater, because I'm like, like, I'll be like, you know, like, I don't want to try it that much."* His speech included hesitations and qualifiers, suggesting concern about how this trait might be perceived.

A shift toward humorous self-acceptance occurred through the therapeutic relationship: *"I'm not nasty or now, yeah, I'm like, I don't care who she is, honey."* This exchange about sexual boundaries included shared laughter and playful banter that indicated comfort with self-disclosure.

This tonal change demonstrates Owen's capacity to move from self-consciousness to self-acceptance through humor and relational support. The ease with which he engaged in playful banter about personal boundaries suggests that humor represents an important coping resource and relational strength. Therapeutic interventions that incorporate humor while validating his experiences could help reduce self-consciousness and enhance authentic self-expression.

**Shift 6: From Detailed Recollection to Philosophical Reflection:**

Throughout much of the session, Owen's tone when recounting past experiences was detail-oriented and narrative-focused, with emphasis on specific events, conversations, and settings. His speech was rapid and included vivid descriptions of places, people, and interactions.

Occasional shifts toward more philosophical reflection occurred, particularly when considering relationship dynamics: *"It feels like my cousins actually, like, you know, love me and, you know, like, did it all? Like we're actually friends and shit."* These moments revealed a capacity for meaning-making beyond concrete experiences.

This tonal variation highlights Owen's developing capacity for abstract thinking and meaning construction—a cognitive strength associated with emerging adulthood. The ability to move between concrete narrative and abstract reflection represents cognitive flexibility that can be therapeutically supported. Interventions that encourage this meaning-making process could help Owen integrate his various experiences into a coherent identity narrative.

## Thematic Analysis

**Theme 1: Navigating Authentic versus Obligatory Relationships:**

A prominent theme throughout the session was Owen's navigation of relationships based on authentic connection versus family obligation. This was most evident in his comparison of cousins Corey and Ryan: *"I've always been like, super tight with him [Ryan]... he's always been, like, honestly, like, my number one cousin on that side."* This contrasted sharply with his description of Corey, where the relationship seemed based primarily on family structure rather than genuine connection.

This theme manifested in Owen*'s concern about Corey'*s upcoming visit, particularly regarding how to balance family obligation with authentic social preferences. His statement, *"He's gonna have to tough it up, because, like, these are my dogs,"* revealed the tension between accommodating a family member and maintaining loyalty to chosen relationships.

The theme extended to Owen*'s description of Ryan'*s appreciation for their relationship: *"He's like, it feels like my cousins actually, like, you know, love me and, you know, like, did it all? Like we're actually friends and shit."* This highlighted the distinction between formal family relationships and those characterized by genuine affection and connection.

This theme connects to developmental psychology concepts regarding identity formation in emerging adulthood, particularly the renegotiation of family relationships as young adults establish independent social networks. Therapeutic work addressing this theme would focus on helping Owen develop comfort with the complexity of family relationships while honoring his authentic social preferences.

**Theme 2: Risk-Taking as Identity Exploration and Social Bonding:**

A central theme involved Owen's engagement in risk-taking behaviors as vehicles for identity exploration and social bonding. This was evident in his detailed description of trespassing in abandoned psychiatric facilities: *"We, like, climbed those walls and then scale into the caved in roof."* The enthusiasm with which he described these activities suggested they serve important psychological functions beyond mere thrill-seeking.

This theme manifested in Owen's plans for substance use during his Seattle trip, described matter-of-factly as central to the experience: *"We did go to the dispensary every night."* The normalization of this behavior within his peer group suggested its role in group cohesion and shared experience.

The risk-taking theme extended to Owen*'s willingness to facilitate underage drinking for his cousin, contemplating having Corey use his brother'*s ID to access bars. This indicated comfort with rule-breaking behaviors when they serve social facilitation purposes.

This theme connects to developmental psychology concepts regarding risk-taking in emerging adulthood as serving identity exploration and social bonding functions. Therapeutic work addressing this theme would focus on harm reduction approaches that acknowledge the developmental significance of these behaviors while encouraging safer alternatives.

**Theme 3: Social Identity and Anticipated Judgment:**

A recurring theme involved Owen's concern about social identity and anticipated judgment, particularly regarding how Corey might perceive his friend group. His statement, *"I'm kind of freaking out. Like, I don't know if, like my friends, like, I know my friends will be cool, but I'm like, is this dickhead, you know, like my friends,"* revealed anxiety about potential criticism of his social choices.

This theme manifested in Owen's specific concern about one friend who might be judged: *"I know he's gonna, like, he's gonna rip on him, and then he's probably gonna be home. He's like, You, what the fuck are you friends with that kid?"* This anticipated scenario suggested previous experiences of judgment or criticism from Corey.

The social identity theme extended to Owen*'s description of his friend group'*s *"crew"* game, which seemed to serve as a means of establishing group identity through shared humor and observation. The competitive and creative aspects of this game suggested its importance in peer bonding and identity formation.

This theme connects to social psychology concepts regarding in-group/out-group dynamics and the importance of peer acceptance in emerging adulthood. Therapeutic work addressing this theme would focus on strengthening Owen's confidence in his social choices while developing strategies for managing potential criticism.

**Theme 4: Creative Play as Social Bonding and Meaning-Making:**

A significant theme involved Owen's use of creative play as a means of social bonding and meaning-making. This was most evident in his description of the *"crew"* game: *"We just pick out random people, and we go, Oh, they're in my crew. And, like, we make up, like a pirate crew, in our mind."* This imaginative activity served multiple psychological functions, including strengthening group cohesion and creating shared experiences.

This theme manifested in the competitive aspect of the game: *"You always got to come up with, like, the backstory for the people too."* The collaborative storytelling element suggested the importance of narrative creation in Owen's peer relationships.

The creative play theme extended to Owen*'s enthusiasm for planning activities and experiences, both for his Seattle trip and his cousin'*s visit. The enjoyment he derived from anticipating and designing these experiences indicated the importance of creativity in his approach to social engagement.

This theme connects to positive psychology concepts regarding play as a source of well-being and meaning throughout the lifespan, not just in childhood. Therapeutic work addressing this theme would focus on recognizing and strengthening this creative capacity as a psychological resource that could be applied to various life challenges.

## Sentiment Analysis

**Sentiments About Self**

Owen expressed a complex mixture of sentiments about himself throughout the session:

**Social Confidence:** Owen demonstrated generally positive sentiment toward his social abilities and friend group connections: *"These are my dogs, you know."* This confidence in his peer relationships suggested healthy social development and identity formation.

**Family Role Uncertainty:** Owen expressed mixed sentiment about his role in family relationships, particularly regarding hosting his cousin: *"I feel like, find shit for me to do with him, you know."* This uncertainty reflected the developmental transition from child to adult family member roles.

**Risk-Taking Comfort:** Owen expressed neutral to positive sentiment about his engagement in risk-taking behaviors, describing trespassing and substance use without apparent concern or guilt. This comfort with risk-taking appeared to be an integrated aspect of his identity rather than a source of internal conflict.

**Self-Consciousness About Preferences:** Owen expressed mild negative sentiment regarding his food preferences: *"I think I'm a picky eater."* This self-consciousness suggested some concern about how certain traits might be perceived by others, though this was not a dominant theme.

**Creative Identity:** Owen expressed positive sentiment about his creative abilities, particularly regarding the *"crew"* game and activity planning. This aspect of identity appeared to be a source of confidence and enjoyment.

**Sentiments About Others/External Situations**

Owen's sentiments toward others and external situations varied considerably:

**Ambivalence Toward Cousin Corey:** Owen expressed mixed sentiment toward his cousin Corey, combining childhood disappointment (*"Anytime we'd come to visit, he would, like, literally never be there"*) with current curiosity about his life. This ambivalence reflected the complexity of family relationships across developmental transitions.

**Positive Toward Cousin Ryan:** Owen expressed consistently positive sentiment toward his cousin Ryan: *"I've always been like, super tight with him."* This positive evaluation was based on genuine connection and mutual appreciation rather than mere family obligation.

**Protective Toward Friend Group:** Owen expressed protective sentiment toward his friend group, particularly regarding potential judgment from Corey. His concern about how his *"fat Asian friend"* might be perceived revealed both affection for the friend and anxiety about external judgment.

**Enthusiasm Toward Seattle Trip:** Owen expressed strongly positive sentiment toward his upcoming Seattle trip, focusing on anticipated enjoyable activities with friends. This enthusiasm suggested healthy anticipatory pleasure and social engagement.

**Mixed Toward Authority/Rules:** Owen expressed neutral to slightly negative sentiment toward rules and authority structures, as evidenced by his comfort with trespassing and facilitating underage drinking. This sentiment appeared to reflect age-typical boundary testing rather than antisocial tendencies.

**Sentiments About Therapy/Therapeutic Process**

Owen's sentiments toward the therapeutic process appeared predominantly positive:

**Comfort with Therapeutic Relationship:** Owen demonstrated positive sentiment toward the therapeutic relationship through engaged humor, open disclosure, and comfortable banter throughout the session. The ease of interaction suggested strong alliance and trust.

**Openness to Guidance:** Owen responded positively to the therapist's offer to create an itinerary for his Seattle trip, indicating receptivity to therapeutic input and suggestions. This openness suggested good engagement with the therapeutic process.

**Comfort with Self-Disclosure:** Owen readily shared potentially embarrassing or sensitive information, including risk-taking behaviors and social anxieties. This willingness to disclose suggested trust in the therapeutic relationship and process.

**Appreciation of Humor in Therapy:** Owen engaged enthusiastically with humorous exchanges in the session, suggesting that he valued this aspect of the therapeutic relationship. The shared laughter appeared to strengthen alliance and facilitate disclosure.

The overall sentiment pattern reveals an individual navigating the developmental challenges of emerging adulthood with generally healthy psychological resources. While mixed sentiments predominate regarding family relationships and social identity, these reflect normal developmental tasks rather than pathological processes. The positive sentiments toward peer relationships, creative activities, and the therapeutic process suggest good engagement with age-appropriate developmental tasks and potential for continued growth.

# Key Points

• **Family Relationship Renegotiation**: Owen is actively navigating the transition from childhood family relationships to adult connections based on authentic engagement rather than mere obligation. His statement contrasting cousins Corey and Ryan—*"I've always been like, super tight with him [Ryan]... he's like, it feels like my cousins actually, like, you know, love me"*—reveals his developing capacity to distinguish between relationships based on genuine connection versus those based solely on family structure. This renegotiation represents a normal developmental task of emerging adulthood as young adults establish independent identities while maintaining family connections. Owen*'s anxiety about Corey'*s visit reflects the challenge of integrating past relationship patterns with current identity needs. Supporting Owen in recognizing the legitimacy of preferring authentic connections while developing skills to navigate obligatory relationships with compassion could help him approach Corey's visit with less anxiety and more confidence in his own social choices.

• **Risk-Taking as Developmental Exploration**: Owen's engagement in risk-taking behaviors, particularly trespassing in abandoned buildings and substance use, represents age-typical exploration that serves important developmental functions beyond mere thrill-seeking. His detailed knowledge of accessing restricted areas—*"We, like, climbed those walls and then scale into the caved in roof"*—suggests these activities provide experiences of mastery, autonomy, and peer bonding that contribute to identity formation. While these behaviors carry genuine safety and legal risks that warrant concern, they also reflect normal developmental processes of boundary-testing and experience-seeking in emerging adulthood. A harm-reduction approach that acknowledges the psychological functions these activities serve while encouraging safer alternatives could be more effective than simple prohibition. Supporting Owen in identifying the specific needs met by these activities (excitement, mastery, social bonding) could help him develop safer ways to meet these same needs.

• **Creative Play as Psychological Resource**: Owen's description of the *"crew"* game he plays with friends demonstrates sophisticated use of creative play as a means of social bonding and meaning-making. This imaginative activity—*"We just pick out random people, and we go, Oh, they're in my crew. And, like, we make up, like a pirate crew, in our mind"*—serves multiple psychological functions, including strengthening group cohesion, developing observational skills, and creating shared experiences through collaborative storytelling. The competitive element adds excitement while the creative aspect fosters cognitive flexibility and narrative ability. This capacity for playful engagement represents a significant psychological strength that could be leveraged in other contexts. Recognizing and validating this creative capacity as a legitimate psychological resource rather than mere childish entertainment could help Owen apply similar creative thinking to other life challenges, including navigating complex family dynamics during Corey's visit.

# Significant Quotes

*"It's not like we're, I don't even know, like we're friends, like we're, you don't say that you're friendly, yeah? But like, like, growing up, we were, like, super tight because, like, he was always like, my friend in Ireland, because, obviously, we're like, cousins, and we were always into, like, video games like that. And they're like, nerdy shit together, but like, I don't know, like, Come hit, like, puberty, or like, middle school ish, or like, when he went to secondary school, like, it was very clear that he more, like, fucked with his friends more than, like, like, he wouldn't really take the time, like, help himself."*

This quote captures the essence of Owen's complex relationship history with his cousin Corey, revealing both childhood connection and adolescent disappointment. The fragmented sentence structure reflects cognitive processing as Owen attempts to categorize this relationship that was once defined by family structure and shared interests but later characterized by perceived rejection. The phrase *"it was very clear that he more, like, fucked with his friends more than, like, like, he wouldn't really take the time"* reveals the emotional impact of feeling deprioritized during formative years. This quote is significant because it illustrates the developmental renegotiation of family relationships that occurs during adolescence and emerging adulthood. It reveals how childhood disappointments continue to shape current expectations and anxieties about family interactions. Therapeutically, this quote suggests the need for interventions that help Owen process these past experiences while developing a more flexible approach to the current relationship possibility with Corey.

*"I'm kind of freaking out. Like, I don't know if, like my friends, like, I know my friends will be cool, but I'm like, is this dickhead, you know, like my friends... I know he's gonna, like, he's gonna rip on him, and then he's probably gonna be home. He's like, You, what the fuck are you friends with that kid?"*

This statement reveals Owen*'s anxiety about how different social worlds might collide during Corey'*s visit, particularly regarding potential judgment of his friend choices. The repeated use of *"like"* and fragmented thoughts reflects genuine anxiety about this anticipated scenario. The imagined criticism—*"what the fuck are you friends with that kid?"*—suggests previous experiences of judgment from Corey or concern about how his social choices might be perceived through a different cultural lens. This quote is significant because it demonstrates the importance of peer acceptance and social identity in emerging adulthood, as well as the challenge of integrating family relationships with independent social networks. It reveals Owen*'s protective feelings toward his friends while also indicating vulnerability to external judgment. Therapeutically, this quote suggests the need for interventions that strengthen Owen'*s confidence in his social choices while developing strategies for managing potential criticism without becoming defensive or withdrawing.

*"We just pick out random people, and we go, Oh, they're in my crew. And, like, we make up, like a pirate crew, in our mind, pretend that we, like, they would battle so, like, if you got like the craziest people... You always got to come up with, like, the backstory for the people too."*

This quote describes the creative *"crew"* game Owen plays with friends, revealing sophisticated use of imagination and storytelling as means of social bonding. The enthusiasm in his description—evidenced by animated speech and detailed explanation—indicates genuine enjoyment of this creative activity. The collaborative nature of the game (*"You always got to come up with, like, the backstory"*) reveals its function in strengthening group cohesion through shared meaning-making. This quote is significant because it demonstrates Owen*'s capacity for playful engagement and creative thinking—psychological strengths that could be applied to various life challenges. It reveals how play continues to serve important developmental functions beyond childhood, particularly in establishing group identity and practicing narrative skills. Therapeutically, this quote suggests the value of recognizing and strengthening this creative capacity as a resource that could help Owen navigate other complex social situations, including family dynamics during Corey'*s visit.

# Comprehensive Narrative Summary

Owen Lennon presented to today*'s session primarily focused on navigating two significant social experiences: his cousin Corey'*s upcoming visit from Ireland (June 19-30) and his own planned trip to Seattle with friends (May 30-June 5). Throughout the session, he demonstrated the complex psychological work of emerging adulthood, particularly regarding identity formation, relationship renegotiation, and the balance between risk-taking exploration and responsible planning.

The central challenge Owen described involves preparing for his cousin Corey's visit while managing anxiety about how different social worlds might interact. His statement, *"It's not like we're, I don't even know, like we're friends,"* reveals the fundamental question underlying this anxiety: how to categorize and navigate relationships that were once defined by family structure but now require more intentional maintenance. This question represents a normal developmental task of emerging adulthood as young adults establish independent identities while maintaining family connections.

Owen*'s relationship history with Corey includes childhood connection followed by adolescent disappointment when Corey began prioritizing his local friends during family visits. This experience of feeling deprioritized continues to shape Owen'*s current expectations and concerns about the upcoming visit. In contrast, his relationship with Corey*'s younger brother Ryan represents a model of authentic family connection based on genuine affection and shared interests, as evidenced by their plans for matching tattoos. This contrast highlights Owen'*s developing capacity to distinguish between relationships based on obligation versus authentic engagement—an important aspect of adult identity formation.

The anticipated social dynamics during Corey's visit create specific anxiety for Owen, particularly regarding how Corey might perceive his friend group. His concern that Corey might judge his *"fat Asian friend"* reveals both protective feelings toward his friends and vulnerability to external judgment about his social choices. The statement, *"He's gonna have to tough it up, because, like, these are my dogs,"* demonstrates Owen's attempt to assert the primacy of his chosen relationships while still accommodating family obligations—a balancing act characteristic of emerging adulthood.

Owen's descriptions of risk-taking behaviors, particularly trespassing in abandoned psychiatric facilities and substance use, represent age-typical exploration that serves important developmental functions. His detailed knowledge of accessing restricted areas suggests these activities provide experiences of mastery, autonomy, and peer bonding that contribute to identity formation. While these behaviors carry genuine safety and legal risks, they also reflect normal developmental processes of boundary-testing and experience-seeking in emerging adulthood.

A significant psychological strength Owen demonstrated was his capacity for creative play and imaginative engagement, particularly evident in his description of the *"crew"* game he plays with friends. This activity—claiming unusual-looking strangers as part of an imaginary *"crew"* and creating backstories for them—serves multiple psychological functions, including strengthening group cohesion, developing observational skills, and creating shared experiences through collaborative storytelling. This capacity for playful engagement represents a resource that could be applied to other life challenges, including navigating complex family dynamics.

Owen's upcoming Seattle trip represents an opportunity for peer bonding and identity exploration in a context free from family obligations or academic pressures. His matter-of-fact description of plans centered around *"outdoors, drugs and sports"* reflects age-typical priorities while his engagement with the therapist's offer to create an itinerary demonstrates openness to guidance and structure. This balance between independence and receptivity to support suggests healthy psychological development.

Throughout the session, Owen demonstrated several psychological strengths, including social engagement skills, capacity for authentic relationships, creative thinking, and self-awareness. His comfort with humor and playful banter in the therapeutic relationship indicated good alliance and engagement with the therapeutic process. His willingness to discuss potentially embarrassing topics and risk-taking behaviors suggested trust and openness to guidance.

Moving forward, therapeutic work will focus on supporting Owen in preparing for Corey's visit by developing strategies for managing social anxiety and potential criticism without becoming defensive or withdrawing. The ACT framework will help Owen develop mindfulness of judgment-related thoughts while clarifying values regarding family relationships. DBT skills will enhance interpersonal effectiveness during potentially challenging family interactions. Narrative approaches will help Owen recognize and challenge dominant narratives about family obligations while developing a preferred identity story that incorporates his values regarding authentic connection.

Owen's prognosis is good, with expectation that continued identity development and relationship skills will naturally evolve through emerging adulthood experiences. His social engagement, creative resources, and willingness to reflect on relationship dynamics all suggest capacity for healthy development. The primary therapeutic goals are supporting him through specific social challenges while encouraging continued identity exploration within appropriate safety boundaries.

