**Week 3 Theory-Driven Case Analysis**

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COUN 6110 / 8110 Personality and Counseling Theories

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**Client Case:**

Julian is referred to you by the team’s athletic trainer. He is a 20-year-old African American male in his sophomore year at a large university. Reportedly, Julian has been experiencing sleep disturbances, low mood, inability to experience joy from activities he once found enjoyable, and increased irritability. Additionally, he has not been performing anywhere near the level he did prior to tearing his medial collateral ligament (MCL) last season. He is fully healed and free of medical restrictions. Julian was recruited to play basketball on full scholarship. He is highly fearful that he will re-injure himself, reports high anxiety about his ability to return to form, and is feeling pressure from coaches and his family. Scouts have started showing up at his games now that he has returned from injury. He reports that there is expectation from his family that he will declare for the draft and provide financial security for everyone. Evidently, playing professionally was a “childhood dream that sounded nice,” but he recently has been wondering if it was ever really "my dream to have.” Julian reports that he is not sure if he wants to pursue a career in basketball anymore and has “other interests” he wants to explore. When he has attempted to talk with his parents, they dismissed it as “just going through a funk” and told him “needs to keep fighting for his dream.” He fears talking to his coach about any of this as he thinks this will result in less playing time than the minimal time he has been getting. Additionally, Julian states he only has “one friend” who is not on his team, but they “wouldn’t get it…You can’t just go to someone and tell them you’re not sure you want to play in the NBA and make millions of dollars.”

**WK3 Theory-Driven Case Analysis Prompt:** While it may be tempting to read about Julian's case and think "this is what this client needs," how can you apply the concepts of existential and person-centered therapy to your work with him, regardless if you are practicing in your role as an SPP professional or mental health counselor? State two intervention or treatment goals you'd plan with Julian from both an existential and person-centered approaches (for a total of 4 interventions or goals). Evaluate the efficacy of such goals through the critiques provided in Prochaska and Norcross (2018) on pp. 97-100 and pp. 120-125.

1. **Summary**

Julian is a 20 years old athlete (collegiate basketball – under full scholarship) feels stressed about his comeback to competition after a major injury. This triggers an overall questioning about his choices and abilities under perceived (irrational?) pressure from peers, family and athletic program. As a result, he experiences anxiety (Somatic and / or cognitive?) with bad sleep, low mood, disconnection, loneliness, and irritability impacting his self-motivation and self-identity. The current athletic underperformance could be either a cause or a result of his current psychological

**2.** **Missing**

Despite being medically cleared to come back to competition, we miss the recovery protocol including his connection with team, family, consultant / psychological support and coaches and for how ling he has been out. It would be great to know as well when did he start his athletic career, when the idea of a “choice” (or the lack of) was embraced and more about his overall background. Another information that could be useful is related to his role within the team, in the classroom, and for his family and supposedly support group (friends ?). Knowing more about past experiences of stressful moments and reactions would be a plus to understand his “anxiety profile”.

1. **Differential Diagnoses**

Julian could be suffering from Depression or General Anxiety Disorder , showing irritability, loss of interest and pleasure in his usual activities, experiencing insomnia, having psychomotor disruptive patterns (lower athletic results, muscle tension ?) and experiencing guilt. It is clear that a larger questioning of his identity is taking place and his self-definition is being re-evaluated causing some temporary disturbances in his sense of self and self-esteem. This should be considered cautiously for the therapeutic process and relationship.
**4.** **Nature of the Problem**

Under the Existential Theory, the patient has been lying to others (family, friends, athletic program, coaches) and to oneself in order to avoid authenticity and trying to escape from the natural anxiety that his choices would provide (the nature of being a collegiate athlete with all the positive and negatives it would provide, including injuries). A disruptive event such as the injury put him in the position to have to face his objectification and his existential isolation and related anxiety, feeling powerless and without choice or will. His proven bad faith of assume choices that might not be his causes him to foresee the guilt of not being intentional and authentic.

Regarding the Person-Centered Theory, Julian seems to have faced conditional love from caregivers (Parents and possibly other attachment figures) that put him in the situation where his athletic performances were the conditional source for acceptance and positive regard (and self-regard). The injury created incongruence for him and is expressed through anxiety and depressive symptoms showing how his self-concept is being threatened. His maladaptive concept of self-actualization is now questioned through the same symptoms and the nature of his self-regard is in need for a change. Regarding both theories, his questioning shows either a need for congruence or acceptance of being in the world and has to be taken into account during the therapy as it could shift towards reinforcing previous maladaptive patterns if the relationship with the patient isn’t genuine and caring.

