Assignment Two

An Exploration of Case Studies A and C: Insights from Cognitive and Social Learning Theories

Danica Lee

University of Lethbridge
Abstract

The purpose of this paper is to discuss two case studies based on theories of learning. Each of the case studies selected will include a case conceptualization, the development of treatment objectives, immediate and long-term treatment plans, and a discussion on the limitations of the chosen approach. The first case study will be Case Study A and will be analyzed through a cognitive theoretical lens. The second case study will be Case Study C and will be reviewed through a social learning lens. In conclusion, the overall purpose of this paper is to demonstrate two examples of case study analysis by various learning theories.
An Exploration of Case Studies A and C: Insights from Cognitive and Social Learning Theories

It is important for emerging counsellors to explore various case examples through the lens of different learning theories in order to understand the process of case conceptualization and treatment planning. Two case studies will be discussed (see Appendix A) and analyzed from cognitive learning theory principles, in Case Study A, and by social learning theory principles, in Case Study C. Each case study will include a case conceptualization, treatment objectives, immediate and long-term treatment plans, and limitations of the chosen theories.

Case Study A

Case Study A (see Appendix A) described a 30-year-old woman named Candice who has decided to come to counselling because of feelings of being “stuck”, of being a failure, and of depression (Cey, 2015). Cognitive learning theory provides a solid foundation to help Candice on her healing journey towards becoming the person she would like to be. Cognitive theory focuses on processes such as perception, interpretation, and thoughts about environmental events (Ormrod, 2012). Cognitive approaches can help clients gain a sense of control over their learning and healing by understanding how their thought processes work (Ormrod, 2012). Cognitive therapy has been identified as a valuable framework for those experiencing depression to learn how to cope with helplessness and hopelessness (Henkel, Bussfeld, Möller, & Hegerl, 2002). For this specific case, cognitive principles will guide the case conceptualization and various interventions of cognitive behavioral therapy (CBT) will inform the treatment plan. The basic principles of CBT assume that “…a reorganization of one’s self-statements will result in a corresponding reorganization of one’s behaviour” (Corey, 2009, p. 275). These understandings of cognitive learning theory, along with a collaborative working alliance, will help Candice reach her therapeutic goals.
Case Conceptualization

The inverted pyramid framework (IPF), as explained by Schwitzer (1997), was used to develop a case conceptualization for Candice (see Appendix B). In the first step of the IPF, the following client concerns were identified: mood swings; depression; experienced infidelity resulting in divorce; limited social life due to feelings of busyness; weight gain; unhappiness about body image; and feelings of failure to lose weight, failure in relationships, hopelessness and of being “stuck” in life. Many of the feelings of failure and general dissatisfaction with life have been interpreted by Candice as an evaluation of self; therefore one of the goals of therapy, based on the principles of CBT, will be to help Candice make separations between evaluations of her behaviours resulting in evaluations of self (Corey, 2009). It must also be understood that cognitive theory suggests that beliefs about oneself are highly personal in meaning and can be most directly addressed by examining dysfunctional thinking (Corey, 2009).

In the second step of the IPF, three thematic groupings were identified: (1) feelings of depression and general unhappiness; (2) dissatisfaction with life; and (3) feelings of failure. Some of the theoretical inferences identified through a cognitive theory and CBT lens are that Candice is experiencing automatic thoughts of hopelessness and failure, that these thoughts are resulting in feelings of depression, failure, and dissatisfaction (especially with body image), and finally that these feelings result in behaviours such as “giving up”. With limited information about Candice, the narrowed inferences about this particular case are that Candice has a couple maladaptive core schematic beliefs which may include: “I am a failure” and/or “I have no control”. Schemas, or core beliefs, can form early in life and are influenced by many life experiences (Wright, Basco, & Thase, 2006). In order to fully understand Candice and her situation, it will be essential to uncover some of her core beliefs.
Treatment Objectives

In CBT, the therapeutic alliance, based on empathy and sensitivity, is important in order to work towards change (Corey, 2009). After the therapeutic alliance is established, it is important to ensure that the client is involved in the process of developing therapy goals with measurable targets (Wright et al., 2006). For this particular case, the first step would be to help the client develop her goals by allowing her to identify some of her concerns, as mentioned above, and also her strengths. To do this, I might include an assessment based on the tenets of positive psychology, such as the Quality of Life Inventory, which helps identify levels of life satisfaction in sixteen major areas of life (Frisch, Cornell, Villanueva, & Retzlaff, 1992). Once these areas have been identified and acknowledged by the client, the client would identify goals for the treatment.