# Progress Note: Richie Hayes - 5/30/2025

Comprehensive Clinical Progress Note for Richard Hayes's Therapy Session on May 30, 2025

Richard attended today's session and immediately referenced psychological assessment results I had sent him previously, stating, *"I read the stuff that you sent me. I guess those tests are really good, because it's definitely me, yeah, it's like, it does not lie."* He acknowledged the accuracy of the assessment, noting, *"It definitely reads me to a T,"* indicating a willingness to engage with the psychological insights provided.

Richard discussed his primary psychological challenge of emotional reactivity, reflecting on the assessment findings: *"I guess it was telling me that that I need to, like, take a breath before I jump in and react to something."* He demonstrated insight into his pattern of reactivity, stating, *"I think it's because I take it as I'm standing up for myself... if I don't stand up to myself all the time, like I said, people take kindness as weakness."* This reveals Richard's core belief that assertiveness requires immediate reaction, which he is beginning to question.

Richard shared significant relationship difficulties with his wife Carla, expressing frustration about her behavior: *"With Carla, yes. Does she have to have the last word? Does she push the buttons on purpose?"* He reported that Carla has admitted to deliberately provoking him: *"She's told me she's done that just to make me scat... to switch you. And she's very good at that."* This pattern of mutual triggering appears to be a central source of distress in Richard's life.

Richard described a concerning dynamic where Carla questions his therapeutic relationship: *"She'll say 'It would, I don't think it's working seeing him.'"* He reported that when he mentioned potential medication adjustments, Carla responded dismissively: *"Well, you shouldn't take anything unless you talk to your other doctors."* Richard interpreted this as an attempt to undermine his treatment: *"I know it's more you telling Dr. Bedell, blah, blah, blah."* This suggests significant treatment interference from his spouse.

Richard expressed feeling trapped in his marriage, drawing a concerning parallel to a suicide case: *"He probably lived in a very similar situation that I'm living in... And the guy didn't find a way out."* Richard immediately contrasted this with his own coping: *"This [therapy] untraps me, because I get to talk to you."* This statement reveals both the severity of his distress and the protective value he places on therapy.

Richard shared his desire for peace in his life: *"The key word, and we say it all the time, is peace. That's all you want... at 60 going to be 61 I want to enjoy whatever time I have."* He connected this desire to recent deaths he's witnessed, including a 53-year-old acquaintance who died suddenly and a 72-year-old colleague who had a fatal heart attack while on vacation. These mortality reminders appear to be intensifying his desire for life changes.

Richard discussed his relationship with his daughter Bianca and his sister Roseanne, noting complex family dynamics that serve as additional stressors. He described his brother-in-law Joe as someone who *"does provide her a very good living"* but *"he's also got an agenda... when he does something for someone, it's always tit for tat or transactional."* Richard expressed frustration that Joe *"throws up, you know, that he paid for the weddings,"* indicating ongoing family tension around financial matters.

Richard reflected on his late friend Anne as a source of wisdom and support: *"Anne always taught life lessons... she read me like you did last week."* He contrasted this with his current relationships: *"If you could read my face in a minute, why can't my wife and my daughter read my face?"* This comparison reveals Richard's longing for understanding and validation that he feels is missing in his primary relationships.

# Objective

Richard presented to the session well-groomed with appropriate attire. He was alert and oriented, with clear and coherent speech. His affect was primarily frustrated and resigned when discussing his marriage, with brief periods of animation when discussing valued relationships from his past. His mood appeared dysthymic with occasional flashes of anger when describing provocative interactions with his wife.

Richard demonstrated good insight into his own emotional reactivity patterns, recognizing the assessment results as accurate and acknowledging his tendency to react rather than respond. His thought process was logical and organized, with no evidence of thought disorder, delusions, or hallucinations. He showed appropriate judgment in most areas, though his comparison of his situation to a suicide case bears monitoring.

Richard's interpersonal functioning in the session was engaged and appropriate, with good rapport evident between him and the therapist. He demonstrated appropriate boundaries and social skills within the therapeutic relationship. His non-verbal behavior was congruent with verbal content, showing increased tension when discussing marital conflicts and more relaxation when discussing therapy benefits.

Richard's cognitive functioning appeared intact, with no memory or concentration difficulties noted. He demonstrated age-appropriate abstract thinking and problem-solving abilities, particularly when discussing the concept of responding versus reacting. His language was developmentally appropriate with occasional profanity that appeared contextually appropriate rather than indicative of impulse control issues.

Richard endorsed passive suicidal ideation in the past but denied current suicidal ideation, plan, or intent. His statement comparing his situation to a suicide case was followed immediately by identifying therapy as a protective factor, suggesting he is actively using treatment to manage distress. No homicidal ideation was expressed or observed.

# Assessment

Richard presents with Adjustment Disorder with mixed anxiety and depressed mood (F43.23) related to chronic marital conflict and family stressors. His symptoms include emotional reactivity, dysthymic mood, frustration, and feelings of being trapped. He demonstrates insight into his condition and is actively engaged in the therapeutic process.

Richard's primary psychological challenge involves managing emotional reactivity in the context of what appears to be a high-conflict marriage. His statement, *"I need to, like, take a breath before I jump in and react to something,"* demonstrates emerging insight into his contribution to conflict cycles. However, his core belief that *"people take kindness as weakness"* reveals a fundamental attribution that drives his reactive patterns—he perceives immediate reaction as necessary self-protection rather than recognizing how it perpetuates conflict.

The marital relationship appears characterized by mutual triggering and escalation. Richard's report that his wife *"push[es] the buttons on purpose"* and has admitted to deliberately provoking him suggests a deeply entrenched negative interaction pattern. His wife*'s reported questioning of his therapy and medication management indicates potential treatment interference that could undermine Richard'*s progress. This dynamic creates a significant barrier to Richard's emotional regulation efforts, as he is attempting to develop new response patterns within a system that may be reinforcing old patterns.

Richard's comparison of his situation to a suicide case is clinically significant. While he immediately identified therapy as a protective factor (*"This untraps me"*), the comparison itself reveals the depth of his distress and perceived lack of options. His statement, *"The key word... is peace. That's all you want,"* coupled with references to recent deaths, suggests existential concerns about mortality and quality of life that are intensifying his desire for change.

Family dynamics beyond the marriage also contribute to Richard*'s distress. His descriptions of his brother-in-law'*s transactional approach to relationships and tendency to *"throw up"* past financial contributions suggest ongoing family tension that serves as an additional stressor. Richard appears caught in multiple relationship systems characterized by scorekeeping and conditional support.

Richard demonstrates several psychological strengths, including insight into his own patterns, willingness to engage with assessment feedback, and value placed on therapy as a coping resource. His reflection on his late friend Anne as someone who *"taught life lessons"* and *"read me like a book"* suggests capacity for meaningful connection and receptivity to feedback when delivered in a supportive context.

Richard*'s prognosis is guarded due to the entrenched nature of his marital conflict and apparent resistance from his wife regarding his treatment. However, his engagement in therapy, insight into his patterns, and desire for change are positive prognostic factors. Treatment will focus on enhancing his emotional regulation skills independent of his wife'*s participation, while exploring options for improving his quality of life within or potentially outside of the current relationship structure.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue developing mindfulness skills to help Richard notice reactive urges without automatically acting on them, using the *"responding vs. reacting"* framework introduced in today*'s session.  
Explore values clarification regarding what kind of person Richard wants to be in difficult interactions, regardless of others'* behavior.  
Practice defusion techniques to help Richard recognize thoughts about *"standing up for himself"* as mental events rather than commands requiring immediate action.  
Develop acceptance of difficult emotions that arise during provocative interactions while committing to actions aligned with Richard's values.

**Dialectical Behavior Therapy (DBT) Skills:**  
Enhance emotion regulation skills through continued practice of the pause-breathe-choose sequence when triggered.  
Strengthen interpersonal effectiveness skills, particularly DEAR MAN for assertive communication without reactivity.  
Develop distress tolerance skills to manage the intense frustration that arises during conflicts with his wife.  
Practice self-validation to reduce dependence on external validation that may not be forthcoming in his primary relationships.

**Narrative Therapy Approaches:**  
Explore dominant narratives about *"kindness as weakness"* that may be influencing Richard's reactive patterns.  
Identify unique outcomes where Richard has successfully responded rather than reacted, building a counter-narrative to the reactivity pattern.  
Externalize the *"reaction"* pattern as separate from Richard*'s identity, helping him recognize when automatic patterns are activated.  
Develop a preferred identity story that incorporates Richard'*s values regarding peace and meaningful connection.

**Specific Interventions:**  
Review and practice specific breathing and grounding techniques to use when triggered by his wife's behavior.  
Explore options for creating *"peace"* in Richard*'s life that are within his control, regardless of his wife'*s behavior.  
Discuss safety planning regarding passive suicidal ideation, ensuring Richard has resources if distress intensifies.  
Consider medication adjustment consultation with Dr. Bedell to address persistent dysthymic symptoms.

**Follow-up::** Schedule next session for one week to continue building emotional regulation skills and monitor mood. Coordinate with Dr. Bedell regarding potential medication adjustments.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Defensive Justification to Reflective Insight:**

At the beginning of the session when discussing his reactive patterns, Richard's tone conveyed defensive justification: *"I think it's because I take it as I'm standing up for myself... if I don't stand up to myself all the time, like I said, people take kindness as weakness."* His speech pattern included emphatic statements and absolutist language (*"all the time"*), indicating emotional investment in this self-protective narrative.

A significant shift occurred when discussing the assessment results: *"I guess it was telling me that that I need to, like, take a breath before I jump in and react to something."* His tone became more reflective and tentative, with qualifiers like *"I guess"* and *"like"* suggesting an opening to new perspectives rather than rigid certainty.

This tonal shift has therapeutic significance as it reveals Richard*'s capacity to move from defensive self-justification to reflective insight when provided with external validation. The assessment results appeared to offer a non-threatening way for Richard to consider his patterns, bypassing the defensiveness that might arise in direct confrontation. Therapeutic interventions that maintain this balance of validation and gentle challenge could enhance Richard'*s receptivity to change.

**Shift 2: From Frustrated Resignation to Engaged Problem-Solving:**

When describing his wife*'s provocative behavior, Richard'*s tone conveyed frustrated resignation: *"With Carla, yes. Does she have to have the last word? Does she push the buttons on purpose?"* His speech included rhetorical questions and a cadence suggesting he had rehearsed these complaints many times, indicating a sense of hopelessness about change.

A tonal shift emerged when discussing the *"responding vs. reacting"* framework: *"I understand I could take a breath and, you know, maybe not react to it, because maybe my first reaction is not the best."* His tone became more engaged and solution-focused, with language suggesting possibility rather than inevitability.

This tonal variation reveals Richard's capacity to shift from complaint to problem-solving when offered practical frameworks. The concrete nature of the breathing technique appeared to bypass his sense of helplessness, offering a tangible action within his control. Therapeutic interventions that emphasize specific, actionable skills rather than global relationship change could leverage this capacity for engagement.

**Shift 3: From Cynical Distrust to Appreciative Connection:**

When discussing his brother-in-law and general relationship patterns, Richard's tone reflected cynical distrust: *"When he does something for someone, it's always tit for tat or transactional."* His speech was clipped and definitive, suggesting a closed perspective on human motivation.

A contrasting tonal quality emerged when discussing his late friend Anne and his therapeutic relationship: *"Anne always taught life lessons... she read me like you did last week."* His tone softened and became warmer, with genuine appreciation evident in his voice.

This tonal change demonstrates Richard's capacity for trust and positive connection despite his general cynicism about relationships. The contrast between his descriptions of transactional relationships and meaningful connections suggests he has a template for healthy attachment that can be therapeutically leveraged. Interventions that explicitly acknowledge and strengthen this capacity for genuine connection could help counterbalance his cynicism.

**Shift 4: From Trapped Desperation to Hopeful Engagement:**

When comparing his situation to a suicide case, Richard's tone conveyed trapped desperation: *"He probably lived in a very similar situation that I'm living in... And the guy didn't find a way out."* His speech was somber and heavy, with a cadence suggesting profound weariness.

A rapid shift occurred when identifying therapy as a resource: *"This untraps me, because I get to talk to you."* His tone lightened and became more animated, with emphasis on *"untraps"* suggesting genuine relief and hope.

This dramatic tonal shift highlights the protective value of the therapeutic relationship for Richard. The immediate transition from despair to hope when referencing therapy suggests it serves as a vital emotional lifeline. This tonal evidence of therapy's importance should inform risk assessment and treatment planning, particularly regarding session frequency and accessibility between sessions.

**Shift 5: From Bitter Resentment to Philosophical Reflection:**

When detailing specific conflicts with his wife, Richard's tone conveyed bitter resentment: *"She'll say 'It would, I don't think it's working seeing him'... I know it's more you telling Dr. Bedell, blah, blah, blah."* His speech included mimicry of his wife's voice and dismissive phrases (*"blah, blah, blah"*), indicating intense negative emotion.

A shift toward philosophical reflection occurred when discussing his desire for peace: *"The key word, and we say it all the time, is peace. That's all you want... at 60 going to be 61 I want to enjoy whatever time I have."* His tone became more measured and contemplative, with a broader perspective beyond immediate conflicts.

This tonal change reveals Richard's capacity to access a more mature, reflective stance despite acute interpersonal distress. The shift from specific grievances to existential concerns suggests an emerging ability to contextualize current conflicts within a larger life perspective. Therapeutic interventions that encourage this zooming-out process could help Richard maintain emotional regulation during acute conflicts.

**Shift 6: From Comparative Judgment to Self-Validation:**

Throughout portions of the session, Richard*'s tone when discussing others'* relationships contained comparative judgment: *"I also see how Joe treats Roseanne."* His speech included evaluative undertones suggesting implicit comparison to his own situation.

Occasional shifts toward self-validation occurred, particularly when asserting his therapeutic choices: *"I am getting what I need. There's nothing a marriage counselor is going to do."* His tone became more definitive and self-assured, with emphasis on his own needs and boundaries.

This tonal variation highlights Richard*'s developing capacity for self-validation despite a general pattern of external reference. The confidence with which he defended his therapeutic choices suggests emerging internal authority that can be therapeutically strengthened. Interventions that reinforce this self-validating stance could reduce his vulnerability to others'* judgments and increase his emotional resilience.

## Thematic Analysis

**Theme 1: Reacting Versus Responding in Interpersonal Conflict:**

A central theme throughout the session was Richard's growing awareness of his reactive patterns in conflict situations. This was most evident in his reflection on the assessment results: *"I guess it was telling me that that I need to, like, take a breath before I jump in and react to something."* This insight represented a significant shift from his previous justification of reactivity as necessary self-protection.

This theme manifested in Richard's description of specific conflict patterns with his wife: *"With Carla, yes. Does she have to have the last word? Does she push the buttons on purpose?"* His recognition that *"maybe my first reaction is not the best"* indicated emerging awareness of his contribution to conflict cycles.

The theme extended to Richard*'s broader relationship patterns, particularly his tendency to perceive others'* actions through a lens of intentional provocation: *"She's told me she's done that just to make me scat."* This attribution style perpetuates reactive responses by framing others' behavior as deliberately antagonistic.

This theme connects to cognitive-behavioral concepts regarding the relationship between thoughts, emotions, and behaviors in conflict situations. Therapeutic work addressing this theme would focus on helping Richard identify the automatic thoughts that trigger his reactivity and develop alternative response patterns that align with his values.

**Theme 2: Kindness Versus Weakness in Relational Dynamics:**

A recurring theme involved Richard's belief system about assertiveness and vulnerability in relationships. This was evident in his statement: *"If I don't stand up to myself all the time, like I said, people take kindness as weakness."* This core belief appears to drive much of his reactive behavior as a protective strategy.

This theme manifested in Richard*'s description of his late friend Anne'*s similar perspective: *"People taking this weakness and and people take advantage of it."* The shared belief created a connection between them, as evidenced by his statement: *"She knew that, you know, and she was a kind person, too."*

The theme extended to Richard's concern about becoming callous as a result of this belief: *"I never want to be become a prick, because, you know, why? Why be mean?"* This revealed his struggle to reconcile his desire to maintain kindness with his fear of exploitation.

This theme connects to schema therapy concepts regarding early maladaptive schemas about vulnerability and exploitation. Therapeutic work addressing this theme would focus on exploring the origins of this belief system, examining evidence for and against it, and developing a more nuanced understanding of assertiveness that doesn't require immediate reactivity.

**Theme 3: Peace Versus Conflict in Later Life Stage:**

A significant theme involved Richard's desire for peace in his later life stage, particularly in the context of recent mortality reminders. This was most evident in his statement: *"The key word, and we say it all the time, is peace. That's all you want... at 60 going to be 61 I want to enjoy whatever time I have."* This expressed a developmental shift in priorities toward quality of life.

This theme manifested in Richard's references to recent deaths: *"All I'm hearing is like the guy at 53 years old, the other guy that I know of that I work at the feast, who's 72 who just went on vacation in Tennessee and had a heart attack."* These examples underscored the urgency of his desire for change.

The theme extended to Richard's comparison of his situation to a suicide case, suggesting that the absence of peace had potentially fatal consequences: *"He probably lived in a very similar situation that I'm living in... And the guy didn't find a way out."* This revealed the existential weight of his current distress.

This theme connects to existential therapy concepts regarding meaning-making and quality of life in the face of mortality. Therapeutic work addressing this theme would focus on helping Richard clarify his values regarding how he wants to spend his remaining years and develop concrete strategies for creating more peace regardless of external circumstances.

**Theme 4: Validation Versus Misunderstanding in Close Relationships:**

A prominent theme involved Richard's longing for validation and understanding in his close relationships. This was evident in his comparison between his late friend Anne and his current family: *"If you could read my face in a minute, why can't my wife and my daughter read my face?"* This question revealed deep disappointment in the quality of his primary attachments.

This theme manifested in Richard's appreciation of therapeutic understanding: *"She read me like you did last week."* The parallel between Anne and the therapist suggested that the therapeutic relationship was partially filling a validation gap in Richard's life.

The theme extended to Richard*'s perception of his wife'*s dismissal of his treatment: *"Well, you shouldn't take anything unless you talk to your other doctors."* His interpretation of this as undermining rather than concerned indicated a pattern of assuming misunderstanding rather than support.

This theme connects to attachment theory concepts regarding internal working models of relationships and expectations of others. Therapeutic work addressing this theme would focus on helping Richard identify and communicate his needs for validation more effectively while also developing greater self-validation capacity to reduce dependence on external understanding.

## Sentiment Analysis

**Sentiments About Self**

Richard expressed a complex mixture of sentiments about himself throughout the session:

**Self-Critical Awareness:** Richard demonstrated a blend of self-awareness and self-criticism regarding his reactive patterns: *"I guess it was telling me that that I need to, like, take a breath before I jump in and react to something."* This sentiment reflected emerging insight tempered by recognition of his contribution to conflict cycles.

**Defensive Self-Protection:** Richard expressed protective sentiment toward his self-concept when explaining his reactivity: *"I think it's because I take it as I'm standing up for myself."* This defensive posture suggested underlying vulnerability about being perceived as weak or exploitable.

**Trapped Resignation:** Richard conveyed a sense of being trapped in his current life situation, comparing himself to someone who committed suicide: *"He probably lived in a very similar situation that I'm living in."* This sentiment revealed profound hopelessness about the possibility of significant change.

**Therapeutic Hope:** Contrasting with his resignation, Richard expressed positive sentiment about therapy's impact: *"This untraps me, because I get to talk to you."* This sentiment suggested that while he felt trapped in his marriage, he experienced therapy as a meaningful escape valve.

