**CASE EXEMPLAR**

Kirsten is a 42 years old single mother of two children (ages 16 and 7). She has been referred to you by her oldest son’s clinician who has observed Kirsten apparently disassociating during some of the family therapy sessions. This clinician reports that Kirsten can become quickly volatile at home moving from having no boundaries or limits with the children to being verbally explosive at times when they do not complete a task. With her oldest son (Leonard), there have been reports by both of them of physical violence escalating over the last 7 months since a protective order was taken out on the father, and he has left the home. Kirsten has been encouraged by local CSU to engage in family counseling, but has always declined. Due to Leonard’s most recent charges, he is required to attend individual, family and group therapy as well as participate in in home therapy. The referring in home clinician has reported that Kirsten wants to be very active in family therapy but often demonstrates black and white thinking in session and becomes hyperaroused and agitated when discussing her son’s anger and physical fights she that her son have engaged in. In a recent family therapy session, Kirsten revealed that she was sexually abused as a child and has a history of abuse and neglect by multiple caregivers which she has never discussed with anyone.

During an intake session with your office, Kirsten reports that she grew up in a family with her mother and father and 6 siblings. Both her mother and father worked in her family and she (the second oldest in the family) and her older brother took on a lot of caregiving responsibilities for her younger siblings. Her mother actively abused substances (primarily alcohol) throughout her childhood and “was around but not around”. Her father was very authoritarian and physically abusive. At the age of 9, Kirsten and her younger siblings were removed from the home and placed in separate foster cares homes. Some of Kirsten’s younger siblings were able to stay together she was told, but she was placed in a foster care placement without them. Kirsten reported being very frightened after being removed from her home and wanting to see her parents, knowing that her mother needed her. However, her parents did not make many visits to see her when they were allowed supervised visits to see them. During her first foster care placement, an older biological son in the home began sexually abusing her. Kirsten told her foster care parents and the social worker about the abuse. The biological son was charged but not convicted of molesting her. She reports feeling her foster care parents being angry at her and blaming her for their son getting in trouble. She was removed from the home at the age of 10 (after the abuse) and placed in a residential setting. Kirsten reports not feeling connected to staff at the home and afraid of the other girls there. She was often physically assaulted by other girls in the home and by the age of 12 had begun to fight back receiving multiple assault charges for her behaviors. For approximately six months she had to stay in a juvenile detention facility for these charges and then was released back into the group home now age 13.

At age 14, Kirsten’s mother completed an alcohol rehabilitation program and enough parenting classes for the judge to allow her to return home. Kirsten was returned to the care of her mother, her father had left the home and she did not see him often, she is not quite clear about why he left but feels it was her fault. Three of her siblings were also returned to the mother’s care. Kirsten became the primary caregiver for her siblings as her mother was working 2 jobs and rarely home. When home, her mother was tired and often depressed. If Kirsten asked for help with homework or with her siblings, her mother was unresponsive or often yelled at her which frightened her. Kirsten had trouble focusing in the classroom, and began fighting at school. On one occasion, at the age of 16, she became frustrated with one of her younger siblings who she felt was disrespecting her and she hit her in the face. Child Protective Services was called and Kirsten had charges filed against her for child abuse given she was in a caretaker role for her younger sibling. A social worker began actively working with the family after this incident and discovered that Kirsten herself was now pregnant (though Kirsten herself had not been aware of the pregnancy prior to the social worker asking her to take a pregnancy test). When asked, Kirsten reported she had begun having sex with different boys at school, many of whom were abusive to her as well. She reported that she just wanted to be loved and take care of by someone… but all men were bad and if you wanted their help you needed to take care of them sexually. Kirsten reported not minding given she “went away” in her head during the sex anyway.

After the pregnancy was discovered, Kirsten was removed from the home again at the age of 16 and placed in an independent living facility. There she gave birth to a child whom she never held. She gave her baby up for adoption, an act for which she reports God will never forgive her. Kirsten remained in the independent living facility until the age of 18 barely completing the 8th grade. Upon becoming an adult, Kirsten reports moving from relationship to relationship with different men, all of whom she reports were physically and sexually abusive to her. She reports that she is not worthy of good people or good things in life because “that was not what God planned for her … she was damaged goods”. At the age of 25, she married whom she believed really loved her. They had 2 children together (Leonard and Ty). Kirsten reports some good moments with Jay, but after the children were born the relationship became abusive. When her son turned 16, the violence between her and Jay had reached a point that she decided to ask him to leave. Since then, her and son (Leonard) have been fighting verbally as well as physically some times. When she looks at her son walk into a room, all she can see if Jay and when he raises his voice to her because he doesn’t agree with her rules … all she hears is all the men that hit her before … and she reports that “she will be damned if any man ever yells at her or hits her again”, so she hits her son. They have been referred to the Juvenile Court Service Unit multiple times and have begun home based therapy which Kirsten really thought was about “fixing her son” and “his problems”. However, she reports that that was when the counselor met with her privately asking if there was anything she wanted to talk about that was going on with her and what she hoped for for herself … Kirsten couldn’t remember being ever asked about her own life and was confused but remembers rambling for awhile and is uncertain all that she told that counselor but does remember that the counselor referred her to you.

You have received or completed the following assessment tools for Kirsten and have gathered the following information …

**General Psychological Functioning (received from psychological evaluation)**

* MMPI – Minnesota Multiphasic Personality Inventory
* PAI – Personality Assessment Inventory

Indicated concerns about maladaptive personality traits including traits for borderline personality disorder (difficulty with affect regulation, poor self-concept and perception, patterns of self-destructive behaviors, patterns of suicidal ideation and previous suicide attempts, anxiety and fear related to abandonment, patterns of unstable relationships); Given the referring clinician’s knowledge of complex trauma, the diagnosis of BPD has not been formally given because the referring clinician believes that Kirsten’s symptoms are in keeping with complex forms of trauma that have occurred across her lifespan and have not been addressed. This clinician reports thinking that current symptoms represent coping behaviors that Kirsten has developed over her lifespan to protect herself from unsafe adults and partners.

**ACE MEASURE (short version)**

8 – very high ACE score placing client at high risk for physical and mental health challenges

**Life Events Checklist**

Noted physical assault (self and witnessed), assault with a weapon (witnessed), sexual assault (self), other unwanted sexual experience (self), and other stressful event (self)

**PTSD Checklist**

B criteria – 17

* Intrusive recollection

C criteria – 26

* Avoidant and numbing

D criteria – 21

* Hyper-arousal

Total = 73 (cut-off non-military between 45-50)

**CAPS – Clinician Administered PTSD Scale**

Met criteria for past and present PTSD, majority of unwanted memories, dreams and

**TSI – Trauma Symptom Inventory**

Areas of concern included: Suicidality (behavior and ideation); anxiety; depression; intrusive experiences; defensive avoidance; somatic (general); reduced self-awareness

**PTGI – Post Traumatic Growth Inventory**

Relating to Others – 9 (norm 23)

New Possibilities – 8 (norm 18)

Personal Strength – 6 (norm 15)

Spiritual Change – 0 (norm 5)

Appreciation of Life – 6 (norm 11)

**Using the Treatment Planning Tool provided, we will begin to co-develop a phase oriented plan of treatment for Kirsten …**

Share what Kirsten’s hopes you and Kirsten have chosen to focus on (goals)

Share what skills Kirsten wants to use to meet goals …

Please role play the selected skills and help Kirsten create a diary card to track her progress this first week …

Using another diary card from Kirsten’s 20th week of treatment, help her select some new cognitive skills to use in problem solving this week …