Based on some of the automatic thoughts and initial hypothesis identified about some of Candice’s core beliefs, the general treatment objective is to bring awareness to the negative thoughts she is experiencing in different areas of her life and to learn new ways to address these thoughts in order to create positive change. Some of these areas in life might be her love life, her body image and perception of self, and her ability to make change in her life. Cognitive approaches can help clients identify “logical errors” in order to move from a place of self-deprecation to a stronger self-concept (Corey, 2009). Although it is hard to identify goals for Candice without further information, the main objective would be to increase her sense of self-worth and decrease her feelings of hopelessness, sadness, and failure.

Treatment Plan

Assuming that Candice had identified overarching objectives to gain a healthier sense of self-worth and decrease feelings of hopelessness, sadness, and failure, the next step would be to
allow Candice to identify some specific goals for treatment. For this treatment plan, goals have been identified on Candice’s behalf in order to demonstrate a plan. These immediate goals are to identify negative automatic thoughts and ways to cope and change these thoughts through techniques such as self-talk. Candice will learn how to identify automatic thoughts by having mood shifts pointed out in therapy to begin respectful questioning around the thoughts (Wright et al., 2006). Candice will gain a sense of awareness around her automatic thoughts by keeping a thought record of two columns (automatic thought and emotion) in between sessions (Wright et al., 2006). Positive self-talk techniques will also be introduced in order to promote motivation to goal attainment (Erford, Eaves, Bryant, & Young, 2010).

One aspect of the long-term treatment plan would be to engage in combined CBT and exercise therapy to build up confidence around body image. Candice identified some concerns and frustrations with her body image and ability to stick with an exercise plan that works towards achieving the goal of weight loss. Fortunately for Candice, exercise can help with the process of losing weight and can also have major impacts on improving one’s depression. It has been suggested that exercising three times a week for thirty minutes at 70% of maximum heart rate is an effective treatment for depression for clients who are willing to commit (Babyak, Blumenthal, Herman, Khatri, Doraiswamy, Moore, Craighead, Baldewics, & Krishnan, 2000). In order for this to be meaningful and engaging for Candice, it must be an activity that she enjoys doing and perhaps it could involve a friend or family member as she noted that she often feels too busy for a social life. Another long-term treatment goal would be to help Candice work with and identify some of her core beliefs such as “I am a failure” or “I have no control”. The main task will be to help Candice change these negative schemas to more optimistic and productive schemas by helping her identify the misinterpretations of reality (Henkel et al., 2002).
Limitations

With any approach there are potential limitations. The case study provided did not include any information about the client’s cultural background. Because it is important to explore a client’s values and core beliefs, it is crucial for counsellors to be aware of culturally related beliefs before challenging these beliefs in a disrespectful way (Corey, 2009). Cognitive approaches tend to focus on the present, which makes this a strong approach for clients from cultures that may discourage sharing of certain historical information (Erford et al., 2010). Although CBT and exercise therapy can produce equal levels of success with clients experiencing body image disturbance, it is important to note that a potential limitation to the exercise therapy approach could be that the client’s negative sense of self may be validated by the therapist’s suggestion for exercise therapy (Fisher & Thompson, 1994). It is important to ensure that the therapeutic alliance is strong before suggesting exercise therapy as a tool for this client.

Case Study C

For the second case study analysis, Case Study C will be discussed and reviewed through a social learning theoretical lens with elements of the person-centered approach to therapy. It is important to acknowledge that the case conceptualization provided below (see Appendix B) has been largely created with information provided by Michael’s school counsellor and parents.

Case Conceptualization

The IPF was used to conceptualize Michael’s case through a social learning lens. In the problem identification step, the following issues were identified: adoption at the age of 2 to a family with a different cultural background; lack of connection to biological family; lack of cultural diversity at school; changes in behaviour at home; isolation; lack of interest in previously engaging hobbies; self expression through “dark and violent stories”; few or no
friends; disagreements with parents about appropriate dress and self-expression, and feelings of disconnection to mostly Caucasian peers at school. The second step of the IPF process revealed the following thematic groupings: (1) cultural identity disconnection between self and family/school; (2) isolating self from others; and (3) disconnection between personal interests and familial expectations.