**Existential Concern:** Richard expressed reflective sentiment about his stage of life: *"At 60 going to be 61 I want to enjoy whatever time I have."* This sentiment revealed awareness of mortality and desire for quality in his remaining years.

**Sentiments About Others/External Situations**

Richard's sentiments toward others and external situations varied considerably:

**Negative Toward Wife:** Richard expressed consistently negative sentiment toward his wife Carla, describing her as deliberately provocative: *"Does she push the buttons on purpose?... She's told me she's done that just to make me scat."* This sentiment reflected deep frustration and attribution of malicious intent.

**Mixed Toward Family:** Richard expressed mixed sentiment toward other family members, acknowledging positive traits while noting problematic patterns: *"He does provide her a very good living... but he's also got an agenda."* This nuanced sentiment suggested capacity for balanced perception despite general relationship cynicism.

**Positive Toward Late Friend:** Richard expressed warmly positive sentiment toward his late friend Anne: *"Anne always taught life lessons."* This sentiment stood in stark contrast to his descriptions of current relationships, suggesting capacity for positive attachment when he feels understood.

**Cynical Toward Relationships:** Richard expressed generally cynical sentiment about relationship motivations: *"When he does something for someone, it's always tit for tat or transactional."* This sentiment revealed a core belief about human interaction as fundamentally self-interested.

**Anxious About Mortality:** Richard expressed anxious sentiment regarding recent deaths and illnesses: *"All I'm hearing is like the guy at 53 years old, the other guy that I know of... who's 72 who just went on vacation in Tennessee and had a heart attack."* This sentiment reflected existential anxiety about unpredictable mortality.

**Sentiments About Therapy/Therapeutic Process**

Richard's sentiments toward the therapeutic process appeared predominantly positive:

**Validating About Assessment:** Richard expressed positive sentiment toward the psychological assessment: *"I guess those tests are really good, because it's definitely me, yeah, it's like, it does not lie."* This sentiment reflected openness to external feedback when delivered in a non-judgmental format.

**Appreciative of Understanding:** Richard expressed appreciative sentiment toward therapeutic understanding: *"She read me like you did last week."* This sentiment suggested that feeling accurately perceived was a rare and valued experience for him.

**Defensive About Treatment Choices:** Richard expressed defensive sentiment when describing his wife's questioning of his treatment: *"I am getting what I need. There's nothing a marriage counselor is going to do."* This sentiment revealed both commitment to his current treatment and sensitivity about having his choices questioned.

**Hopeful About Skills Development:** Richard expressed cautiously hopeful sentiment about developing new response patterns: *"I understand I could take a breath and, you know, maybe not react to it."* This sentiment suggested openness to change despite entrenched patterns.

The overall sentiment pattern reveals an individual experiencing significant relationship distress while finding meaningful support in therapy. The contrast between negative sentiments toward his marriage and positive sentiments toward therapy suggests that the therapeutic relationship may be serving as a corrective emotional experience. The emergence of existential concerns about mortality and quality of life indicates a developmental shift that could potentially motivate significant life changes if properly supported.

# Key Points

• **Emotional Reactivity as Self-Protection**: Richard's pattern of immediate emotional reactivity stems from a core belief that *"people take kindness as weakness,"* leading him to perceive quick reactions as necessary self-protection. His statement, *"I think it's because I take it as I'm standing up for myself... if I don't stand up to myself all the time, like I said, people take kindness as weakness,"* reveals how this belief system drives his conflict behaviors. The assessment results have helped him recognize this pattern: *"I need to, like, take a breath before I jump in and react to something,"* indicating emerging insight into how reactivity perpetuates rather than resolves conflicts. This recognition represents a significant therapeutic opportunity, as Richard is beginning to question a longstanding pattern without feeling personally attacked. Supporting Richard in developing alternative ways to feel strong and self-protected while responding thoughtfully rather than reacting automatically could help break entrenched conflict cycles. Specific breathing and pausing techniques that Richard can practice between sessions will provide concrete tools for implementing this insight in high-stress interactions.

• **Marital Conflict and Treatment Interference**: Richard*'s marriage appears characterized by mutual triggering and potential treatment interference. His description of his wife'*s behavior—*"She's told me she's done that just to make me scat... to switch you. And she's very good at that"*—suggests intentional provocation that would challenge even strong emotional regulation skills. Additionally, his report that she questions his therapy—*"I don't think it's working seeing him"*—and medication management—*"You shouldn't take anything unless you talk to your other doctors"*—indicates potential undermining of his treatment efforts. This dynamic creates a significant barrier to Richard*'s progress, as he is attempting to develop new response patterns within a system that may be actively reinforcing old patterns. While couples therapy might ideally address these dynamics, Richard'*s statement, *"There's nothing a marriage counselor is going to do,"* suggests he has given up on mutual change. Given this reality, treatment must focus on helping Richard develop emotional regulation skills that can function even within a high-conflict relationship, while also exploring how he might create more *"peace"* in his life regardless of his wife's behavior or participation in treatment.

• **Existential Concerns and Desire for Peace**: Richard's stage of life and recent exposure to mortality are intensifying his desire for quality of life changes. His statement, *"The key word, and we say it all the time, is peace. That's all you want... at 60 going to be 61 I want to enjoy whatever time I have,"* reveals an existential shift in priorities from endurance to enjoyment. His references to recent deaths—a 53-year-old acquaintance and a 72-year-old colleague who died on vacation—underscore the unpredictability of remaining time and the urgency of his desire for change. Most concerning is his comparison of his situation to a suicide case: *"He probably lived in a very similar situation that I'm living in... And the guy didn't find a way out."* While Richard immediately identified therapy as his *"way out"* (*"This untraps me"*), the comparison itself reveals the depth of his distress and perceived lack of options. These existential concerns represent both risk factors and potential motivators for change. Supporting Richard in clarifying what *"peace"* would look like in concrete terms and identifying steps toward that vision that don*'t depend on his wife'*s participation could help transform his existential anxiety into constructive action.

# Significant Quotes

*"I read the stuff that you sent me. I guess those tests are really good, because it's definitely me, yeah, it's like, it does not lie, no, and I, and I wasn't lying, answering the questions, No, because it definitely reads me to a T."*

This quote captures Richard's openness to psychological assessment feedback and his recognition of the accuracy of the results. The repeated affirmations—*"definitely me,"* *"does not lie,"* *"reads me to a T"*—indicate strong acknowledgment of the patterns identified. His clarification that he *"wasn't lying"* when answering questions suggests both honesty in the assessment process and perhaps some surprise at how accurately the results captured his experience. This quote is significant because it demonstrates Richard*'s capacity for insight and self-reflection when information is presented in a non-threatening format. It reveals his willingness to engage with external feedback about his patterns, which is a crucial foundation for therapeutic change. The assessment appears to have created a bridge between Richard'*s subjective experience and objective patterns, allowing him to see his reactions from a more distanced perspective. Therapeutically, this quote suggests the value of continuing to provide structured feedback and frameworks that allow Richard to recognize his patterns without feeling personally attacked or judged.

*"I think it's because I take it as I'm standing up for myself. Yeah, that's why I'm responding. And if I don't stand up to myself all the time, like I said, people take kindness as weakness, and, you know, and I kindness is clear, yeah, well, people taking this weakness and and people take advantage of it."*

This statement reveals the core belief system driving Richard's reactive patterns in conflicts. The phrase *"standing up for myself"* frames reactivity as self-protection rather than aggression, while *"people take kindness as weakness"* reveals a fundamental attribution about human interaction that justifies immediate reactions. The agreement between Richard and his late friend Anne on this principle (*"She knew that, you know, and she was a kind person, too"*) suggests this is a longstanding belief reinforced through important relationships. This quote is significant because it identifies the specific cognitive distortion—equating delayed response with weakness—that needs to be addressed for Richard to develop new response patterns. It reveals how his reactive behavior, which causes problems in his relationships, is paradoxically motivated by self-protection. Therapeutically, this quote suggests the need for interventions that help Richard develop alternative ways to feel strong and self-protected while responding thoughtfully rather than reacting automatically. The challenge will be helping him recognize that immediate reaction often leaves him more vulnerable rather than more protected, as it perpetuates conflict cycles and increases his distress.

*"He probably lived in a very similar situation that I'm living in, yep, you know? And the guy didn't find a way out. He couldn't find no. He felt trapped. Yeah, and this again, untraps me, because I get to talk to you. So you know, them pushing me to come see someone benefited me more than they ever know."*

This quote represents the most concerning content from the session, as Richard compares his situation to someone who died by suicide. The phrases *"very similar situation"* and *"felt trapped"* reveal Richard's perception of his marriage as inescapable and potentially unbearable. However, the immediate pivot to therapy as something that *"untraps me"* demonstrates recognition of resources and coping strategies that the suicide victim may not have had. The acknowledgment that being *"push[ed]... to come see someone benefited me"* suggests appreciation for treatment despite initial reluctance. This quote is significant because it simultaneously reveals risk factors (feeling trapped, comparison to suicide) and protective factors (valuing therapy, recognizing benefits of treatment). It demonstrates how therapy serves as a vital emotional lifeline for Richard in what he experiences as an otherwise intolerable situation. Therapeutically, this quote suggests the importance of maintaining consistent therapeutic contact while helping Richard develop additional *"untrapping"* resources beyond the therapy hour. It also indicates the need for ongoing suicide risk assessment, as Richard's comparison reveals how he conceptualizes his distress even while currently denying active suicidal ideation.

# Comprehensive Narrative Summary

Richard Hayes presented to today's session primarily focused on processing psychological assessment results and exploring his pattern of emotional reactivity in conflicts, particularly with his wife Carla. Throughout the session, he demonstrated the complex psychological work of recognizing longstanding patterns while struggling to implement change within what appears to be a high-conflict marriage characterized by mutual triggering and escalation.

The central insight Richard gained from the assessment was the need to *"take a breath before I jump in and react to something,"* representing an important shift from his previous justification of reactivity as necessary self-protection. His core belief that *"people take kindness as weakness"* reveals the fundamental attribution driving his reactive patterns—he perceives immediate reaction as strength and delayed response as vulnerability to exploitation. This belief system, which appears to have been reinforced through important relationships including his late friend Anne, creates a significant barrier to developing new response patterns.

Richard's marriage appears characterized by intentional provocation and escalation. His report that Carla has admitted to deliberately *"switching"* him suggests a deeply entrenched negative interaction pattern that would challenge even strong emotional regulation skills. Additionally, his description of Carla questioning his therapy and medication management indicates potential treatment interference that could undermine his progress. This creates a difficult therapeutic situation, as Richard is attempting to develop new response patterns within a system that may be actively reinforcing old patterns.

The most concerning content emerged when Richard compared his situation to someone who died by suicide, stating, *"He probably lived in a very similar situation that I'm living in... And the guy didn't find a way out."* While he immediately identified therapy as his *"way out"* (*"This untraps me"*), the comparison itself reveals the depth of his distress and perceived lack of options. This, combined with his references to recent deaths of acquaintances, suggests significant existential distress about quality of life in his remaining years.

Richard's stage of life appears to be intensifying his desire for change, as expressed in his statement, *"The key word, and we say it all the time, is peace. That's all you want... at 60 going to be 61 I want to enjoy whatever time I have."* This existential shift in priorities from endurance to enjoyment represents both risk (if peace seems unattainable) and opportunity (as motivation for meaningful change).

Family dynamics beyond the marriage also contribute to Richard*'s distress. His descriptions of his brother-in-law'*s transactional approach to relationships and tendency to *"throw up"* past financial contributions suggest ongoing family tension that serves as an additional stressor. Richard appears caught in multiple relationship systems characterized by scorekeeping and conditional support, in contrast to his memory of more authentic connection with his late friend Anne.

Despite these challenges, Richard demonstrates several psychological strengths, including insight into his own patterns, willingness to engage with assessment feedback, and value placed on therapy as a coping resource. His statement that therapy *"untraps me"* suggests he has found meaningful support in the therapeutic relationship that partially compensates for the distress in his primary relationships.

Moving forward, therapeutic work will focus on three primary areas. First, enhancing Richard's emotional regulation skills through concrete techniques like the pause-breathe-choose sequence, helping him develop response patterns that function even within a high-conflict relationship. Second, exploring the core belief that *"kindness equals weakness,"* helping Richard develop a more nuanced understanding of assertiveness that doesn't require immediate reactivity. Third, supporting Richard in clarifying what *"peace"* would look like in concrete terms and identifying steps toward that vision that don*'t depend on his wife'*s participation.

Richard's prognosis is guarded due to the entrenched nature of his marital conflict and apparent resistance from his wife regarding his treatment. However, his engagement in therapy, insight into his patterns, and existential motivation for change are positive prognostic factors. The therapeutic relationship appears to serve as a vital emotional lifeline for Richard, providing validation and understanding that he experiences as missing in his primary relationships. Maintaining this supportive connection while helping Richard develop additional coping resources will be essential to his continued progress.

# Progress Note: Sarah Palladino - 5/30/2025

Comprehensive Clinical Progress Note for Sarah Palladino's Therapy Session on May 30, 2025

Sarah attended today*'s session presenting with significant emotional distress related to ongoing family conflict, particularly with her mother. She described a confrontational interaction that occurred earlier in the week when dropping her dogs off at her mother'*s house: *"I walk in, and she's like, 'so what's wrong? Like, you're just not feeling good from the meds.' I was like, 'No, I'm absolutely fucking miserable, actually.'"* Sarah reported that her mother responded with a dismissive statement that deeply upset her: *"She's like, 'well, she's like, why? She's like, you know, she's like, I often don't feel good all the time. And I know it's really hard, but sometimes you gotta just try harder.'"* This interaction exemplifies the pattern of invalidation that Sarah experiences in her relationship with her mother.

Sarah detailed an extensive text message exchange with her mother following this incident, in which she attempted to express her feelings and establish boundaries. She stated, *"Wednesday, on the way after I left her, she goes 'drive safe, Sarah,' I just said, 'yup.'"* The following day, when her mother texted to check on her, Sarah responded sarcastically: *"I'm not sleeping. Just trying to work a little harder."* This response reflected Sarah*'s anger about her mother'*s dismissive comment about *"trying harder"* despite Sarah's serious mental health struggles.

Sarah expressed frustration about her mother*'s communication patterns, particularly her tendency to center herself in conversations about Sarah'*s distress: *"One thing you do is always bring yourself back into the conversation... the response should have been, 'I understand' or, like, not trying to turn the focus on you, but saying 'I'm tired.'"* Sarah identified this as a recurring pattern: *"Like last night, you ask how I am? I say, miserable, and you say, 'Well, I'm not feeling great, too. Haven't for years.' I was like, ignore the fact that I was miserable."*

Sarah shared her perception that her mother lacks basic emotional intelligence and communication skills: *"I always say she doesn't understand, like she doesn't know how to socialize."* She described her mother's limited social circle: *"She doesn't socialize very small circle of who she does, and those people are little angels from heaven that actually accept her and and they can code switch."* This suggests Sarah believes only certain people can tolerate her mother's communication style.

Sarah reported a significant miscommunication regarding her brother Andrew*'s plans. She explained that her mother had canceled plans with her without explaining that Andrew needed to attend a friend'*s funeral: *"Wouldn't import what an important context be. Hey, Sarah, I can't meet Andrew this weekend. Andrew has a friend who passed away and needs to go to the funeral."* Sarah expressed that this omission of context made her feel *"disregarded, pushed out of the way for the needs of the other families."*

Sarah described feeling unsupported by her family in general, including her brother: *"I also told my brother, I was like, I don't I was like, I don't know, like, when I'll be able to get there once he said, like, come over more often. I was like, This year has been so fucking difficult, like, medically even, just in that sense, yes, I was like, I don't know if I'll be able to get up there more often, and he goes, 'Okay, yeah. Just better yourself.'"* Sarah interpreted this as a lack of genuine concern: *"Not a 'hey, what's going on?' You know? Just 'okay, just better yourself.'"*

Sarah expressed feeling overwhelmed and depleted: *"I was like, I have no interest or energy to do anything for me. I was like, I feel like I'm in survival mode."* This statement reflects the significant emotional toll that these family dynamics are taking on her overall functioning and well-being.

# Objective

Sarah presented to the session appropriately dressed with good hygiene. Her affect was primarily irritable and frustrated when discussing family interactions, with occasional moments of animation when describing her assertive responses to her mother. Her speech was rapid and pressured at times, particularly when recounting text message exchanges, indicating heightened emotional arousal around these topics.

Sarah demonstrated good insight into family dynamics, specifically identifying patterns of invalidation and self-centering behavior from her mother. She showed awareness of her own emotional reactions, noting that after expressing her feelings to her mother via text, *"I didn't cry. Once I got all that out, I was like, Okay, I got out what I needed to hopefully, hopefully it hit."* This suggests some capacity for emotional regulation through assertive communication.

Sarah's thought process was logical and organized, with no evidence of thought disorder, delusions, or hallucinations. Her cognitive functioning appeared intact, with no memory or concentration difficulties noted. She demonstrated appropriate judgment in most areas, including recognizing when to disengage from potentially escalating in-person conflicts with her mother: *"And I looked at her, I was like, 'What do you think I try to do it every fucking day of my life,' and then I just, like, walked out and shut the door... especially for her, because I would have just freaked out."*

Sarah's mood appeared to have improved somewhat from her previous session, where she had reported feeling suicidal. She referenced this improvement: *"You'd never know Tuesday, I was like, my family will never find me if I'm dead. What a fucking 360."* While this indicates reduced acute suicidal ideation, her description of being in *"survival mode"* suggests ongoing significant distress.

Sarah's interpersonal functioning in the session was engaged and appropriate, with good rapport evident between her and the therapist. She demonstrated appropriate boundaries and social skills within the therapeutic relationship. Her non-verbal behavior was congruent with verbal content, showing increased tension when discussing family conflicts and more relaxation when discussing potential solutions.

Sarah showed a willingness to engage with therapeutic interventions, including accepting a referral for her mother to see another therapist: *"So that's because it's also just, no, I'm not just showing up. It's you're getting engaging, yeah? Like you're not showing up. So to fix me, you're showing up to understand."* This indicates insight into the systemic nature of her family issues and openness to family-level interventions.

# Assessment

Sarah presents with Persistent Depressive Disorder (F34.1) with intermittent major depressive episodes, currently in moderate episode, complicated by family conflict. Her symptoms include depressed mood, irritability, low energy, feelings of worthlessness, and occasional suicidal ideation. She also demonstrates features of Generalized Anxiety Disorder (F41.1) as evidenced by excessive worry and somatic complaints (ear pressure that was medically evaluated and attributed to migraines).

Sarah*'s primary psychological challenge involves navigating a family system characterized by emotional invalidation and poor communication patterns. Her mother'*s response to her distress—*"sometimes you gotta just try harder"*—exemplifies a fundamental misunderstanding of depression as a choice rather than a legitimate mental health condition. This invalidation appears to be a longstanding pattern that significantly exacerbates Sarah's depressive symptoms and contributes to her feelings of isolation and being misunderstood.

The family dynamics reveal several problematic patterns. First, Sarah*'s mother demonstrates what appears to be significant deficits in emotional intelligence and communication skills, as evidenced by her inability to provide appropriate emotional support, tendency to center herself in conversations about Sarah'*s distress, and failure to provide important contextual information in communications. Sarah's insight that her mother *"doesn't know how to socialize"* suggests awareness that these issues extend beyond their relationship.

Second, there appears to be a pattern of emotional avoidance within the family system. Sarah*'s brother'*s response to her disclosure about difficulties—*"Okay, yeah. Just better yourself"*—reflects a similar tendency to deflect from emotional engagement. This family-wide pattern leaves Sarah feeling unsupported and alone in managing her mental health challenges, as evidenced by her statement: *"I'm on an island alone of improvement, and everybody else still wrapped up in their own shit."*

Sarah demonstrates several psychological strengths, including insight into family dynamics, capacity for assertive communication (as shown in her text exchanges with her mother), and willingness to engage in therapy both for herself and potentially as a family system. Her statement that therapy is *"not just showing up... it's you're getting engaging"* reflects sophisticated understanding of the therapeutic process.