**5.** **Interventions**

From an Existential Theory perspective, I would recommend to have a Logotherapy approach – shorter - and apply interpretation and confrontation techniques in order to persuade and reason with Julian, and help him with de-reflection to change his focus from the anticipative anxiety towards positive aspects of his current existence. Reality Theory could be useful with the planning for defining success identity and therefore help him constructing a responsible realistic identity and regain an internal locus of control.

On the Person-Centered Theory front, I would use Motivational Interviewing OARS skills (Open questions, Affirmation, Reflective Listening, Summaries) in order to create the appropriate space and environment for Julian to feel empowered and (pro-)active in the therapeutic process and congruent with the definition of his identity, or in other words to validate who he is, what he sent through and offer him the possibility to state where he wants to go, and in a certain way connect with Self Determination Theory.

**6.** **Prompt**

Using Existential Therapy to set up a framework where Julian’s authentic identity and system of belief can be (self-) accepted and pointing out the freedom of choice he has, the need to be brave and help him facing the uncomfortable side of his existential choiceswhileaccepting the loneliness of his situation contains possible solutions (Ronkainen & Nesti, 2015), as well as possibility of reinforcing the anxiety and depression he experiences if as per the critics we stay at the level of a philosophy that neglects the humanistic wellbeing of the individual (if this one takes actions that might be authentic but harmful to oneself) and if from a multicultural perspective we keep the originalist line established by white European-American men and don’t take into consideration poverty, racism, family model and other contextual realities (Prochaska, & Norcross, 2018). As well the changes induced by the injury might have a bigger incidence on the identity of Julian and a real deeper change is happening (Bloom & Caron, 2019), which again could turn the philosophical approach into a deconstruction tool rather than a constructive one, with the proven possibility to increase the incidence of the symptoms and open to a never ending ontological questioning or a permanent moment of kairos and boundary-situation (Prochaska, & Norcross, 2018 ; Patsiaouras et al., 2013). Therefore challenging Julian to talk bout his choices in the context of his broader life and create an integrative authenticity and clarity about his feelings including anxiety, frustration and lack of appreciation and construct existential courage (Ronkainen & Nesti, 2015).

For the Person-Centered Therapeutic approach, showing empathy, acceptance and warmth to Julian and his current situation and using tools like paraphrasing his statements to shift his perception and allow him to adjust and transcend his current incongruence and adopt change could be used (Patsiaouras et al., 2013 ; Rollnick et al, 2008 : Frey et al., 2021). However the fact of validating his feelings without confronting him could comfort and validate his current state rather than promote a change, increase his anxiety levels as such approach is proven to initially decrease self-confidence as a natural process towards self-actualization and creates a moment of fragility which can be seen as not necessary because of all the already existing mental health issues occurring (Patsiaouras et al., 2013). In a similar sense, helping Julian by only defining the therapeutic framework and provide the unconditional support and understanding of the uniqueness of his situation could have an unforeseen negative impact on his perception of achievement goals model and shift from attaining success to reinforce avoiding failure (Cowden et al., 2021) because of creating a new attachment relation and the inherent bias that already causes incongruence (Prochaska, & Norcross, 2018), not mentioning how the need to be a self-aware practioner is key to transcend the lack of cultural understanding that the theory bears, if not the naïve perspective that platonic Ideas are stronger than any contextual reality.

As we have seen both of these theories have little practical application as they define contextual therapeutic approach and elements rather than methods or testing. However they both bear the most important values of our code of ethics regarding the relationship and perspective a practitioner needs to have for its patients. In the case of Julian, the need for a space where he can genuinely be and share what he needs to is the great start for better times, within or outside the realm of athletic sports. If we could be motivated by easily fixing the situation through finding him methods to overcome the symptoms, it might be indeed time to have a deeper philosophical questioning, just as per his natural developmental phase he faces as a young adult and establish himself a willing larger and stronger identity rather than the inheritance of an imposed growth that might be coming to an end. As an SPP consultant, it might be the moment to refer him to a counselor if we crossed the somatic to cognitive stage of his symptoms).

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