When a social learning lens was applied to this case, various theoretical inferences were made. Self-efficacy, one’s level of belief in oneself to accomplish certain goals or behaviours, is a core element of social learning theory (Ormrod, 2012). Michael’s sense of self-efficacy in being an outsider surviving in a predominately Caucasian world seems to be low. Michael does not have positive mentors or models from his own culture to help him learn about his cultural connections and history. It is suggested that children can adjust their learning and social preferences to those who they do not share a social group with (Gaither, Chen, Corriveau, Harris, Ambady, & Sommers, 2014); however, Au (1998) suggested that the success of students of diverse backgrounds can be linked to their ability to interact, learn from, and observe models who acknowledge the student’s cultural diverse learning preferences. Gaither et al. (2014) further suggested that children’s friendship choices can be directly affected by social preferences on race. One possible conflict for Michael is the fact that his own identity is in conflict in subtle or overt ways with those around him in every facet of his life. Finally, one of the main concerns is the conflict between Michael’s sense of personal agency to make his own choices and changes in his life and his familial expectations. In discussing social cognitive theory in a cultural context, Bandura (2002) expressed that often people do not have much control over their own social conditions and institutional practices therefore they need to rely on a socially mediated proxy agency. For Michael, this personal agency and autonomy has probably been delegated to another
power (his adopted parents) and these relationships have been essential for him to achieve his goals. Now that he is nearing adulthood, the struggle between his personal agency and reliance on others due to significant cultural differences is creating some internal conflicts. Bandura (2002) shared that the battle between one’s own ethnic subculture and that of the society at large can result in impacts on one’s sense of self-efficacy.

**Treatment Objectives**

In the development of treatment objectives it is important to develop these goals in partnership with the client. In order for the goals to be in line with the client’s reality, it is essential that Michael’s story is included. The treatment objectives designed by the limited information provided by a third party in the case study would suggest that one of the major goals of treatment needs to be a development of a stronger sense of personal agency as Michael is transitioning into adulthood and living in a world where he is often a cultural outsider. In this particular case, a person-centered approach to therapy would work well as the general goal would be to help the client focus on his own growth to learn how to cope with the current issues and future problems that he will experience throughout his life (Corey, 2009).

**Treatment Plan**

This treatment plan involves both immediate and long-term elements in order to help Michael reach his goals of therapy. The main element of the plan would be to ensure that a safe and secure therapeutic alliance is created through person-centered beliefs such as genuineness, unconditional positive regard, and empathic understanding (Corey, 2009). Because Michael experiences his own unique set of cultures in his own way, he is the expert of his life and capable of making positive choices. One element of the immediate and long term plan, from a social learning perspective, would be to assist Michael in understanding his sense of self-efficacy and
personal agency in the world in which he lives. This is a world that Michael will be an expert on because of his many experiences as an adopted child of Asian descent living in a predominately Caucasian world at home and at school. Social learning theory suggests that people learn by observing their surroundings and that there is a reciprocal relationship between a person, their behaviour, and their environment (Erford et al., 2010). This sense of personal agency could be achieved through opportunities to practice self-expression through observing the therapist model ways to express feelings and concerns and then role playing certain scenarios, either home or school, in the therapy session (Erford et al., 2010).

Limitations

The major limitations of this approach to therapy would centre on Michael’s cultural connections and any incongruence with culture in therapeutic approaches. It is important to ensure that Michael is not further excluded by any inappropriate therapeutic practices. To avoid any offensive practices, it is important to check in with Michael or perhaps seek advice from a cultural advisor to ensure ethical practice.

Conclusion

It is important for emerging counsellors to learn about case conceptualization and practice grounded in theory in order to ensure best practices for clients. Although there are elements of a couple theoretical approaches in the examples provided in this paper, it is important to remember that ultimately “…there is no one way to conduct therapy” (Corey, 2009, p. 34). It is important for counsellors to be self-aware in terms of their own biases in order to not “pick and choose” elements from certain theories to put forward their own agenda (Corey, 2009). The approaches provided above may include elements from multiple orientations, but each case was conceptualized based on the information provided about the unique client seeking help.
Corey (2009) wrote, “As counselors, we can take our clients no further than we have been willing to go in our own lives” (p. 21). Having opportunities to practice case conceptualization and treatment planning is essential for all emerging counsellors.
References


Appendix A – Case Study Choices

Case Study A

Candice is a 30-year-old woman who is entering counselling because of mood swings and depression. When Candice was 21, she married a young man she met at university. They were married for five years and then her husband had an affair and they divorced. Candice completed a B. Ed degree a few months before she got married and currently works as a teacher in a local school. Candice likes working with the children; she indicates that they are the only good thing in her life. She says that she is too busy for a social life.