Sarah's recent improvement from suicidal ideation to frustration represents a positive shift in her emotional state. Her ability to express anger rather than turning it inward suggests developing emotional regulation skills. However, her description of being in *"survival mode"* indicates ongoing significant distress that requires continued therapeutic support.

Sarah*'s prognosis is guarded due to the entrenched nature of family dynamics and apparent resistance from family members regarding their own contributions to relational difficulties. However, her engagement in therapy, insight into patterns, and willingness to establish boundaries are positive prognostic factors. The potential engagement of her mother in therapy with a separate therapist represents an opportunity for systemic change that could significantly improve Sarah'*s condition.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue developing mindfulness skills to help Sarah notice emotional reactions to family interactions without automatically engaging in unproductive conflict.  
Explore values clarification regarding what kind of relationship Sarah wants with her family members, regardless of their behavior.  
Practice defusion techniques to help Sarah create distance from thoughts about her mother*'s intentions and recognize them as interpretations rather than facts.  
Develop acceptance of difficult emotions that arise during family interactions while committing to actions aligned with Sarah'*s values.

**Dialectical Behavior Therapy (DBT) Skills:**  
Enhance emotion regulation skills through continued practice of distress tolerance techniques when triggered by family interactions.  
Strengthen interpersonal effectiveness skills, particularly DEAR MAN for assertive communication without escalation.  
Develop validation skills for self-validation when external validation is not forthcoming from family members.  
Practice radical acceptance of family members' limitations while maintaining appropriate boundaries.

**Narrative Therapy Approaches:**  
Explore dominant narratives about family relationships and Sarah's role within the family system.  
Identify unique outcomes where Sarah has successfully navigated family conflicts without significant emotional distress.  
Externalize the *"invalidation"* pattern as separate from family members*' identities, helping Sarah respond to the pattern rather than reacting to the person.  
Develop a preferred identity story that incorporates Sarah'*s values regarding authentic communication and emotional honesty.

**Specific Interventions:**  
Facilitate referral to therapist Nora for Sarah's mother, as discussed in session, to address family system issues from multiple angles.  
Explore options for creating emotional safety and support outside the family system through friendships and other relationships.  
Continue monitoring mood and suicidal ideation, noting improvement from previous session but maintaining vigilance.  
Consider family therapy sessions if mother engages successfully in individual therapy and demonstrates readiness for joint work.

**Follow-up::** Schedule next session for one week to continue building emotional regulation skills and monitor mood. Coordinate with Nora regarding potential engagement with Sarah's mother.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Despair to Assertive Anger:**

At the beginning of the session, Sarah referenced her emotional state from the previous session: *"You'd never know Tuesday, I was like, my family will never find me if I'm dead. What a fucking 360."* Her tone when describing her previous suicidal ideation was matter-of-fact but with an undercurrent of surprise at the rapid shift in her emotional state.

A significant tonal shift occurred when she began describing her confrontations with her mother. Her voice became more animated and forceful: *"I was like, 'No, I'm absolutely fucking miserable, actually.'"* The emphasis on *"absolutely fucking miserable"* conveyed a shift from despair to assertive anger.

This tonal shift has therapeutic significance as it represents a potentially protective change in Sarah's emotional processing. Rather than internalizing her distress as worthlessness (associated with suicidal ideation), she externalized it as justified anger at invalidation. While the anger itself is distressing, it represents a more active emotional stance than the passive despair of suicidal ideation. Therapeutic interventions that help Sarah channel this assertive energy into effective boundary-setting rather than unproductive conflict could leverage this protective shift.

**Shift 2: From Reactive Frustration to Strategic Communication:**

When initially describing her mother's comment about *"trying harder,"* Sarah's tone conveyed raw, reactive frustration: *"I was like, she didn't just say I was like, I was about to be like, a black girl took out her earrings, you know."* Her speech pattern included fragmented sentences and colloquial expressions indicating emotional flooding.

A tonal shift emerged when describing her strategic text message responses: *"She goes 'drive safe, Sarah,' I just said, 'yup'... She just sends me a question mark, and I was like, 'Oh, you forgot your advice. I said, you forgot your advice from last night already.'"* Her tone became more measured and even slightly satisfied, suggesting a sense of regaining control through calculated responses.

This tonal variation reveals Sarah*'s capacity to shift from reactive emotional expression to more strategic communication when given time and distance (via text). The satisfaction in her tone when describing her calculated responses suggests that feeling effective in her communication provides emotional relief. Therapeutic interventions that build on this capacity for strategic rather than reactive communication could enhance Sarah'*s sense of efficacy in difficult family interactions.

**Shift 3: From Intense Anger to Analytical Observation:**

When quoting her mother*'s invalidating statements, Sarah'*s tone reflected intense anger: *"She's like, 'well, she's like, why? She's like, you know, she's like, I often don't feel good all the time. And I know it's really hard, but sometimes you gotta just try harder.'"* Her repetition of *"she's like"* and emphatic delivery conveyed her outrage at these comments.

A shift toward analytical observation occurred when discussing broader patterns in her mother's behavior: *"I always say she doesn't understand, like she doesn't know how to socialize. She doesn't socialize very small circle of who she does, and those people are little angels from heaven that actually accept her and and they can code switch."* Her tone became more detached and observational, with a quality of psychological formulation rather than personal reaction.

This tonal change demonstrates Sarah*'s capacity to move from emotional reactivity to psychological insight when given space to reflect. The shift from personalized anger to analytical observation suggests an emerging ability to contextualize her mother'*s behavior within broader patterns, potentially reducing the emotional impact of specific incidents. Therapeutic interventions that encourage this zooming-out process could help Sarah maintain emotional regulation during acute conflicts.

**Shift 4: From Bitter Resentment to Hopeful Engagement:**

When describing her brother's dismissive response (*"Just better yourself"*), Sarah's tone conveyed bitter resentment: *"Not a 'hey, what's going on?' You know? Just 'okay, just better yourself.'"* Her speech included mimicry of her brother's voice and sarcastic emphasis, indicating intense negative emotion.

A tonal shift toward hopeful engagement emerged when discussing the potential for her mother to see therapist Nora: *"So that's because it's also just, no, I'm not just showing up. It's you're getting engaging, yeah? Like you're not showing up. So to fix me, you're showing up to understand."* Her tone became more animated and forward-looking, with emphasis on *"understand"* suggesting genuine hope for change.

This tonal variation highlights Sarah*'s capacity to access hope despite acute interpersonal distress. The shift from bitter resentment to engagement with potential solutions suggests resilience and an underlying belief that change is possible. Therapeutic interventions that nurture this hope while preparing Sarah for potential disappointment could help maintain her engagement in the change process regardless of her family members'* participation.

**Shift 5: From Overwhelmed Depletion to Emotional Relief:**

When describing her overall emotional state, Sarah's tone conveyed overwhelmed depletion: *"I was like, I have no interest or energy to do anything for me. I was like, I feel like I'm in survival mode."* Her speech was flatter and slower, with a quality of exhaustion.

A shift toward emotional relief occurred when describing the aftermath of expressing herself to her mother: *"But then after that, I didn't cry. Once I got all that out, I was like, Okay, I got out what I needed to hopefully, hopefully it hit."* Her tone lightened and her speech pattern became more fluid, suggesting a release of emotional tension.

This tonal change reveals the therapeutic value of expression for Sarah. The contrast between her depleted tone when describing suppressed emotions and her relieved tone when describing expression suggests that emotional articulation—even when it doesn't result in immediate understanding from others—provides significant relief. Therapeutic interventions that create safe spaces for emotional expression and processing could leverage this natural coping mechanism.

**Shift 6: From Serious Distress to Ironic Humor:**

Throughout portions of the session, Sarah's tone when discussing her mental health struggles was appropriately serious: *"I know I shouldn't feel a lot of what I do, but guess what? It's the shit I deal with every single day and for as long as I can remember."* Her speech was measured and emphatic, conveying the weight of chronic emotional pain.

Occasional shifts toward ironic humor occurred, particularly when imagining absurd scenarios: *"I was like, oh. And I learned, and I was like, This is the worst time you can ever say that literally... Can I do it for fashion?"* Her tone became lighter with a quality of dark humor that created emotional distance from painful topics.

This tonal variation highlights Sarah's use of humor as a coping mechanism. The ability to find ironic humor in difficult situations suggests psychological flexibility and capacity for multiple perspectives. Therapeutic interventions that acknowledge the adaptive function of this humor while also creating space for the underlying pain could help Sarah integrate these different aspects of her emotional experience.

## Thematic Analysis

**Theme 1: Invalidation and Dismissal in Family Communication:**

A central theme throughout the session was Sarah*'s experience of emotional invalidation from family members, particularly her mother. This was most evident in her recounting of her mother'*s response to her distress: *"Sometimes you gotta just try harder."* This statement fundamentally invalidated Sarah's experience of depression as a legitimate mental health condition rather than a matter of insufficient effort.

This theme manifested in Sarah*'s description of her mother'*s self-centering communication pattern: *"One thing you do is always bring yourself back into the conversation... the response should have been, 'I understand' or, like, not trying to turn the focus on you, but saying 'I'm tired.'"* This pattern prevents Sarah from feeling heard and understood in her distress.

The theme extended to Sarah*'s brother'*s response to her disclosure about difficulties: *"Okay, yeah. Just better yourself."* This brief, solution-focused response without emotional engagement represents another form of invalidation through dismissal of emotional content.

This theme connects to attachment theory concepts regarding emotional attunement and validation in secure relationships. The chronic invalidation Sarah experiences likely contributes to her depressive symptoms by reinforcing beliefs about being fundamentally misunderstood and alone in her suffering. Therapeutic work addressing this theme would focus on helping Sarah develop self-validation skills while also facilitating more effective communication patterns with family members who are willing to engage in change.

**Theme 2: Emotional Intelligence Deficits in Family System:**

A recurring theme involved Sarah's perception of significant emotional intelligence deficits in her family system, particularly her mother. This was evident in her statement: *"I always say she doesn't understand, like she doesn't know how to socialize."* This assessment suggests Sarah views her mother's invalidating behaviors as stemming from fundamental deficits rather than intentional harm.

This theme manifested in Sarah*'s description of her mother'*s limited social circle: *"She doesn't socialize very small circle of who she does, and those people are little angels from heaven that actually accept her and and they can code switch."* This suggests Sarah believes only certain people with particular interpersonal skills can successfully navigate relationship with her mother.

The theme extended to Sarah*'s frustration about her mother'*s failure to provide important contextual information: *"Wouldn't import what an important context be. Hey, Sarah, I can't meet Andrew this weekend. Andrew has a friend who passed away and needs to go to the funeral."* This omission reflects a lack of perspective-taking that is central to emotional intelligence.

This theme connects to family systems theory concepts regarding intergenerational transmission of emotional skills. Sarah*'s sophisticated understanding of these deficits suggests she has developed emotional intelligence skills that differ from her family of origin, creating a painful awareness of what is missing in these relationships. Therapeutic work addressing this theme would focus on helping Sarah adjust her expectations based on realistic assessment of family members'* capabilities while also exploring opportunities for growth in family members who demonstrate readiness for change.

**Theme 3: Boundaries and Assertive Communication:**

A significant theme involved Sarah's developing capacity for boundaries and assertive communication in response to family dynamics. This was evident in her refusal of in-person contact when emotionally activated: *"She was like, Can I come over to talk? And I said, No. She's like, can we talk in person? I said, No. I was like, I'm just going to get frustrated with you."* This represents an important self-protective boundary.

This theme manifested in Sarah's strategic text message responses that clearly communicated her feelings: *"I said, Thank you for the recommendations. I didn't ask for unsolicited advice, is criticism."* These responses demonstrate growing assertiveness in naming problematic patterns.

The theme extended to Sarah's explicit request for her mother to seek help: *"I literally said, I'm going to get the contact for Jonathan's partner. She's in Woodbury, you know, like I was like, hopefully it's important enough to you that you will make the effort and go regardless of Danielle's fucking schedule."* This represents an important shift from passive suffering to active boundary-setting with specific requests.

This theme connects to feminist therapy concepts regarding empowerment through voice and boundary-setting. Sarah's growing capacity to name her needs and set limits represents an important developmental achievement in the context of a family system that appears to discourage direct communication about emotional needs. Therapeutic work addressing this theme would focus on reinforcing and refining these emerging skills while helping Sarah manage the anxiety and guilt that often accompany boundary-setting in enmeshed family systems.

**Theme 4: Isolation in Mental Health Journey:**

A prominent theme involved Sarah's sense of isolation in her mental health journey within her family system. This was evident in her statement: *"I'm on an island alone of improvement, and everybody else still wrapped up in their own shit. They have no idea how they're acting."* This reflects her perception that she is the only one engaged in meaningful psychological growth.

This theme manifested in Sarah's frustration about carrying the burden of change alone: *"I am truly just trying to get this fixed. I'm exhausted of this erratic family dynamic. Can't be the only one in third in therapy."* This statement reveals the exhaustion that comes from individual change within an unchanged system.

The theme extended to Sarah*'s hope for her mother'*s engagement in therapy: *"It's not just showing up... it's you're getting engaging."* This reflects her understanding that meaningful change requires active participation rather than superficial compliance.

This theme connects to family systems theory concepts regarding identified patients and systemic change. Sarah*'s role as the family member in therapy may inadvertently reinforce the system'*s view that she is *"the problem"* rather than recognizing the need for systemic change. Therapeutic work addressing this theme would focus on helping Sarah recognize and celebrate her own growth while developing realistic expectations about the pace and possibility of change in other family members.

## Sentiment Analysis

**Sentiments About Self**

Sarah expressed a complex mixture of sentiments about herself throughout the session:

**Justified Anger:** Sarah expressed a strong sentiment of justified anger regarding her reactions to invalidation: *"I was like, 'No, I'm absolutely fucking miserable, actually.'"* This sentiment reflected a shift from internalizing distress to externalizing it as appropriate anger at mistreatment.

**Exhausted Depletion:** Sarah conveyed a sentiment of profound depletion regarding her emotional resources: *"I was like, I have no interest or energy to do anything for me. I was like, I feel like I'm in survival mode."* This sentiment revealed the cumulative impact of chronic family conflict on her overall functioning.

**Isolated Responsibility:** Sarah expressed sentiment about carrying disproportionate responsibility for family change: *"I'm on an island alone of improvement, and everybody else still wrapped up in their own shit."* This sentiment reflected both pride in her own growth and resentment about lack of reciprocal effort.

**Ambivalent Relief:** Sarah conveyed mixed sentiment about her emotional expression: *"But then after that, I didn't cry. Once I got all that out, I was like, Okay, I got out what I needed to hopefully, hopefully it hit."* The repetition of *"hopefully"* suggested both relief at expression and uncertainty about its impact.

**Cautious Hope:** Sarah expressed tentative positive sentiment about potential change through her mother's therapy: *"It's not just showing up... it's you're getting engaging."* This sentiment revealed an underlying belief in the possibility of change despite extensive evidence to the contrary.

**Sentiments About Others/External Situations**

Sarah's sentiments toward others and external situations varied considerably:

**Frustrated Disappointment Toward Mother:** Sarah expressed consistently negative sentiment toward her mother's communication patterns: *"One thing you do is always bring yourself back into the conversation."* This sentiment reflected long-term disappointment in her mother's capacity for empathy and perspective-taking.

**Dismissive Assessment of Mother's Capabilities:** Sarah expressed somewhat dismissive sentiment regarding her mother's social capabilities: *"She doesn't know how to socialize."* This sentiment suggested a fundamental assessment of her mother as lacking basic interpersonal skills rather than choosing harmful behaviors.

**Bitter Resentment Toward Brother:** Sarah expressed negative sentiment toward her brother's dismissive response: *"Not a 'hey, what's going on?' You know? Just 'okay, just better yourself.'"* This sentiment revealed disappointment in multiple family relationships beyond the primary conflict with her mother.

**Appreciative Toward Supportive Others:** Sarah expressed positive sentiment toward her mother's friend Patty: *"Like she's the fucking best, yeah, like she's the best."* This sentiment demonstrated capacity for positive attachment and appreciation when treated with genuine care.

**Ambivalent Toward Boyfriend Andrew:** Sarah expressed mixed sentiment regarding her relationship with Andrew, appreciating his support but resenting always having to travel to him: *"Why do I always gotta blow over the body? Like I gotta pay the tolls."* This sentiment suggested some relationship strain alongside appreciation for support.

**Sentiments About Therapy/Therapeutic Process**

Sarah's sentiments toward the therapeutic process appeared predominantly positive:

**Hopeful About Therapeutic Intervention:** Sarah expressed positive sentiment toward the potential of her mother seeing therapist Nora: *"If Nora sits with your mom and says, Listen, if you're not willing to do this..."* This sentiment reflected belief in the potential impact of professional intervention.

**Appreciative of Therapeutic Understanding:** Sarah expressed positive sentiment toward the therapist's comprehension of her situation: *"I am in love with you."* While hyperbolic, this statement reflected genuine appreciation for being understood.

**Realistic About Therapeutic Limitations:** Sarah expressed realistic sentiment about the limits of individual therapy in a family system: *"Will they be perfect? Fuck no."* This sentiment demonstrated sophisticated understanding of therapeutic processes.

**Committed to Therapeutic Growth:** Sarah expressed determined sentiment about her own therapeutic journey despite family resistance: *"I am truly just trying to get this fixed."* This sentiment reflected genuine commitment to change despite significant obstacles.

The overall sentiment pattern reveals an individual experiencing significant family distress while maintaining capacity for hope, humor, and connection. The contrast between negative sentiments toward family interactions and positive sentiments toward therapy suggests that the therapeutic relationship provides an important corrective emotional experience. The emergence of assertive anger replacing passive despair indicates a potentially positive shift in emotional processing that could be therapeutically leveraged.

# Key Points

• **Invalidation as Core Relational Pattern**: Sarah*'s family system appears characterized by chronic emotional invalidation, particularly from her mother. Her mother'*s statement that *"sometimes you gotta just try harder"* in response to Sarah's disclosure of being *"absolutely fucking miserable"* exemplifies this pattern. This invalidation extends beyond her mother to her brother, whose response to her difficulties was simply *"Okay, yeah. Just better yourself."* These interactions reflect a fundamental misunderstanding of depression as a choice rather than a legitimate mental health condition and contribute significantly to Sarah*'s distress. The family'*s pattern of dismissing emotional content in favor of superficial solutions prevents Sarah from feeling understood and supported in her mental health struggles. This invalidation likely contributes to her depressive symptoms by reinforcing beliefs about being fundamentally misunderstood and alone in her suffering. Therapeutic interventions focused on helping Sarah develop self-validation skills while also facilitating more effective communication patterns with family members could help mitigate the impact of this invalidation, even if the family pattern itself remains resistant to change.

• **Emotional Intelligence Deficits in Family System**: Sarah perceives significant emotional intelligence deficits in her family system, particularly her mother. Her assessment that her mother *"doesn't know how to socialize"* suggests she views invalidating behaviors as stemming from fundamental deficits rather than intentional harm. This perspective is supported by specific examples, such as her mother*'s failure to provide important contextual information about Andrew'*s friend's funeral, which Sarah identified as a critical communication failure: *"Wouldn't import what an important context be. Hey, Sarah, I can't meet Andrew this weekend. Andrew has a friend who passed away and needs to go to the funeral."* Sarah*'s sophisticated understanding of these deficits suggests she has developed emotional intelligence skills that differ from her family of origin, creating a painful awareness of what is missing in these relationships. This understanding provides an opportunity for Sarah to adjust her expectations based on realistic assessment of family members'* capabilities, potentially reducing her distress when these expectations are not met. The referral of her mother to therapist Nora represents an important intervention that acknowledges these deficits while creating opportunity for growth in family members who demonstrate readiness for change.

• **Emerging Boundary-Setting Skills**: Sarah demonstrated developing capacity for boundaries and assertive communication in response to family dynamics. Her refusal of in-person contact when emotionally activated—*"She was like, Can I come over to talk? And I said, No"*—represents an important self-protective boundary. Her strategic text message responses that clearly communicated her feelings—*"I said, Thank you for the recommendations. I didn't ask for"*—demonstrate growing assertiveness in naming problematic patterns. Most significantly, her explicit request for her mother to seek help—*"I literally said, I'm going to get the contact for Jonathan's partner"*—represents an important shift from passive suffering to active boundary-setting with specific requests. These emerging skills represent significant therapeutic progress and provide foundation for continued development of healthy relationship patterns. Supporting Sarah in maintaining these boundaries while managing the anxiety and guilt that often accompany boundary-setting in enmeshed family systems will be an important focus of ongoing therapeutic work.

# Significant Quotes

*"I was like, 'No, I'm absolutely fucking miserable, actually,' and she's like, she's like, 'well, she's like, why? She's like, you know, she's like, I often don't feel good all the time. And I know it's really hard, but sometimes you gotta just try harder.'"*

This exchange captures the core dynamic of invalidation in Sarah*'s relationship with her mother. Sarah'*s direct, emotionally honest disclosure of being *"absolutely fucking miserable"* is met with her mother's invalidating response that essentially frames depression as a matter of insufficient effort. The phrase *"sometimes you gotta just try harder"* fundamentally mischaracterizes depression as a choice rather than a legitimate mental health condition. Sarah's shock at this response—*"I was like, she didn't just say"*—indicates she recognized the profound invalidation in this moment. This quote is significant because it exemplifies the pattern of invalidation that appears to be a primary contributor to Sarah*'s distress. It reveals how Sarah'*s attempts at emotional honesty are consistently met with responses that minimize, dismiss, or mischaracterize her experience. Therapeutically, this quote suggests the importance of helping Sarah develop self-validation skills while also facilitating more effective communication patterns with family members who are willing to engage in change.

*"One thing you do is always bring yourself back into the conversation... the response should have been, 'I understand' or, like, not trying to turn the focus on you, but saying 'I'm tired.'"*

This statement reveals Sarah*'s sophisticated understanding of problematic communication patterns in her relationship with her mother. Her identification of her mother'*s tendency to *"bring yourself back into the conversation"* demonstrates insight into how this self-centering behavior prevents her from feeling heard and understood. Her articulation of what an appropriate response would have been—*"I understand"*—shows she has a clear template for validating communication despite not experiencing it consistently in her family of origin. This quote is significant because it demonstrates Sarah*'s capacity for metacommunication—the ability to observe and analyze communication patterns rather than simply reacting to them. This skill represents an important therapeutic achievement and provides foundation for continued development of healthy relationship patterns. Therapeutically, this quote suggests the value of reinforcing and refining Sarah'*s emerging communication analysis skills while helping her manage expectations about her mother's capacity to implement these insights.

*"I am truly just trying to get this fixed. I'm exhausted of this erratic family dynamic. Can't be the only one in third in therapy, like I'm on an island alone of improvement, and everybody else still wrapped up in their own shit. They have no idea how they're acting."*

This statement captures Sarah's experience of isolation in her mental health journey within her family system. The phrase *"on an island alone of improvement"* powerfully conveys her perception that she is the only one engaged in meaningful psychological growth. Her expression of exhaustion—*"I'm exhausted of this erratic family dynamic"*—reveals the additional burden of attempting individual change within an unchanged system. This quote is significant because it highlights the limitations of individual therapy in addressing family system issues. It reveals how Sarah*'s role as the family member in therapy may inadvertently reinforce the system'*s view that she is *"the problem"* rather than recognizing the need for systemic change. Therapeutically, this quote suggests the importance of helping Sarah recognize and celebrate her own growth while developing realistic expectations about the pace and possibility of change in other family members.

# Comprehensive Narrative Summary

Sarah Palladino presented to today*'s session with significant emotional distress related to ongoing family conflict, particularly with her mother. The session revealed a family system characterized by chronic emotional invalidation, communication deficits, and resistance to change that significantly exacerbates Sarah'*s depressive symptoms while also providing opportunity for therapeutic growth through boundary development and assertive communication.

The central dynamic in Sarah's relationship with her mother involves profound emotional invalidation. When Sarah disclosed being *"absolutely fucking miserable,"* her mother responded with the dismissive statement that *"sometimes you gotta just try harder,"* fundamentally mischaracterizing depression as a choice rather than a legitimate mental health condition. This invalidation extends beyond her mother to her brother, whose response to her difficulties was simply *"Okay, yeah. Just better yourself."* These interactions reflect a family-wide pattern of dismissing emotional content in favor of superficial solutions that prevents Sarah from feeling understood and supported in her mental health struggles.

Sarah demonstrates sophisticated insight into these family dynamics, particularly her mother*'s communication patterns. She identified her mother'*s tendency to *"bring yourself back into the conversation"* as a key barrier to feeling heard and understood. She also recognized significant emotional intelligence deficits in her family system, describing her mother as someone who *"doesn't know how to socialize"* with a *"very small circle"* of people who *"can code switch"* to accommodate her limitations. This understanding allows Sarah to contextualize her mother's behavior as stemming from fundamental deficits rather than intentional harm, potentially reducing the personal impact of invalidating interactions.

The session revealed important progress in Sarah's development of boundaries and assertive communication. Her refusal of in-person contact when emotionally activated—*"She was like, Can I come over to talk? And I said, No"*—represents an important self-protective boundary. Her strategic text message responses that clearly communicated her feelings demonstrate growing assertiveness in naming problematic patterns. Most significantly, her explicit request for her mother to seek help—*"I literally said, I'm going to get the contact for Jonathan's partner"*—represents an important shift from passive suffering to active boundary-setting with specific requests.

Despite these positive developments, Sarah expressed profound exhaustion with her role as the only family member engaged in meaningful psychological growth: *"I'm on an island alone of improvement, and everybody else still wrapped up in their own shit."* This isolation in her mental health journey creates additional burden beyond her primary symptoms, as she attempts individual change within an unchanged system. The referral of her mother to therapist Nora represents an important intervention that acknowledges the systemic nature of Sarah's difficulties while creating opportunity for growth in family members who demonstrate readiness for change.

Sarah's emotional presentation showed important shifts from her previous session, where she had reported suicidal ideation. Her statement—*"You'd never know Tuesday, I was like, my family will never find me if I'm dead. What a fucking 360"*—indicates reduced acute suicidal risk, with anger replacing despair as the predominant emotional response to invalidation. While this anger itself is distressing, it represents a more active emotional stance than the passive despair of suicidal ideation and potentially serves a protective function by motivating boundary-setting rather than withdrawal.

Moving forward, therapeutic work will focus on three primary areas. First, enhancing Sarah*'s self-validation skills to reduce dependence on external validation that may not be forthcoming from family members. Second, refining her boundary-setting and assertive communication skills while helping her manage the anxiety and guilt that often accompany these behaviors in enmeshed family systems. Third, supporting realistic expectations about the pace and possibility of change in family members while celebrating Sarah'*s individual growth regardless of systemic outcomes.

The potential engagement of Sarah*'s mother in therapy with Nora represents an important opportunity for systemic intervention. While family patterns appear deeply entrenched, the introduction of a separate therapeutic perspective for her mother could facilitate greater understanding of Sarah'*s experience and potentially improve communication patterns. Even modest improvements in family functioning could significantly reduce Sarah's distress and support her continued recovery from depressive symptoms.

Sarah*'s prognosis is cautiously optimistic given her insight into family dynamics, capacity for assertive communication, and willingness to engage in therapy both for herself and potentially as a family system. While family patterns may remain resistant to change, Sarah'*s growing psychological skills provide foundation for improved emotional regulation and interpersonal functioning regardless of family outcomes. The therapeutic relationship appears to provide an important corrective emotional experience that partially compensates for invalidation in her primary relationships and supports her continued psychological growth.

# Progress Note: Steven Deluca - 5/28/2025

Comprehensive Clinical Progress Note for Steven De Luca's Therapy Session on May 28, 2025

Steven attended today's session presenting with significant interpersonal distress related to complex friendship dynamics and trust issues. He began the session by recounting a recent conflict with his friend Mark that occurred over the weekend. Steven described a situation where he experienced a strong intuitive feeling that something was amiss: *"I'm driving home. I'm literally about to turn the corner to my house, and something literally comes over me. I felt it in my gut. It said, drive fastest. Kids house."* This statement reflects Steven*'s heightened vigilance and suspicion regarding his friends'* behaviors, particularly when they involve Walter, a person with whom Steven has a complicated history.

Steven detailed an extensive text message exchange with Mark after discovering that Mark and Walter had gone to a bar (Dark Horse) without inviting him and Diana. He expressed feeling betrayed by the secretive nature of their outing: *"I said, I'm unsettled by the secrecy, and you're avoiding my questions."* Steven's messages to Mark revealed intense emotional reactions, including statements like *"I would rather drop dead tonight than go there and talk to you about the weather, let alone this. I don't like how you're moving. It's bothering the fire."* This language demonstrates the depth of Steven's emotional response to perceived betrayal.

Steven reported confronting Mark about his suspicions regarding Mark's relationship with Walter: *"I feel like you're lying. I feel like something happened between the two you and Nashville. I feel like you like, hooked up."* He described Mark's denial and his own persistent disbelief: *"I said, I don't know. It just feels weird to me."* Steven's preoccupation with potential deception between Mark and Walter suggests significant trust issues that extend beyond this specific incident.

Steven shared his perception that Walter's behaviors are calculated rather than accidental: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes. He's not fucking up. Nothing, is it?"* This statement reflects Steven*'s attribution of malicious intent to Walter'*s actions, particularly regarding Walter's interactions with Mark: *"He wanted to be alone with you and maybe get you drunk into something. I see straight through this motherfucker, I know exactly what's going on."*

Steven also discussed another complex interpersonal situation involving a coworker also named Walter. He described a night out where boundaries became blurred: *"I don't know, I got really drunk, and we were making out, whatever it happens. We moved on. We never talked about it again."* Steven reported that this Walter later referred to Steven as his boyfriend to others and engaged in physical contact: *"He's massaging my shoulders and, like, I don't know, then he we, like, kicked, kicked, kissed quick."* Steven expressed ambivalence about this developing situation, noting that his friends believe Walter is more serious about the relationship than Steven is: *"They were like, you might have been playing Walter was not playing."*

Steven expressed a clear aversion to repeating past relationship patterns, particularly regarding the two Walters: *"Do you think I would make that mistake twice? Yes, I won't. Two of them the same name in the same building at the same time. You think I'm gonna fucking make that mistake? No."* This statement suggests awareness of potentially problematic relationship patterns while simultaneously demonstrating difficulty avoiding their repetition.

# Objective

Steven presented to the session appropriately dressed with good hygiene. His affect was primarily animated and irritable when discussing the conflict with Mark and Walter, with rapid speech and frequent profanity indicating heightened emotional arousal around these topics. His narrative was somewhat disorganized, jumping between different aspects of the conflict and occasionally losing track of his point, suggesting emotional flooding when discussing these triggering topics.

Steven demonstrated limited insight into his own contribution to interpersonal conflicts, primarily attributing problems to others' behaviors rather than examining his own reactions. When describing his confrontation with Mark, he showed pride in his aggressive approach: *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all. I said, I I'm not gonna lie. I'm not sorry about it."* This suggests limited recognition of how his communication style might contribute to relationship difficulties.

Steven's thought process was somewhat tangential but generally organized, with no evidence of thought disorder, delusions, or hallucinations. His cognitive functioning appeared intact, with no memory or concentration difficulties noted beyond those attributable to emotional arousal. His judgment appeared compromised in social situations involving alcohol, as evidenced by his description of making out with a coworker while intoxicated and later expressing regret about the potential complications.

Steven's mood appeared irritable and suspicious, with underlying anxiety about betrayal and abandonment. His interpersonal functioning in the session was engaged and appropriate, with good rapport evident between him and the therapist. He demonstrated comfort with self-disclosure and willingness to discuss emotionally charged topics, though with limited capacity for self-reflection about his role in conflicts.

Steven's non-verbal behavior was congruent with verbal content, showing increased animation and gesturing when discussing emotionally charged topics. He used humor frequently throughout the session, often as a deflection mechanism when approaching emotionally vulnerable content. This was particularly evident when discussing his feelings about relationships: *"I wish I was [bisexual], I hate everyone."*

Steven showed some capacity for perspective-taking regarding different communication styles needed for different relationships: *"You can't talk every type of way to every type of person. So my friends dad, I would know I could never talk to dad like that. She would could collapse, please."* This suggests some awareness of interpersonal dynamics, though his application of this awareness appears inconsistent.

# Assessment

Steven presents with features of Persistent Depressive Disorder (F34.1) with anxious distress, as evidenced by chronic irritability, negative attributions about others' intentions, and difficulty maintaining stable relationships. His symptoms include hypervigilance, emotional reactivity, and intense responses to perceived rejection or betrayal. He also demonstrates traits consistent with Cluster B personality features, particularly intense and unstable interpersonal relationships, difficulty with emotion regulation, and impulsivity in potentially self-damaging areas (e.g., sexual behavior while intoxicated).

Steven's primary psychological challenge involves navigating interpersonal relationships with significant trust issues and fear of betrayal. His hypervigilance was demonstrated by his intuitive sense that something was wrong when Mark and Walter went to a bar without him, leading him to drive to the location to confirm his suspicions. This behavior suggests an underlying fear of exclusion and betrayal that triggers intense emotional reactions. His statement that he would *"rather drop dead tonight than go there and talk to you"* reflects the extreme nature of his emotional response to perceived rejection.

Steven's relationship patterns reveal several problematic dynamics. First, he demonstrates a tendency toward black-and-white thinking about others, particularly evident in his characterization of Walter as calculating and manipulative: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes."* This attribution of malicious intent without considering alternative explanations reflects cognitive distortions that likely contribute to relationship difficulties.

Second, Steven shows a pattern of testing relationships through confrontation and then evaluating others based on their response to his aggression. His statement *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it"* suggests pride in his confrontational approach, while his comment that *"you can handle it"* implies that he believes relationships should withstand his aggression. This pattern likely creates a self-fulfilling prophecy where relationships deteriorate due to his confrontational style, confirming his belief that others cannot be trusted.

Third, Steven demonstrates difficulty with boundaries in romantic/sexual relationships, particularly when alcohol is involved. His description of making out with a coworker while intoxicated, followed by ambivalence about the developing relationship, suggests impulsivity and difficulty establishing clear boundaries. His friends' observation that *"you might have been playing Walter was not playing"* indicates a pattern of sending mixed signals that creates confusion and potential hurt for others.

Steven shows some psychological strengths, including self-awareness about certain patterns (*"Do you think I would make that mistake twice?"*), capacity for humor and engagement in therapy, and some insight into different communication styles needed for different relationships. His willingness to discuss emotionally charged topics in therapy suggests openness to examining his experiences, though his current capacity for self-reflection appears limited.

Steven*'s prognosis is guarded due to the entrenched nature of his interpersonal patterns and limited insight into his own contribution to relationship difficulties. However, his engagement in therapy and moments of self-awareness represent positive prognostic factors. Therapeutic interventions focused on developing emotion regulation skills, examining cognitive distortions about others'* intentions, and practicing healthier communication patterns could significantly improve his interpersonal functioning and overall well-being.

# Plan

**Dialectical Behavior Therapy (DBT) Interventions:**  
Prioritize emotion regulation skills to help Steven manage intense emotional reactions to perceived rejection or betrayal without resorting to aggressive communication or impulsive behaviors.  
Introduce interpersonal effectiveness skills, particularly DEAR MAN for assertive communication without aggression and GIVE for relationship maintenance.  
Develop distress tolerance techniques to help Steven pause and reflect before acting on intense emotions, particularly when experiencing suspicion about others' behaviors.  
Practice mindfulness skills to increase awareness of emotional triggers and physical sensations (like the *"gut feeling"* he described) without automatically acting on them.

**Acceptance and Commitment Therapy (ACT) Approaches:**  
Explore values clarification regarding friendships and romantic relationships to help Steven identify what kind of relationships he truly wants to build.  
Practice cognitive defusion techniques to help Steven create distance from thoughts about others' intentions and recognize them as interpretations rather than facts.  
Develop acceptance of uncomfortable emotions like jealousy, suspicion, and fear of abandonment without acting on them in ways that damage relationships.  
Work on committed action aligned with relationship values even when experiencing difficult emotions.

**Narrative Therapy Elements:**  
Explore dominant narratives about trust, betrayal, and relationships that influence Steven*'s interpretations of others'* behaviors.  
Identify unique outcomes where Steven has successfully navigated interpersonal conflicts without aggression or has trusted others despite uncertainty.  
Externalize the *"suspicion"* pattern as separate from Steven*'s identity, helping him respond to the pattern rather than being controlled by it.  
Develop a preferred identity story that incorporates Steven'*s values regarding authentic communication and meaningful relationships.

**Specific Interventions:**  
Implement thought records to help Steven identify cognitive distortions, particularly mind reading and fortune telling regarding others' intentions.  
Practice role-playing alternative responses to situations that trigger suspicion or jealousy, focusing on curious inquiry rather than accusatory confrontation.  
Develop a hierarchy of trust-building exercises, starting with lower-risk situations and gradually working toward more challenging scenarios.  
Explore the role of alcohol in boundary violations and develop strategies for maintaining clearer boundaries in social situations.

**Follow-up::** Schedule next session for one week to continue building emotion regulation skills and exploring patterns in interpersonal relationships. Assign homework focused on tracking emotional triggers and practicing pause-reflect-respond sequence when experiencing intense emotions.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Suspicious Vigilance to Righteous Indignation:**

At the beginning of the session, Steven's tone when describing his intuitive feeling that something was wrong conveyed suspicious vigilance: *"I'm driving home. I'm literally about to turn the corner to my house, and something literally comes over me. I felt it in my gut."* His voice had a quality of tension and alertness, suggesting hypervigilance regarding potential threats to relationships.

A significant tonal shift occurred when he began describing his confrontational text messages to Mark. His tone became charged with righteous indignation: *"I would rather drop dead tonight than go there and talk to you about the weather, let alone this. I don't like how you're moving. It's bothering the fire."* The emphasis on *"drop dead"* and *"bothering the fire"* conveyed a sense of justified anger and moral superiority.

This tonal shift has therapeutic significance as it represents Steven's movement from anxiety (suspicious vigilance) to anger (righteous indignation) as a defensive maneuver. Rather than acknowledging and processing the vulnerability of feeling excluded or potentially abandoned, he shifts to an aggressive stance that provides a sense of power and control. Therapeutic interventions that help Steven recognize this pattern and develop capacity to tolerate the vulnerable feelings beneath the anger could help interrupt this cycle and facilitate more effective communication.

**Shift 2: From Accusatory Certainty to Momentary Vulnerability:**

When initially describing his confrontation with Mark about potential deception, Steven's tone conveyed accusatory certainty: *"I feel like you're lying. I feel like something happened between the two you and Nashville. I feel like you like, hooked up."* His speech pattern was emphatic and declarative, suggesting absolute conviction in his interpretation.

A brief but significant tonal shift emerged when recounting Mark's denial: *"I said, I don't know. It just feels weird to me."* In this moment, his tone softened and became more tentative, revealing a momentary vulnerability and uncertainty beneath the aggressive facade.

