

"Daniel" is a 38 year old Caucasian man who lives in a sober living home; he was recently released from state prison after serving 28 months for "*attempted car theft.*" He described this in therapy as, "*someone was in the vehicle*" when he tried to get into the vehicle; he was released under AB109 conditions through probation department. Daniel is currently unemployed and has no income. Daniel reported that he graduated from High School and took some college courses on automobile mechanics and welding but did not obtain any form of certification.

Daniel reported that he has a history of childhood ADHD for which he was prescribed Ritalin. Daniel reported he was diagnosed with a mood d/o in 2016 and was prescribed Celexa and another medication, but refused to take them. Daniel denied any previous psychiatric hospitalizations. Daniel reported that when he was 12 y/o he started using methamphetamine because "*no one was there for me*" and "*I made my own decisions.*" Daniel reported he was able to get away from the problems surrounding his home life, pertaining to low SES stressors, severe physical abuse by an uncle, and having a mother who was not able to care for him due to her substance addiction to pain medication. Daniel denied any history or current thoughts of SI/HI.

Daniel's intake PHQ-9 score was 8 and his GAD-7 score was 6. Daniel meets criteria for **Other Specified Bipolar and Related d/o**. Daniel also meets criteria for **Other Specified Trauma- and Stressor-Related d/o**, which he reports having been severely beaten by police on his last arrest in 2016, where he needed to have multiple stitches on his face, head, and needed to have surgery after his wrist was broken.

He reported that his presenting problem was that he worries every day, feels nervous, has pre-occupied thoughts/ recurring thoughts of him going back to prison and never being able to see his children again, and feeling a pressure buildup when upset. He also reported feeling "*like wanting to isolate every day,*" having crying spells, reported feeling hopeless and helpless, and feeling restless and having to move around. Daniel additionally reported that he has "*racing thoughts,*" wants to do a lot of different things at once, and reported he has went from running a few miles daily, to suddenly having the need to run 20 miles in a day. During the assessment, Daniel and I discussed a safety plan to obtain from substance usage and discussed safe coping skills he can utilize when triggered; a copy was given to him. In this IPT therapy, we will work together to better understand his loss pertaining to his children and utilize IPT interventions and strength-based skills to help him gain greater support, improve his relationship with his children, and improve his depressive and anxious symptoms.

We have been meeting since June 2019 and have met for 9 sessions with 4 phone check-in sessions and multiple interruptions in treatment due to his job interviews and work schedule (when he is working). Daniel is highly motivated to work on his treatment plan and follow his probation mandates; he has been consistent in treatment. Currently Daniel and I are working on helping him increase relaxation skills, to help him focus on his goals, and to use social support to help achieve those goals. Daniel presents in therapy as over-confident and overly positive, and at times he dismisses my suggestions pertaining to relaxation. However, he can be easily redirected and asked to maintain focus in session. Currently, Daniel has been talking about his concerns and thoughts about his children and obtaining custody and visitation rights. There are times in which I feel Daniel tries to take over the session, and I have been able to return to the Summary goals when he takes the session a different direction so that we can get back on track.

Daniel presents with a combination of pre-occupied and dismissive attachment styles. Daniel tends to be passive- he is aggressive in his communication style and tends to avoid discussing or identifying uncomfortable emotions or those he calls "*negative emotions.*" Daniel instead tries to redirect himself towards "positivity" (i.e. positive thinking) and whenever he experiences "*negative emotions*" while in session, dismisses the emotions and presents as composed and stable. For example, in a session 2 weeks ago Daniel stated, "*it is very hard to deal with my roommate*" and immediately changed it to, "*but I am dealing with it the best way I can, and I'm focusing on the positive in my life.*" He seems to be dismissing of his own emotional experience at times like this. Daniel's communication style and attachment style affect his ability to find a balance in his thoughts, emotions and responses to triggering events and in his relationships (e.g. he goes above and beyond for others, but when he does not obtain support in return, he becomes verbally aggressive or starts to hold grudges against others). Additionally, Daniel has a difficult time with boundary setting and with understanding boundaries with others.

Daniel claims to have several individuals as a support system, as indicated on his Interpersonal Inventory, however, it appears that he is the one who is constantly seeking others time and attention as many of his family members tend to dismiss him. Daniel included his sister, cousins, aunt, children (who he has not had any contact for several years), and a close friend. Daniel has described as texting his support system every morning, following up with them consistently, helping his family with chores and errands, etc. Daniel cannot describe a moment in which he received a call or text, an invitation, etc. just to spend some quality time with those he considers his support system, but he is constantly discussing how he was "*called over the weekend*" for help.

The primary IPT focal area for Daniel is Role Transition. Daniel's IPT Summary concluded his desire to get his life back together by avoiding legal involvement/ incarceration, finding employment, obtaining stable housing, and regaining custody and/or visitation rights of his children (whom he has not seen for several years). When working collaboratively on his IPT Summary, Daniel focused on what he wants to accomplish to reintegrate back into society as a functioning member of his community. Daniel has been pro-active in seeking employment, and he has agreed to work on his communication styles, and with building healthy boundaries in treatment.

I used Communication Analysis to address his passive-aggressive communication so that he could be more assertive. Role playing with him was very effective. As a result, he was able to rebuild his relationship with his sister and his stepfather and begin a new romantic relationship. Currently (session #9) his PHQ-9 was a 3, showing remission of symptoms. Daniel has also been using his communication skills to advocate in the court for eventual shared custody of his children. Daniel's improved communication skills allowed him to secure full-time employment in the Landfill. This was one of his (and my) major goals. Another goal was for him for complete probation requirements which will be fulfilled in December. As a result, we have been meeting every other week in preparation for this transition. My hopes for this treatment have already been fulfilled as a result of these two goals.

Daniel wishes to conclude weekly or bi-weekly treatment when his probation ends, and I agree with this because he has reassured me that he will return to treatment as needed in the future. We will set a specific maintenance session date prior to concluding, which I anticipate will be about 2 months after we conclude. I am pleased with his progress in IPT and I believe he will continue to meet his goals.

I learned several things from this case. First, it is important to be persistent in working with individuals with more dismissive attachment styles. It was difficult to build a good therapeutic alliance and trust, but that eventually happened as we continued to work together. Second, I learned that Role Playing was particularly helpful in improving communication. I see my strengths in this case as being able to be persistent, and in being able to maintain focus in the session with a client who tends to digress. I intend to keep working on my IPT skills of Communication Analysis and to develop more skills in working with Grief and Loss and also with Disputes.