Candice is significantly overweight. She is very unhappy about being overweight and claims that she was 130 pounds when she was married, and is now over 190 pounds. Candice has tried a number of different diets and has joined a gym several times. She claims that no matter how hard she tries, she does not lose any weight, and so she gives up. Candice reports periods of being depressed and not feeling very good about herself. She feels like a failure because of the divorce and because she no longer feels attractive to anyone. She feels stuck in her life.

Reference

Case Study C

The school counsellor referred Mr. and Mrs. Smith and their son Michael to a therapist. Michael is 15 years old and in Grade 11. Prior to this year, Michael consistently earned straight A's in all of his courses and was on the honour roll. The school counselor had contacted the therapist and the parents when he felt that the seriousness of Michael's problems exceeded his mandate in the school.

Michael is a tall, slim boy of Asian heritage. The Smiths adopted him when he was 2 years old. Michael is aware that he was adopted and his adoptive parents have made him aware of his heritage. He has had no contact with his biological family. Michael attends school in an upper-middle-class community with little cultural diversity.

The Smiths are very concerned about Michael's school performance and have noticed dramatic changes in Michael's behaviour at home. Michael is spending more and more time in his room and wants little or nothing to do with his family. Michael used to play soccer and baseball, and now all he wants to do is be on the computer. Michael's mother has found several dark and violent stories in a file on the computer. The Smiths are also concerned that Michael does not seem to have any good friends. He had friends in elementary and junior high. Now, in a larger high school, he seems to be isolated. Michael has started dressing in black clothing and came home last week with several body piercings. Mr. Smith was very angry about the body piercing and grounded Michael to his room for a week.

Michael reports that his parents are overreacting. He acknowledges that his grades have dropped, but reports that he knows the material. Michael indicates that he is not sad, but that things are tough at school. Michael reports that he wishes his biological parents had kept him, as
he frequently feels out of place among Caucasians. Michael says that the way he dresses is no big deal, and that many cool kids at school dress in a similar fashion.

Reference

Appendix B – Case Conceptualizations

Case Study A – Inverted Pyramid Framework

Step 1: Problem Identification:
Mood swings; depression; experienced infidelity resulting in divorce; limited social life due to feelings of busyness; weight gain; unhappiness about body image; feelings of failure to lose weight; feelings of failure in relationships; feelings of hopelessness; feeling “stuck” in life

Step 2: Thematic Groupings:
(1) Feelings of depression and general unhappiness
(2) Dissatisfaction with life
(3) Feelings of failure

Step 3: Theoretical Inferences (Cognitive Behavioural):
(1) Automatic thoughts of hopelessness and failure
(2) Thoughts result in feelings of depression, failure, and dissatisfaction (particularly with body image)
(3) Resulting behaviours: “giving up” and

Step 4: Narrowed Inferences
Maladaptive schemas (core beliefs):
“I am a failure”
and “I have no control”

Based on the Inverted Pyramid Framework by:
Case Study C – Inverted Pyramid Framework

Step 1: Problem Identification

Adoption at the age of 2 to a family with a different cultural background; no contact or connection to biological family; no cultural diversity at school; changes in behaviour at home; distancing himself and spending lots of time alone; lack of interest in previous hobbies; expressing himself through “dark and violent stories”; few or no friends; disagreements with parents about appropriate dress and self-expression; “not sad” but having a difficult time at school; feels out of place amongst Caucasians

Step 2: Thematic Groupings

(1) Cultural identity disconnection between self and family/school
(2) Isolating self from others
(3) Disconnection between personal interests and familial expectations

Step 3: Theoretical Inferences (Social Learning):

(1) Low sense of self-efficacy of living in a world culturally different from Michael’s own
(2) Lack of modeling from interactions with culturally connected role models
(3) Personal agency challenged by parental expectations

Step 4: Narrowed Inferences

(1) Personal agency to make changes in life is at conflict with Michael’s support system

Based on the Inverted Pyramid Framework by: