**NASAP 2016**

**“Mastering the Therapeutic Relationship: Where Evidence & Encouragement Converge”**

**Friday 4:15 – 5:30 pm**

**Case of Aimee**

“Aimee is a 30-year old single mother of two boys, aged 12 and 11. She’s currently employed as a limousine driver and attends graduate school part time. Her stated reason for seeking therapy was to learn to deal with anger and resentment toward her mother. She describes herself as passive and hides her anger and resentment, but manifest these feelings “by beating myself up, running myself ragged” which means she continually focuses on meeting the needs of others and not relaxing or enjoying life. Aimee is very careful and circumspect in talking with her mother, fearful she will hurt her mother’s feelings. Essentially, Aimee was abandoned by her mother as a child, and raised by her maternal grandmother. She indicated that she was and is very close to her grandmother, and remains much closer to her father than to her mother.

She also reported that her ex-husband is verbally and physically abusive to her and that he is being released from prison soon. In anticipation of his release, she worries for her safety and that of her children. Aimee reports being very close to her father but quite emotionally distant from her mother. On the intake form she stated, “I have very angry feelings about her.” No current medical problems are reported, although she does note having somewhat severe headaches, anxiety, depression, trouble with sleeping, and bad dreams. On a brief inventory, the *Kern Lifestyles Scale*, she scored high on the areas of *needing to please* and *being a victim.* She reports that her greatest worry is that she is lonely.

If a DSM diagnoses were to be given they would be Depressive Disorder-NOS with Dependent Personality and Obsessive Compulsive traits. On the Global Assessment of Functioning scale she would be assessed as 62 now with her highest functioning at 68 in the past year.

Dr. Carlson’s treatment goals were to (a)empower her and have her view herself in a more positive way, (b) have her realize that she has the resources that are necessary to live a happier and a more satisfying life, (c) help her to be more confident and independent and (d) to take better care of herself. These treatment goals directly reflect a more adaptive pattern of caring for others and also caring for herself. In the process of achieving these four goals she effectively dismantled her maladaptive behavior of caring for others but not caring for herself. Several intervention strategies were seamlessly combined to achieve this new pattern and four treatment goals (p. 26). “

Sperry, L. & Carlson, J. (2014). *How master therapist’s work: Effecting change from the first through the last session and beyond.* New York: Routledge.

Carlson, J. (2006). *Psychotherapy over time*. (Video) Washington DC: American Psychological Association. Order the actual footage at 800-374-2721 or visit [www.apa.org/pubs/videos](http://www.apa.org/pubs/videos)

Kottler, J. & Carlson, J. (2014). *On being a master therapist: Practicing what we preach*. New York: Wiley.

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