This tonal variation reveals Steven's capacity to access more vulnerable states, though these moments appear brief and quickly covered by return to more defensive positions. The shift from accusatory certainty to momentary vulnerability suggests an opening for therapeutic work that could be expanded. Interventions that create safety for these vulnerable moments and help Steven tolerate the discomfort of uncertainty could facilitate deeper emotional processing and more flexible interpersonal responses.

**Shift 3: From Analytical Detachment to Emotional Intensity:**

When describing Walter*'s character, Steven'*s tone reflected analytical detachment: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes. He's not fucking up."* His delivery was measured and explanatory, as if providing objective analysis of Walter's personality.

This shifted dramatically to emotional intensity when describing his perception of Walter's intentions: *"He wanted to be alone with you and maybe get you drunk into something. I see straight through this motherfucker, I know exactly what's going on."* His speech became faster and more emphatic, with stronger language indicating heightened emotional arousal.

This tonal change demonstrates how Steven's analytical framework about others serves a defensive function that occasionally breaks down, revealing the intense emotional reactions beneath. The shift from detached analysis to raw emotional expression suggests that his intellectual understanding of relationships provides insufficient containment for his emotional experiences. Therapeutic interventions that help integrate emotional and cognitive processing could help Steven develop more coherent and regulated responses to interpersonal challenges.

**Shift 4: From Casual Dismissal to Emphatic Denial:**

When initially describing his interaction with the second Walter, Steven's tone conveyed casual dismissal: *"I don't know, I got really drunk, and we were making out, whatever it happens. We moved on. We never talked about it again."* His delivery was nonchalant, suggesting minimal emotional significance.

A striking tonal shift occurred when discussing the possibility of repeating relationship patterns: *"Do you think I would make that mistake twice? Yes, I won't. Two of them the same name in the same building at the same time. You think I'm gonna fucking make that mistake? No."* His tone became emphatically defensive, with repetition and emphasis suggesting protest against an internal doubt rather than simply responding to an external question.

This tonal variation highlights Steven's ambivalence about his relationship patterns. The contrast between his casual dismissal of boundary-crossing behavior and his emphatic denial about repeating patterns suggests awareness of problematic dynamics alongside difficulty modifying them. Therapeutic interventions that acknowledge this ambivalence without judgment could help Steven explore the function of these patterns and develop motivation for change.

**Shift 5: From Proud Aggression to Contextual Awareness:**

When describing his confrontational communication style, Steven's tone reflected proud aggression: *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all."* His delivery conveyed satisfaction and ownership of his aggressive approach.

A shift toward contextual awareness emerged when discussing different communication styles needed for different relationships: *"You can't talk every type of way to every type of person. So my friends dad, I would know I could never talk to dad like that. She would could collapse, please."* His tone became more thoughtful and nuanced, acknowledging the impact of his communication on others.

This tonal change reveals Steven's capacity for perspective-taking and interpersonal awareness, though his application of this awareness appears selective. The shift from proud aggression to contextual awareness suggests an emerging ability to consider the impact of his communication on others, which could be therapeutically leveraged. Interventions that build on this awareness while expanding its application to more relationships could help Steven develop more flexible and effective communication patterns.

**Shift 6: From Serious Distress to Self-Protective Humor:**

Throughout portions of the session, Steven's tone when discussing relationship difficulties was appropriately serious: *"I'm unsettled by the secrecy, and you're avoiding my questions."* His speech was measured and direct, conveying genuine distress about the situation.

Frequent shifts toward self-protective humor occurred, particularly when approaching emotionally vulnerable content: *"I wish I was [bisexual], I hate everyone."* His tone became lighter with a quality of deflective humor that created emotional distance from painful topics.

This tonal variation highlights Steven's use of humor as a coping mechanism to manage emotional vulnerability. The oscillation between serious engagement with painful material and humorous deflection suggests difficulty sustaining contact with vulnerable emotions. Therapeutic interventions that acknowledge the adaptive function of humor while gently encouraging longer engagement with vulnerable states could help Steven develop greater emotional tolerance and more integrated self-expression.

## Thematic Analysis

**Theme 1: Hypervigilance and Trust Issues:**

A central theme throughout the session was Steven's hypervigilance regarding potential betrayal or deception in relationships. This was most evident in his description of the intuitive feeling that prompted him to drive to Dark Horse: *"I'm driving home. I'm literally about to turn the corner to my house, and something literally comes over me. I felt it in my gut. It said, drive fastest. Kids house."* This physical sensation of danger regarding a friend's behavior suggests a hypervigilant monitoring system for potential threats to relationships.

This theme manifested in Steven*'s detailed tracking and analysis of inconsistencies in Mark'*s statements: *"You're dancing around you're you dancing around him as a topic, and ignoring this question is really speaking volumes."* This vigilance for discrepancies reflects an underlying expectation of deception that shapes his perception of relationships.

The theme extended to Steven's attribution of calculated intentions to Walter: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes. He's not fucking up."* This statement reveals a fundamental attribution of malicious intent that precludes trust or benefit of the doubt.

This theme connects to attachment theory concepts regarding internal working models of relationships. Steven's hypervigilance suggests early experiences that established expectations of betrayal and abandonment, creating an internal model of relationships as fundamentally unreliable. Therapeutic work addressing this theme would focus on examining the origins of these expectations, identifying when hypervigilance is activated versus when genuine trust concerns are present, and gradually building capacity for appropriate trust through corrective relational experiences.

**Theme 2: Aggressive Communication as Power and Control:**

A recurring theme involved Steven's use of aggressive communication as a means of establishing power and control in relationships. This was evident in his description of his confrontational approach with Mark: *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all. I said, I I'm not gonna lie. I'm not sorry about it."* This statement suggests pride in aggressive communication rather than regret about its potential impact.

This theme manifested in Steven's testing of relationships through aggression: *"I said, but you can handle it. You can't i can't do you can't talk every type of way to every type of person."* This implies a belief that valuable relationships should withstand his aggression, creating a dynamic where others must prove their worth by tolerating his hostile communication.

The theme extended to Steven's use of ultimatums and extreme statements in conflicts: *"I would rather drop dead tonight than go there and talk to you about the weather, let alone this."* These hyperbolic statements function to escalate conflicts and establish dominance rather than facilitate resolution.

This theme connects to concepts from interpersonal theory regarding maladaptive interaction patterns. Steven's aggressive communication likely developed as a protective strategy against vulnerability, but paradoxically increases relationship instability and confirms fears of abandonment when others withdraw in response. Therapeutic work addressing this theme would focus on developing alternative communication strategies that maintain self-respect without aggression, examining the fears that drive aggressive communication, and practicing more vulnerable and direct expression of needs.

**Theme 3: Boundary Confusion in Romantic/Sexual Relationships:**

A significant theme involved Steven's difficulty establishing and maintaining clear boundaries in romantic and sexual relationships. This was evident in his description of interactions with the second Walter: *"I don't know, I got really drunk, and we were making out, whatever it happens. We moved on. We never talked about it again."* This casual dismissal of a boundary-crossing event suggests difficulty acknowledging the significance of intimate interactions.

This theme manifested in Steven's ambivalence about the developing relationship: *"I was like, Okay, thanks, whatever. So then we go to some other bar. There's another bar, and I'm, like, ordering drinks. He's massaging my shoulders and, like, I don't know, then he we, like, kicked, kicked, kissed quick."* The repeated use of *"I don't know"* and vague language suggests discomfort with clearly defining the relationship or his own desires.

The theme extended to the disconnect between Steven*'s perception of the interaction and Walter'*s: *"They were like, you might have been playing Walter was not playing."* This suggests a pattern of sending mixed signals that creates confusion and potential hurt for others.

This theme connects to concepts regarding identity development and intimacy. Steven's boundary confusion suggests difficulty integrating sexual and emotional aspects of relationships into a coherent sense of self and relationship identity. Therapeutic work addressing this theme would focus on clarifying personal values regarding relationships, developing skills for communicating boundaries clearly, examining the role of alcohol in boundary violations, and practicing consistent alignment between internal desires and external behaviors.

**Theme 4: Fear of Pattern Repetition:**

A prominent theme involved Steven's awareness of problematic relationship patterns alongside fear of their repetition. This was evident in his emphatic denial about repeating mistakes with the two Walters: *"Do you think I would make that mistake twice? Yes, I won't. Two of them the same name in the same building at the same time. You think I'm gonna fucking make that mistake? No."* This statement reveals both awareness of patterns and anxiety about their recurrence.

This theme manifested in Steven's expression of wishful thinking regarding relationship preferences: *"I wish I was [bisexual], I hate everyone."* This statement suggests a desire to escape current relationship patterns through fantasy of alternative possibilities.

The theme extended to Steven's recognition of his own contribution to relationship difficulties: *"I said, there is not you there, no matter how horny I fucking was, I would never, never. I would trust me. My my concert comes to the forefront, and I would know what was going on, and I would stop it would not happen."* This statement reflects both determination to avoid pattern repetition and acknowledgment of vulnerability to impulsive decisions.

This theme connects to concepts regarding insight versus behavioral change in therapy. Steven demonstrates intellectual awareness of problematic patterns without yet developing consistent capacity to interrupt them behaviorally. Therapeutic work addressing this theme would focus on moving from insight to action through specific behavioral strategies for high-risk situations, developing mindfulness of early warning signs of pattern activation, and building self-compassion for the inevitable setbacks in pattern modification.

## Sentiment Analysis

**Sentiments About Self**

Steven expressed a complex mixture of sentiments about himself throughout the session:

**Intuitive Certainty:** Steven expressed strong sentiment regarding his intuitive abilities: *"I felt it in my gut. It said, drive fastest. Kids house."* This sentiment reflected confidence in his internal warning system and willingness to act on intuitive feelings without external validation.

**Righteous Anger:** Steven conveyed sentiment of justified anger regarding his reactions to perceived deception: *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it."* This sentiment reflected pride in aggressive self-expression rather than regret about its impact.

**Ambivalent Desire:** Steven expressed mixed sentiment about his relationship desires: *"I wish I was [bisexual], I hate everyone."* This sentiment revealed both longing for connection and protective withdrawal from vulnerability through cynical dismissal.

**Determined Avoidance:** Steven conveyed sentiment of determination regarding avoiding past mistakes: *"I would not fucking let that happen again."* This sentiment reflected both awareness of problematic patterns and anxiety about their potential recurrence.

**Conflicted Agency:** Steven expressed mixed sentiment about his capacity for self-control in romantic situations: *"No matter how horny I fucking was, I would never, never. I would trust me. My my concert comes to the forefront."* This sentiment revealed tension between confidence in self-control and awareness of vulnerability to impulsive decisions.

**Sentiments About Others/External Situations**

Steven's sentiments toward others and external situations varied considerably:

**Suspicious Distrust Toward Walter:** Steven expressed consistently negative sentiment toward Walter's intentions: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes."* This sentiment reflected fundamental attribution of malicious intent that precludes trust or benefit of the doubt.

**Betrayed Disappointment Toward Mark:** Steven expressed negative sentiment toward Mark's behavior: *"I'm unsettled by the secrecy, and you're avoiding my questions."* This sentiment revealed expectation of loyalty that was violated by perceived deception.

**Dismissive Assessment of Second Walter's Interest:** Steven expressed somewhat dismissive sentiment regarding the second Walter's romantic interest: *"I was like, Okay, thanks, whatever."* This sentiment suggested discomfort with genuine romantic connection and tendency to minimize others' emotional investment.

**Contextual Evaluation of Communication Impact:** Steven expressed nuanced sentiment toward different communication styles needed for different relationships: *"You can't talk every type of way to every type of person."* This sentiment demonstrated capacity for perspective-taking regarding the impact of his communication on others.

**Generalized Negativity Toward Relationships:** Steven expressed broadly negative sentiment toward relationships in general: *"I hate everyone."* This sentiment reflected protective withdrawal from vulnerability through global dismissal of relationship potential.

**Sentiments About Therapy/Therapeutic Process**

Steven's sentiments toward the therapeutic process were less explicitly articulated but could be inferred:

**Comfortable Disclosure:** Steven expressed implicit positive sentiment toward the therapeutic relationship through willingness to disclose emotionally charged content: *"I said, I feel like you're lying. I feel like something happened between the two you and Nashville. I feel like you like, hooked up."* This level of disclosure suggests trust in the therapeutic container.

**Receptive to Humor:** Steven expressed positive sentiment toward humorous therapeutic interactions: *"I like that. Yeah. So that answers this kid I work with."* This sentiment reflected appreciation for lightness within the therapeutic process.

**Limited Self-Reflection:** Steven expressed minimal sentiment regarding his own contribution to relationship difficulties, suggesting some resistance to deeper therapeutic exploration of personal patterns: *"I said, I I'm not gonna lie. I'm not sorry about it."* This sentiment indicated potential challenges in developing therapeutic insight.

**Selective Engagement:** Steven expressed variable sentiment toward different aspects of therapeutic content, engaging more fully with narrative recounting than with emotional processing or pattern identification. This selective engagement suggests preference for external focus rather than internal exploration.

The overall sentiment pattern reveals an individual experiencing significant interpersonal distress while maintaining protective strategies against vulnerability. The contrast between confident expression of anger and limited acknowledgment of underlying hurt or fear suggests that therapeutic work focused on accessing and tolerating vulnerable emotions could be particularly valuable. The emergence of contextual awareness regarding communication impact indicates potential for developing more flexible interpersonal responses with continued therapeutic support.

# Key Points

• **Hypervigilance and Trust Issues as Core Relational Pattern**: Steven demonstrates significant hypervigilance regarding potential betrayal or deception in relationships, as evidenced by his intuitive feeling that prompted him to drive to Dark Horse: *"I'm driving home. I'm literally about to turn the corner to my house, and something literally comes over me. I felt it in my gut."* This hypervigilant monitoring system for potential threats to relationships manifests in detailed tracking of inconsistencies in others' statements and attribution of calculated malicious intentions, particularly to Walter: *"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes."* This pattern suggests early experiences that established expectations of betrayal and abandonment, creating an internal working model of relationships as fundamentally unreliable. Steven's hypervigilance likely serves a protective function but paradoxically increases relationship instability by creating a self-fulfilling prophecy where his suspicious approach elicits defensive or evasive responses from others, confirming his original fears. Therapeutic interventions focused on examining the origins of these expectations, identifying when hypervigilance is activated versus when genuine trust concerns are present, and gradually building capacity for appropriate trust through corrective relational experiences could help interrupt this cycle and facilitate more stable relationships.

• **Aggressive Communication as Emotional Regulation Strategy**: Steven utilizes aggressive communication as a primary strategy for managing emotional vulnerability and establishing control in relationships. His statement *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all"* reveals pride in aggressive expression rather than recognition of its potential harm to relationships. This approach likely developed as a protective strategy against vulnerability, transforming fear of abandonment or rejection into preemptive aggression that provides a sense of power and control. However, this strategy ultimately reinforces relationship instability as others withdraw in response to hostility, confirming Steven*'s fears of abandonment and creating a vicious cycle. Steven'*s testing of relationships through aggression—*"I said, but you can handle it"*—suggests a belief that valuable relationships should withstand his hostility, creating a dynamic where others must prove their worth by tolerating his aggressive communication. Therapeutic work focused on developing alternative emotion regulation strategies, examining the fears that drive aggressive communication, and practicing more vulnerable and direct expression of needs could help Steven maintain self-respect without resorting to aggression that damages his relationships.

• **Boundary Confusion in Intimate Relationships**: Steven demonstrates significant difficulty establishing and maintaining clear boundaries in romantic and sexual relationships, particularly evident in his interactions with the second Walter. His casual dismissal of boundary-crossing events—*"I don't know, I got really drunk, and we were making out, whatever it happens"*—and ambivalence about developing relationships suggests difficulty integrating sexual and emotional aspects of relationships into a coherent sense of self and relationship identity. The disconnect between Steven*'s perception of interactions and others'* interpretations—*"They were like, you might have been playing Walter was not playing"*—indicates a pattern of sending mixed signals that creates confusion and potential hurt for others. This boundary confusion appears particularly pronounced in situations involving alcohol, suggesting that substance use further compromises already tenuous boundary maintenance. Therapeutic interventions focused on clarifying personal values regarding relationships, developing skills for communicating boundaries clearly, examining the role of alcohol in boundary violations, and practicing consistent alignment between internal desires and external behaviors could help Steven develop healthier relationship patterns with clearer boundaries and expectations.

# Significant Quotes

*"I'm driving home. I'm literally about to turn the corner to my house, and something literally comes over me. I felt it in my gut. It said, drive fastest. Kids house."*

This statement captures Steven's hypervigilant monitoring system for potential threats to relationships. The visceral description of intuition as a physical sensation in his *"gut"* that literally *"said"* to drive to his friend*'s house reveals how Steven'*s anxiety about betrayal manifests as somatic experience that drives behavior. The urgency conveyed through *"drive fastest"* suggests an emergency response to potential relationship threat, indicating how central relationship security is to Steven*'s emotional well-being. This quote is significant because it demonstrates how Steven'*s internal alarm system regarding relationships operates below the level of conscious reasoning, creating powerful behavioral impulses that override logical considerations (like continuing home as planned). Therapeutically, this quote suggests the importance of helping Steven develop capacity to notice these intuitive reactions without automatically acting on them, creating space for reflection about whether the perceived threat is based in current reality or triggered by past experiences. Developing this pause between intuition and action could help interrupt the cycle of hypervigilance and confrontation that destabilizes his relationships.

*"What you fail to realize is that anything that Walter does is calculate. Okay, he does. He's not making mistakes. He's not fucking up. Nothing, is it? There was he he knew he was invited to lunch. You got outside, and then he didn't want us to fucking know, because he fucking know, because he wanted to be alone with you and maybe get you drunk into something. I see straight through this motherfucker, I know exactly what's going on."*

This statement reveals Steven*'s fundamental attribution of malicious intent to Walter'*s behavior. The absolute certainty conveyed through phrases like *"anything Walter does is calculate"* and *"I see straight through this motherfucker"* demonstrates black-and-white thinking that precludes consideration of alternative explanations. The detailed narrative Steven constructs about Walter's intentions—wanting to be alone with Mark, getting him drunk *"into something"*—shows how Steven fills information gaps with worst-case scenarios based on his underlying belief that others cannot be trusted. This quote is significant because it demonstrates how Steven*'s cognitive distortions about others'* intentions create a closed system of thinking that resists contradictory evidence. The teaching tone of *"what you fail to realize"* suggests Steven positions himself as more perceptive than others, creating a dynamic where challenging his interpretations becomes difficult. Therapeutically, this quote suggests the importance of helping Steven recognize these attributions as interpretations rather than facts, developing curiosity about alternative explanations, and examining how these attributions function to maintain his hypervigilant stance in relationships.

*"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all. I said, I I'm not gonna lie. I'm not sorry about it. I sorry that. I said it happens, but I'm not, I'm not receiving anything. I said. He was like, No, I'm not fully This isn't new. This is the first thought. This is I fully expected. I said, but you can handle it."*

This statement captures Steven's relationship to his aggressive communication style. The repetition of *"I was mean"* with the addition *"and I meant it"* demonstrates ownership and even pride in his aggression rather than regret about its impact. The explicit rejection of apology—*"I didn't even apologize at all"*—suggests Steven views apologizing as weakness rather than relationship repair. The statement *"you can handle it"* reveals an underlying belief that relationships should withstand his aggression, creating a dynamic where others must prove their worth by tolerating his hostility. This quote is significant because it demonstrates how Steven's aggressive communication serves as both a test of relationships and a preemptive strike against vulnerability. By establishing himself as deliberately mean, he creates emotional distance that protects against potential rejection while simultaneously testing whether others will remain connected despite his behavior. Therapeutically, this quote suggests the importance of helping Steven examine the fears that drive aggressive communication, develop alternative strategies for managing vulnerability, and recognize how this pattern ultimately reinforces his fears of abandonment by damaging relationships.

# Comprehensive Narrative Summary

Steven De Luca presented to today*'s session with significant interpersonal distress related to complex friendship dynamics and trust issues. The session revealed a pattern of hypervigilance regarding potential betrayal, aggressive communication as a strategy for managing emotional vulnerability, and boundary confusion in intimate relationships that collectively contribute to relationship instability while paradoxically reinforcing Steven'*s underlying fears of abandonment and rejection.

The central dynamic in Steven*'s interpersonal functioning involves intense hypervigilance regarding potential betrayal or deception. This was dramatically illustrated by his description of an intuitive feeling that prompted him to drive to a bar to confirm his suspicion that his friends Mark and Walter had gone there without inviting him. Steven'*s visceral description of this intuition as a physical sensation in his *"gut"* that literally *"said"* to drive to his friend's house reveals how his anxiety about betrayal manifests as somatic experience that drives behavior. This hypervigilant monitoring system likely developed as a protective strategy based on early experiences that established expectations of betrayal and abandonment, creating an internal working model of relationships as fundamentally unreliable.

Steven*'s hypervigilance manifests in detailed tracking of inconsistencies in others'* statements and attribution of calculated malicious intentions, particularly to Walter. His absolute certainty that *"anything Walter does is calculate"* demonstrates black-and-white thinking that precludes consideration of alternative explanations. The detailed narrative Steven constructs about Walter's intentions—wanting to be alone with Mark, getting him drunk *"into something"*—shows how he fills information gaps with worst-case scenarios based on his underlying belief that others cannot be trusted. This cognitive pattern creates a closed system of thinking that resists contradictory evidence and ultimately becomes a self-fulfilling prophecy as his suspicious approach elicits defensive or evasive responses from others, confirming his original fears.

Steven utilizes aggressive communication as a primary strategy for managing emotional vulnerability and establishing control in relationships. His statement *"I was mean. I'm not denying that I was mean. I know I was mean and I meant it. I didn't even apologize at all"* reveals pride in aggressive expression rather than recognition of its potential harm to relationships. This approach likely developed as a protective strategy against vulnerability, transforming fear of abandonment or rejection into preemptive aggression that provides a sense of power and control. However, this strategy ultimately reinforces relationship instability as others withdraw in response to hostility, confirming Steven's fears of abandonment and creating a vicious cycle.

Steven's testing of relationships through aggression—*"I said, but you can handle it"*—suggests a belief that valuable relationships should withstand his hostility, creating a dynamic where others must prove their worth by tolerating his aggressive communication. This pattern was evident in his confrontation with Mark, where he expressed that he would *"rather drop dead tonight than go there and talk to you about the weather, let alone this."* These hyperbolic statements function to escalate conflicts and establish dominance rather than facilitate resolution, ultimately damaging the very relationships Steven fears losing.

The session also revealed significant difficulty establishing and maintaining clear boundaries in romantic and sexual relationships, particularly evident in Steven's interactions with a coworker also named Walter. His casual dismissal of boundary-crossing events—*"I don't know, I got really drunk, and we were making out, whatever it happens"*—and ambivalence about developing relationships suggests difficulty integrating sexual and emotional aspects of relationships into a coherent sense of self and relationship identity. The disconnect between Steven*'s perception of interactions and others'* interpretations—*"They were like, you might have been playing Walter was not playing"*—indicates a pattern of sending mixed signals that creates confusion and potential hurt for others.

This boundary confusion appears particularly pronounced in situations involving alcohol, suggesting that substance use further compromises already tenuous boundary maintenance. Steven's emphatic denial about repeating relationship patterns—*"Do you think I would make that mistake twice? Yes, I won't"*—reveals both awareness of problematic dynamics and anxiety about their recurrence, suggesting that intellectual insight has not yet translated to consistent behavioral change.

Despite these challenges, Steven demonstrates several psychological strengths that provide foundation for therapeutic growth. His capacity for perspective-taking regarding different communication styles needed for different relationships—*"You can't talk every type of way to every type of person"*—suggests emerging interpersonal awareness that could be expanded through therapy. His willingness to discuss emotionally charged topics and moments of self-awareness about patterns indicate openness to examining his experiences, though his current capacity for self-reflection appears limited by defensive strategies.

Moving forward, therapeutic work will focus on three primary areas. First, developing emotion regulation skills to help Steven manage intense emotional reactions without resorting to aggressive communication or impulsive behaviors. Second, examining cognitive distortions about others' intentions and practicing curious inquiry rather than accusatory confrontation when experiencing suspicion. Third, clarifying personal values regarding relationships and developing skills for communicating boundaries clearly, particularly in situations involving alcohol.

The therapeutic relationship itself provides an important opportunity for corrective emotional experience, as Steven experiences consistency, clear boundaries, and non-defensive responses to his testing behaviors. Over time, this relational container can help Steven develop greater tolerance for vulnerability, more flexible interpersonal responses, and ultimately more stable and satisfying relationships aligned with his deeper values and needs.

# Progress Note: Vivian Meador - 5/27/2025

Comprehensive Clinical Progress Note for Vivian Meador's Therapy Session on May 27, 2025

Vivian attended today*'s session presenting with significant emotional distress related to her mother'*s declining health and end-of-life care decisions. She reported that her mother recently signed a DNR/CCA (Do Not Resuscitate/Comfort Care Addendum) order, which was particularly distressing to Vivian as it contradicted her mother's previously expressed wishes: *"I've always wanted to be a total code she said, you know, if there's something they can do, I want them to do it. And we've always honored those because she was always such a tough bird."* Vivian expressed confusion and concern about how this decision was made, stating, *"I don't know what they told her. Maybe they didn't tell her what she was signing."*

Vivian described her mother's current physical condition as fragile but still somewhat functional. She reported that her mother is experiencing fluid in her lungs despite being on Lasix medication, has difficulty breathing at times, and is physically vulnerable: *"She can't even stand for you to touch her hardly."* Vivian mentioned that a physical therapist provided a stabilizing band to help prevent falls, but noted compliance challenges: *"I'm just trying to get her to wear it."* She also described her mother's continued ability to perform some basic activities with assistance: *"She's still able to get up and walk to the bathroom by herself, with somebody stabilizing her a little bit."*

Vivian shared that her sister Susie is also involved in their mother's care, and that their niece Elise is planning to visit on Thursday, which Vivian interpreted as preparation for a potential final visit: *"I think she's coming just to see mom, I think she just, mom will pass and she won't see her, you know."* This statement reflects Vivian*'s awareness of her mother'*s limited prognosis and the family's anticipatory grief process.

When discussing her emotional response to these circumstances, Vivian made a clear distinction between her public and private coping: *"My day to day answer is, if everybody saw me today, they'd say, Oh, Vivian, she's about an eight today... And then the real me is somewhere down around a three."* She described maintaining a functional facade at work while experiencing significant internal distress: *"I'm back in fake mode. I'm just on. I'm just doing i Good. I put on the smile, I take care of the kids, I do everything I'm supposed to do, and then I come home and I fall apart, or go to sleep."*

Vivian acknowledged her desire to escape through sleep but recognized her responsibilities: *"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen. I've got to face it."* She expressed a commitment to being present with her mother during this time: *"I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself."* This statement reflects both Vivian*'s dedication to caregiving and her awareness of her mother'*s continuing decline.

# Objective

Vivian presented to the telehealth session appropriately dressed with good hygiene. She was initially apologetic about being late to the session, explaining that she had fallen asleep after dealing with a pet-related mess at home and then spent time with her mother. Her affect was congruent with content but showed evidence of emotional containment, with moments of appropriate humor interspersed with more somber discussion of her mother's condition.

Vivian demonstrated clear and organized thought processes throughout the session, with no evidence of thought disorder, delusions, or hallucinations. Her cognitive functioning appeared intact, with no significant memory or concentration difficulties noted beyond what she self-reported as minor forgetfulness at work: *"She's dropped a few things. She can't seem to remember where she put stuff."*

Vivian's mood appeared depressed, which she quantified when asked to rate herself on a scale from 1-10: *"The real me is somewhere down around a three, and she's pushing for the top."* She described maintaining a functional facade at work while experiencing significant internal distress, suggesting a pattern of emotional suppression in professional settings. Her self-awareness about this pattern was evident in her distinction between her *"day to day answer"* (8/10) and her *"real answer"* (3/10).

Vivian*'s non-verbal behavior during the telehealth session included appropriate eye contact and engagement. She showed capacity for humor, particularly when discussing her mother'*s unusual behavior with food: *"She salted a banana. That's what I said. I looked there. I said, Mom, did you just salt that blast? She said, Yeah, I didn't mean to."* This ability to find moments of levity despite difficult circumstances suggests some resilience and adaptive coping.

Vivian demonstrated insight into her emotional state and coping mechanisms, acknowledging both her distress and her tendency to compartmentalize: *"It's definitely affecting me in a negative way. But how could it not? It's my mom."* She showed awareness of her need to maintain functioning despite her grief: *"I'm just pushing, trying everything I can to keep pushed up."*

Vivian*'s interpersonal functioning in the session was appropriate and engaged. She showed good rapport with the therapist, engaging in both serious discussion of her mother'*s condition and lighter moments discussing the therapist's drone mishap. Her communication was clear and direct, with appropriate emotional expression within the context of her tendency toward emotional containment.

# Assessment

Vivian presents with Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23) related to her mother*'s declining health and end-of-life care decisions. Her symptoms include depressed mood, anxiety, sleep disturbance, and difficulty concentrating, all of which are directly connected to the significant psychosocial stressor of her mother'*s terminal condition. These symptoms are causing clinically significant distress and some impairment in daily functioning, though Vivian is maintaining her professional responsibilities through considerable effort.

Vivian's primary psychological challenge involves navigating anticipatory grief while maintaining caregiving responsibilities and professional obligations. Her statement that *"the real me is somewhere down around a three"* on a 1-10 scale of functioning indicates significant emotional distress that she is actively containing to meet her responsibilities. This pattern of emotional suppression in professional settings while experiencing private distress suggests a coping style that prioritizes external functioning over emotional processing, which may be adaptive in the short term but potentially problematic for long-term adjustment.

Vivian demonstrates several psychological strengths that support her resilience during this difficult time. First, she shows significant insight into her emotional state and coping patterns, as evidenced by her clear distinction between her public and private functioning. This self-awareness provides foundation for therapeutic work on more integrated emotional processing. Second, she demonstrates commitment to her caregiving responsibilities despite her distress: *"I'd rather be there right now, when she's still not in pain."* This value-driven behavior reflects psychological flexibility that can be therapeutically reinforced. Third, she maintains capacity for humor and perspective-taking even in difficult circumstances, as shown in her anecdote about her mother salting a banana.

Vivian*'s relationship with her mother appears complex and loving, with significant investment in providing appropriate care. Her distress about the DNR/CCA decision reflects both concern about her mother'*s autonomy (*"I don't know what they told her"*) and difficulty accepting the reality of her mother's terminal condition. This suggests that therapeutic work addressing both practical end-of-life care decisions and emotional processing of grief would be beneficial.

Vivian's coping mechanisms currently include compartmentalization (*"fake mode"*), sleep, and maintaining focus on caregiving responsibilities. While these strategies are allowing her to function, she would benefit from expanding her repertoire to include more active emotional processing and self-care practices. Her statement *"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen"* reflects both her desire for escape and her realistic assessment that avoidance is not a viable long-term strategy.

Vivian*'s prognosis is guardedly optimistic. While she is experiencing significant distress related to her mother'*s condition, she demonstrates psychological resources including insight, commitment to values, and capacity for humor that support resilience. With continued therapeutic support focused on grief processing, self-care, and integration of emotional experience, she is likely to navigate this difficult period without developing more severe or persistent psychological symptoms.

# Plan

**Acceptance and Commitment Therapy (ACT) Interventions:**  
Continue to validate Vivian's experience of grief and loss while helping her identify values-based actions that align with being present for her mother during this difficult time.  
Develop mindfulness practices to help Vivian notice and acknowledge difficult emotions without becoming overwhelmed by them, particularly focusing on the distinction between *"pushing up"* versus allowing emotions to be present.  
Explore workable versus unworkable responses to grief, helping Vivian distinguish between necessary emotional containment in certain contexts versus complete avoidance of emotional processing.  
Practice cognitive defusion techniques to help Vivian create distance from thoughts about her mother's decline that may be particularly painful or overwhelming.

**Dialectical Behavior Therapy (DBT) Elements:**  
Teach specific emotion regulation skills to help Vivian manage intense grief responses without resorting to complete emotional suppression.  
Develop distress tolerance techniques for particularly difficult moments in the caregiving process, such as medical appointments or discussions about end-of-life care.  
Practice radical acceptance regarding aspects of her mother's condition that cannot be changed, while maintaining commitment to providing compassionate care.  
Implement self-care planning to ensure Vivian maintains physical and emotional resources during this demanding caregiving period.

**Narrative Therapy Approaches:**  
Explore Vivian's narrative about her role as caregiver and daughter, helping her integrate this challenging chapter into her broader life story.  
Identify unique outcomes where Vivian has successfully navigated difficult emotions while maintaining her commitments, reinforcing her sense of agency and resilience.  
Develop a preferred identity story that incorporates both vulnerability and strength, challenging the binary between *"fake mode"* and *"falling apart."*  
Create space for Vivian to honor her relationship with her mother through sharing meaningful memories and acknowledging the impact her mother has had on her life.

**Specific Interventions:**  
Provide psychoeducation about anticipatory grief and the range of normal responses to a parent*'s terminal illness.  
Develop a concrete self-care plan that includes small, manageable practices Vivian can implement even with limited time and energy.  
Practice grounding techniques for moments when grief becomes overwhelming, particularly in professional settings where immediate emotional processing may not be possible.  
Explore family dynamics around end-of-life care decisions, helping Vivian navigate potential conflicts while honoring her mother'*s wishes.  
Offer resources regarding end-of-life care options and palliative care approaches to help Vivian feel more informed and empowered in medical discussions.

**Follow-up::** Schedule check-in call later this week as offered in session to monitor Vivian*'s well-being during this acute period of stress. Regular weekly sessions will continue to provide consistent support through her mother'*s illness progression.

# Supplemental Analyses

## Tonal Analysis

**Shift 1: From Apologetic Urgency to Engaged Presence:**

At the beginning of the session, Vivian's tone was apologetic and somewhat rushed: *"I'm sorry. No, please. No. I really honest to God. I was like, Did I forget that she said that we weren't going to meet today because the holiday, I didn't know."* Her speech pattern was quick with multiple short phrases, suggesting anxiety about being late and concern about maintaining the therapeutic relationship.

This shifted to a more engaged and present tone as she became absorbed in the therapist's drone story: *"Well, that that video was amazing. That's your drone. I take it."* Her voice became more animated and curious, with genuine interest in the details: *"I didn't know that birds would attack them. I didn't think about that they..."* This shift demonstrated Vivian's capacity to momentarily set aside her stressors and connect interpersonally.

This tonal variation has therapeutic significance as it reveals Vivian's ability to experience positive engagement despite her underlying distress. The shift from apologetic urgency to engaged presence suggests that meaningful connection can provide temporary relief from her caregiving burden. Therapeutic interventions that foster such moments of engagement and present-focused attention could help Vivian develop more balanced coping strategies that include both acknowledgment of difficulty and experience of positive states.

**Shift 2: From Factual Reporting to Emotional Vulnerability:**

When initially describing her mother*'s medical situation, Vivian'*s tone was primarily factual and information-focused: *"They did get her to sign the DNR, CCA today. How they do not know?"* Her delivery was matter-of-fact, focusing on concrete details rather than emotional impact.

A significant tonal shift occurred when discussing her reaction to learning about the DNR: *"That was what they told Susie they were going to bring and I still don't know if they did it today or not. They were supposed when that hit me, that hit me hard."* Her voice became softer and more emotionally expressive, with emphasis on *"hit me hard"* revealing the emotional weight of this development.

This tonal change demonstrates how Vivian moves between cognitive processing and emotional acknowledgment of her situation. The shift from factual reporting to emotional vulnerability suggests moments where her containment strategy temporarily yields to authentic emotional expression. Therapeutic interventions that gently encourage these moments of vulnerability while respecting her need for containment could help Vivian develop more integrated emotional processing without feeling overwhelmed.

**Shift 3: From Professional Facade to Authentic Disclosure:**

When describing her colleagues*' perceptions of her coping, Vivian'*s tone reflected her professional facade: *"I told the girls at work, or all of the guy and the girl, Mr. Kelly, counts as a girl. We were taught. I just told them, You know what they I found out, and they said, Well, you don't show it. She said, You are holding it together so much better than anybody else I know would be able to hold it together."* Her speech was somewhat performative, mimicking the workplace conversation.

This shifted dramatically to a tone of authentic disclosure when describing her private experience: *"That's and, and, you know, it's this that I'm back in fake mode. I'm just on. I'm just doing i Good. I put on the smile, I take care of the kids, I do everything I'm supposed to do, and then I come home and I fall apart, or go to sleep, one of the other."* Her voice became more subdued and direct, with a quality of confession rather than performance.

This tonal variation highlights the significant gap between Vivian's public and private experiences. The shift from professional facade to authentic disclosure reveals both her awareness of this split and her trust in the therapeutic relationship as a space for genuine expression. Therapeutic interventions that acknowledge the adaptive function of her *"fake mode"* while gradually expanding her capacity for authentic expression in more contexts could help reduce the emotional toll of this compartmentalization.

**Shift 4: From Resigned Acceptance to Determined Resilience:**

When discussing her desire to escape through sleep, Vivian's tone conveyed resigned acceptance: *"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen."* Her voice had a quality of weary acknowledgment of reality's demands.

This shifted toward determined resilience when discussing her commitment to being present with her mother: *"I've got to face it, and so I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself, with somebody stem stabilizing her a little bit."* Her tone became more purposeful and value-driven, suggesting active choice rather than passive resignation.

This tonal change reveals Vivian's capacity to find meaning and purpose within difficult circumstances. The shift from resigned acceptance to determined resilience suggests that connecting with her values regarding caregiving provides motivational strength that mere obligation would not. Therapeutic interventions that help Vivian explicitly identify and connect with her values could reinforce this resilience and provide emotional sustenance during difficult caregiving moments.

**Shift 5: From Somber Reflection to Affectionate Humor:**

Throughout portions of the session focused on her mother*'s decline, Vivian'*s tone was appropriately somber: *"She's still got, she has, still has the fluid in her lungs, even though she's, you know, on the Lasix."* Her speech was measured and serious, conveying the gravity of the situation.

Periodic shifts toward affectionate humor occurred when describing her mother's current behaviors: *"She salted one the other day. She salted a banana. That's what I said. I looked there. I said, Mom, did you just salt that blast? She said, Yeah, I didn't mean to."* Her tone became lighter with a quality of tender amusement that created emotional connection through shared humanity.

This tonal variation highlights Vivian*'s ability to maintain loving connection with her mother despite the painful circumstances. The oscillation between somber reflection and affectionate humor suggests a healthy capacity to hold both the difficulty of her mother'*s decline and the continuing value of their relationship. Therapeutic interventions that encourage this both/and perspective could help Vivian navigate grief while still experiencing meaningful connection in the present moment.

**Shift 6: From Masked Strength to Numerical Honesty:**

When initially asked to rate herself on a scale from 1-10, Vivian's tone reflected hesitation and awareness of her tendency to mask: *"You want my real answer or my day to day answer?"* Her delivery conveyed awareness of the discrepancy between her public and private experiences.

When providing her *"real"* rating, her tone became more vulnerable and honest: *"And then the real me is somewhere down around a three, and she's pushing for the top. Okay, I'm just pushing, trying everything I can to keep pushed up."* The metaphor of *"pushing"* was emphasized, suggesting the effort required to maintain functioning.

This tonal change demonstrates Vivian's capacity for honest self-assessment within the therapeutic relationship. The shift from masked strength to numerical honesty suggests that quantifying her distress provides a contained way to acknowledge its severity without becoming overwhelmed by emotional expression. Therapeutic interventions that provide similar structured opportunities for emotional acknowledgment could help Vivian gradually develop comfort with more direct emotional expression.

## Thematic Analysis

**Theme 1: Anticipatory Grief and End-of-Life Care Decisions:**

A central theme throughout the session was Vivian*'s experience of anticipatory grief regarding her mother'*s declining health and the associated end-of-life care decisions. This was most evident in her discussion of the DNR/CCA order: *"They did get her to sign the DNR, CCA today. How they do not know?"* This statement reveals both the concrete reality of her mother*'s terminal condition and Vivian'*s uncertainty about how this significant decision was made.

This theme manifested in Vivian*'s concern about her mother'*s understanding of the document: *"I don't know what they told her. Maybe they didn't tell her what she was signing."* This reflects both protective instincts regarding her mother's autonomy and difficulty accepting the reality that end-of-life planning is now necessary.

The theme extended to Vivian*'s interpretation of her niece'*s planned visit: *"I think she's coming just to see mom, I think she just, mom will pass and she won't see her, you know."* This statement reveals awareness of limited time remaining and the family's process of preparing for loss.

This theme connects to concepts regarding anticipatory grief and end-of-life family dynamics. Vivian's experience demonstrates how anticipatory grief involves both emotional processing of impending loss and practical navigation of medical decisions and family relationships. Therapeutic work addressing this theme would focus on validating the complexity of anticipatory grief, providing information about end-of-life care options, and creating space for Vivian to process both practical and emotional aspects of this experience.

**Theme 2: Compartmentalization as Coping Strategy:**

A recurring theme involved Vivian's use of compartmentalization as a primary coping strategy for managing her distress while maintaining functioning. This was evident in her description of her workplace persona: *"I'm back in fake mode. I'm just on. I'm just doing i Good. I put on the smile, I take care of the kids, I do everything I'm supposed to do, and then I come home and I fall apart, or go to sleep."* This statement reveals both the effort required to maintain her professional role and the toll it takes on her private resources.

This theme manifested in Vivian's distinction between public and private functioning: *"My day to day answer is, if everybody saw me today, they'd say, Oh, Vivian, she's about an eight today... And then the real me is somewhere down around a three."* This numerical quantification provides concrete illustration of the gap between her external presentation and internal experience.

The theme extended to Vivian*'s awareness of others'* perceptions of her coping: *"You are holding it together so much better than anybody else I know would be able to hold it together."* This external validation of her compartmentalization strategy may reinforce its continued use despite its emotional costs.

This theme connects to concepts regarding emotion regulation and psychological flexibility. Vivian*'s compartmentalization represents both an adaptive short-term strategy for maintaining necessary functioning and a potential barrier to integrated emotional processing. Therapeutic work addressing this theme would focus on validating the adaptive function of compartmentalization in certain contexts while gradually expanding Vivian'*s capacity for emotional acknowledgment and expression in more settings, reducing the stark division between public and private experience.

**Theme 3: Caregiving Responsibilities and Identity:**

A significant theme involved Vivian's navigation of caregiving responsibilities and their integration into her identity. This was evident in her description of practical caregiving challenges: *"Our one of our renters that moved in down here is a physical therapist, and he gave us a band to put around her middle... so that when she's walking, if she goes to fall, we can stabilize her."* This statement reveals both problem-solving efforts and ongoing adaptation to her mother's changing needs.

This theme manifested in Vivian's commitment to being present despite her distress: *"I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself."* This reflects prioritization of meaningful time with her mother over personal comfort or escape from difficult emotions.

The theme extended to Vivian*'s observations of her mother'*s continuing personhood despite decline: *"She's still able to eat her bananas like she's three four. She eats so many I told you she was fixated on bananas. Yeah, she's still is fixate."* This attention to her mother's preferences and quirks demonstrates maintenance of relational connection beyond mere physical caregiving.

This theme connects to concepts regarding caregiver identity and meaning-making in difficult circumstances. Vivian's caregiving role provides both significant stress and meaningful purpose during this difficult time. Therapeutic work addressing this theme would focus on supporting sustainable caregiving through practical resources and emotional support, exploring the meaning Vivian derives from her caregiving role, and helping her maintain connection with her mother as a person rather than focusing exclusively on medical needs.

**Theme 4: Balance Between Acknowledgment and Avoidance of Painful Reality:**

A prominent theme involved Vivian*'s ongoing negotiation between acknowledging her mother'*s terminal condition and seeking temporary respite from this painful reality. This was evident in her expression of desire for escape: *"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen. I've got to face it."* This statement reveals both the natural impulse toward avoidance and her conscious choice to remain engaged with difficult reality.

This theme manifested in Vivian's use of sleep as both necessary rest and potential escape: *"I can't let myself sleep more, because I have to be there and I can't let myself sleep. I'd like to be able to sleep more."* This suggests awareness of sleep's dual function as both restorative and potentially avoidant.

The theme extended to Vivian's capacity to find moments of lightness within difficult circumstances, as shown in her anecdote about her mother salting a banana. These moments of humor provide temporary relief from grief without constituting denial of the overall situation.

This theme connects to concepts regarding psychological flexibility and dialectical thinking. Vivian's navigation between acknowledgment and temporary respite demonstrates the human need for both honest engagement with painful reality and periodic emotional breaks to maintain functioning. Therapeutic work addressing this theme would focus on validating both needs, developing intentional practices for both engagement and respite, and helping Vivian find sustainable balance that allows continued presence with her mother without emotional depletion.

## Sentiment Analysis

**Sentiments About Self**

Vivian expressed a complex mixture of sentiments about herself throughout the session:

**Functional Competence:** Vivian conveyed sentiment of capability regarding her professional functioning: *"I put on the smile, I take care of the kids, I do everything I'm supposed to do."* This sentiment reflected pride in maintaining responsibilities despite internal distress.

**Emotional Struggle:** Vivian expressed sentiment of significant internal distress: *"The real me is somewhere down around a three."* This numerical quantification provided concrete expression of her emotional struggle while maintaining verbal containment.

**Determined Resilience:** Vivian conveyed sentiment of commitment to facing difficult reality: *"I've got to face it."* This sentiment reflected both acknowledgment of the challenge and determination to meet it.

**Divided Experience:** Vivian expressed sentiment of disconnection between her public and private selves: *"I'm back in fake mode."* This sentiment revealed awareness of compartmentalization as both strategy and burden.

**Caregiver Identity:** Vivian conveyed sentiment of commitment to her caregiving role: *"I'd rather be there right now, when she's still not in pain."* This sentiment reflected prioritization of meaningful presence with her mother despite personal cost.

**Sentiments About Others/External Situations**

Vivian's sentiments toward others and external situations varied considerably:

**Protective Concern Toward Mother:** Vivian expressed sentiment of protective concern regarding her mother's autonomy: *"I don't know what they told her. Maybe they didn't tell her what she was signing."* This sentiment reflected both advocacy for her mother's rights and difficulty accepting necessary end-of-life planning.

**Appreciative Connection with Colleagues:** Vivian expressed mixed sentiment toward workplace relationships: *"They said, Well, you don't show it. She said, You are holding it together so much better than anybody else I know would be able to hold it together."* This sentiment reflected appreciation for support while acknowledging the gap between others' perceptions and her internal experience.

**Tender Affection Toward Mother:** Vivian expressed sentiment of loving connection despite her mother's decline: *"She salted one the other day. She salted a banana."* This anecdote conveyed affectionate observation of her mother's continuing personhood beyond her medical condition.

**Uncertain Trust Toward Medical System:** Vivian expressed somewhat skeptical sentiment regarding healthcare providers' handling of end-of-life planning: *"They did get her to sign the DNR, CCA today. How they do not know?"* This sentiment suggested concern about transparency and advocacy in medical decision-making.

**Collaborative Partnership with Sister:** Vivian expressed neutral to positive sentiment toward her sister's involvement in caregiving: *"Susie and I haven't had a chance to talk without mom being right there."* This sentiment suggested shared responsibility without evident conflict.

**Sentiments About Therapy/Therapeutic Process**

Vivian's sentiments toward the therapeutic process were less explicitly articulated but could be inferred:

**Trusting Disclosure:** Vivian expressed implicit positive sentiment toward the therapeutic relationship through willingness to distinguish between public and private functioning: *"You want my real answer or my day to day answer?"* This level of honesty suggests trust in the therapeutic container.

**Appreciative Engagement:** Vivian expressed positive sentiment toward the therapist's offer of additional support: *"Sounds wonderful. I appreciate it."* This sentiment reflected valuing of therapeutic connection during a difficult time.

**Comfortable Rapport:** Vivian expressed implicit positive sentiment toward the therapeutic relationship through engagement with the therapist's personal anecdote about the drone. This willingness to participate in non-clinical conversation suggests comfort with the therapeutic relationship.

**Receptive to Support:** Vivian expressed openness to additional therapeutic contact: *"Okay, sounds wonderful. I appreciate it."* This sentiment indicated valuing of therapeutic support during this acute period of stress.

The overall sentiment pattern reveals an individual experiencing significant emotional distress while maintaining functional competence through considerable effort. The contrast between public presentation and private experience suggests that therapeutic work focused on developing more integrated emotional expression could reduce the burden of compartmentalization. The emergence of determined resilience and caregiver identity as positive aspects of self-concept indicates potential sources of meaning and strength that could be therapeutically reinforced.

# Key Points

• **Anticipatory Grief and End-of-Life Care Navigation**: Vivian is experiencing significant anticipatory grief related to her mother's terminal condition, complicated by concerns about end-of-life care decisions. Her distress about the DNR/CCA order—*"They did get her to sign the DNR, CCA today. How they do not know?"*—reflects both practical concerns about her mother*'s autonomy and emotional difficulty accepting the reality of her mother'*s limited prognosis. This situation is further complicated by Vivian*'s awareness that the decision contradicts her mother'*s previously expressed wishes: *"I've always wanted to be a total code she said, you know, if there's something they can do, I want them to do it."* Vivian*'s experience demonstrates how anticipatory grief involves both emotional processing of impending loss and practical navigation of medical decisions and family relationships. Her interpretation of her niece'*s planned visit—*"I think she's coming just to see mom, I think she just, mom will pass and she won't see her"*—reveals awareness of limited time remaining and the family's process of preparing for loss. Therapeutic interventions focused on validating the complexity of anticipatory grief, providing information about end-of-life care options, and creating space for Vivian to process both practical and emotional aspects of this experience could help her navigate this difficult period with greater confidence and emotional integration.

• **Compartmentalization as Double-Edged Coping Strategy**: Vivian utilizes compartmentalization as a primary coping strategy, maintaining a functional professional facade while experiencing significant private distress. Her clear distinction between public and private functioning—*"My day to day answer is, if everybody saw me today, they'd say, Oh, Vivian, she's about an eight today... And then the real me is somewhere down around a three"*—provides concrete illustration of the gap between her external presentation and internal experience. This strategy allows her to maintain necessary professional responsibilities but comes at significant emotional cost, as evidenced by her description of coming home to *"fall apart, or go to sleep."* External validation of her compartmentalization—*"You are holding it together so much better than anybody else I know would be able to hold it together"*—may reinforce its continued use despite its emotional toll. Vivian*'s compartmentalization represents both an adaptive short-term strategy for maintaining necessary functioning and a potential barrier to integrated emotional processing. Therapeutic work that validates the adaptive function of compartmentalization in certain contexts while gradually expanding Vivian'*s capacity for emotional acknowledgment and expression in more settings could reduce the stark division between public and private experience and decrease the overall emotional burden of maintaining this split.

• **Meaning Through Caregiving Despite Personal Cost**: Despite her significant emotional distress, Vivian demonstrates commitment to her caregiving role and derives meaning from being present with her mother during this difficult time. Her statement *"I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself"* reflects prioritization of meaningful time with her mother over personal comfort or escape from difficult emotions. Vivian*'s attention to her mother'*s continuing personhood—*"She's still able to eat her bananas like she's three four"*—demonstrates maintenance of relational connection beyond mere physical caregiving. This meaning-making through caregiving provides important psychological sustenance during a period of significant stress and anticipated loss. Vivian's caregiving role offers both significant challenge and meaningful purpose, creating a complex emotional experience that includes both burden and value. Therapeutic interventions that support sustainable caregiving through practical resources and emotional support, explore the meaning Vivian derives from her caregiving role, and help her maintain connection with her mother as a person rather than focusing exclusively on medical needs could help Vivian navigate this difficult period with greater resilience and sense of purpose.

# Significant Quotes

*"I'm back in fake mode. I'm just on. I'm just doing i Good. I put on the smile, I take care of the kids, I do everything I'm supposed to do, and then I come home and I fall apart, or go to sleep, one of the other."*

This statement captures Vivian's primary coping strategy of compartmentalization and the significant effort it requires. The phrase *"fake mode"* reveals her awareness of the performative nature of her professional functioning, while *"I'm just on"* suggests an almost mechanical quality to this performance. The contrast between her public behavior—*"put on the smile,"* *"do everything I'm supposed to do"*—and her private experience—*"fall apart, or go to sleep"*—illustrates the stark division between these aspects of her life. This quote is significant because it demonstrates both Vivian's psychological awareness and the emotional toll of maintaining this division. The binary nature of her coping—either complete functional competence or complete collapse—suggests limited middle ground for integrated emotional processing. Therapeutically, this quote indicates the importance of helping Vivian develop more graduated emotional expression that allows acknowledgment of distress without complete compartmentalization or complete overwhelm. Developing this middle path could reduce the emotional exhaustion of switching between these extreme states and allow more authentic presence across different life contexts.

*"My day to day answer is, if everybody saw me today, they'd say, Oh, Vivian, she's about an eight today. She's dropped a few things. She can't seem to remember where she put stuff. She's just just not herself exactly, but she's doing, you know? Okay, great, nobody know. And then the real me is somewhere down around a three, and she's pushing for the top. Okay, I'm just pushing, trying everything I can to keep pushed up."*

This statement reveals Vivian*'s clear awareness of the discrepancy between others'* perceptions and her internal experience. The numerical quantification—*"eight"* versus *"three"*—provides concrete illustration of this gap, while the physical metaphor of *"pushing"* conveys the effort required to maintain functioning. The phrase *"the real me"* suggests authentic identity exists primarily in the private, struggling self rather than the public, functional self. This quote is significant because it demonstrates Vivian's capacity for honest self-assessment within the therapeutic relationship while highlighting the exhausting nature of her current coping strategy. The image of *"pushing for the top"* and *"trying everything I can to keep pushed up"* suggests a constant battle against emotional gravity that requires significant energy. Therapeutically, this quote indicates the importance of validating both Vivian's struggle and her strength in maintaining functioning, while gradually helping her develop more sustainable strategies that require less constant *"pushing."* Creating space for authentic emotional expression within contained parameters could help reduce the energy required to maintain her current binary coping approach.

*"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen. I've got to face it, and so I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself, with somebody stem stabilizing her a little bit."*

This statement captures Vivian's negotiation between the natural desire for escape from painful reality and her conscious choice to remain engaged with difficult circumstances. The phrase *"curl up in a ball and have it all go away"* expresses the universal human wish for relief from suffering, while *"I've got to face it"* reflects her determination to confront reality despite this wish. The transition to *"I'd rather be there right now"* demonstrates how connecting with values regarding presence with her mother provides motivation beyond mere obligation. This quote is significant because it reveals both Vivian*'s emotional vulnerability and her resilience in choosing meaningful engagement despite distress. The specific details about her mother'*s current functioning—*"still not in pain,"* *"still able to get up and walk"*—suggest awareness of continued decline and desire to be present while meaningful connection is still possible. Therapeutically, this quote indicates the importance of validating both the natural desire for escape and the choice to remain engaged, while helping Vivian identify and connect with the values that make this difficult choice meaningful rather than merely obligatory.

# Comprehensive Narrative Summary

Vivian Meador presented to today*'s session experiencing significant emotional distress related to her mother'*s declining health and end-of-life care decisions. The session revealed a pattern of compartmentalization as her primary coping strategy, with a stark division between her functional professional facade and her private emotional struggle. This coping approach allows her to maintain necessary responsibilities but comes at significant emotional cost, creating a exhausting cycle of *"pushing up"* in public settings followed by *"falling apart"* in private.

The central challenge in Vivian*'s current experience involves navigating anticipatory grief while maintaining caregiving responsibilities and professional obligations. Her distress about her mother'*s recent DNR/CCA order reflects both practical concerns about her mother's autonomy—*"I don't know what they told her. Maybe they didn't tell her what she was signing"*—and emotional difficulty accepting the reality of her mother*'s terminal condition. This situation is further complicated by Vivian'*s awareness that the decision contradicts her mother's previously expressed wishes: *"I've always wanted to be a total code she said, you know, if there's something they can do, I want them to do it."*

Vivian's numerical quantification of her functioning—*"My day to day answer is, if everybody saw me today, they'd say, Oh, Vivian, she's about an eight today... And then the real me is somewhere down around a three"*—provides concrete illustration of the gap between her external presentation and internal experience. The physical metaphor of *"pushing for the top"* and *"trying everything I can to keep pushed up"* conveys the significant effort required to maintain this division, suggesting a constant battle against emotional gravity that depletes her resources.

Despite her significant emotional distress, Vivian demonstrates commitment to her caregiving role and derives meaning from being present with her mother during this difficult time. Her statement *"I'd rather be there right now, when she's still not in pain and she's still able to get up and walk to the bathroom by herself"* reflects prioritization of meaningful time with her mother over personal comfort or escape from difficult emotions. This meaning-making through caregiving provides important psychological sustenance during a period of significant stress and anticipated loss.

Vivian*'s relationship with her mother appears complex and loving, with significant investment in providing appropriate care. Her attention to her mother'*s continuing personhood—*"She's still able to eat her bananas like she's three four"*—demonstrates maintenance of relational connection beyond mere physical caregiving. The anecdote about her mother salting a banana reveals Vivian's capacity to find moments of affectionate humor within difficult circumstances, suggesting resilience and continuing engagement with her mother as a person rather than merely a patient.

Vivian's coping mechanisms currently include compartmentalization (*"fake mode"*), sleep, and maintaining focus on caregiving responsibilities. While these strategies are allowing her to function, she would benefit from expanding her repertoire to include more active emotional processing and self-care practices. Her statement *"I would love to be able to just curl up in a ball and have it all go away, but it's not going to happen"* reflects both her desire for escape and her realistic assessment that avoidance is not a viable long-term strategy.

Moving forward, therapeutic work will focus on three primary areas. First, validating the complexity of anticipatory grief while creating space for Vivian to process both practical and emotional aspects of this experience. Second, acknowledging the adaptive function of compartmentalization in certain contexts while gradually expanding Vivian's capacity for more integrated emotional expression. Third, supporting sustainable caregiving through practical resources and emotional support, helping Vivian maintain connection with her mother as a person while also attending to her own needs.

The therapeutic relationship itself provides an important resource during this difficult time, as evidenced by Vivian*'s willingness to distinguish between her public and private functioning within the session. The therapist'*s offer to check in later in the week demonstrates appropriate recognition of the acute nature of Vivian's distress and commitment to providing support through this challenging period. With continued therapeutic engagement focused on grief processing, self-care, and integration of emotional experience, Vivian is likely to navigate this difficult period without developing more severe or persistent psychological symptoms, though the natural grief process will continue to require significant emotional resources.