

Wicked's Elphaba

Introducing the Character

Elphaba Thropp is the central character in Gregory Maguire's 1995 revisionist fictional biography of a character in L. Frank Baum's *The Wonderful Wizard of Oz* (1900), titled *Wicked: The Life and Times of the Wicked Witch of the West*. In 2007, it was adapted into a Broadway musical. The story follows Elphaba (later to become the Wicked Witch), from childhood in the Land of Oz through her high school and young adult years as a student at Shiz University.

The story opens with a focus on Elphaba's mother Melena, who is seduced by a traveling salesman (later to become the Wizard of Oz) with a vile of emerald passion potion called *Green 29*. As a result, Elphaba, who is born out of wedlock and with green skin, is rejected by both the salesman and by Melena's husband, who quickly realizes that the child is not his. Ridiculed and ostracized, Elphaba spends her childhood largely devoid of peer interaction, among the animals of the farm and woods. Upon entering Shiz University, Elphaba meets Galinda (later to become Glinda, the Good Witch of the North), who, unlike herself, is a self-confident, popular, and upwardly mobile teen. In spite of their class differences, Galinda befriends her. Through the relationship between Elphaba and Galinda, political and racial tensions of the seemingly idyllic Land of Oz are revealed, and Elphaba, as an activist, gains approval, power, and a deeper understanding of her femininity. Ultimately, Elphaba must depart from Oz and "defy gravity" in order to break the bonds, both inner and outer, that tether her.

Expanding on what is known about the Elphaba character, the following basic case summary and diagnostic impressions fill in more of our own details about Elphaba and describe areas of dysfunction we believe she has been confronting since childhood and now in young adulthood, stemming from her dysfunctional preoccupation with the physical anomaly of green skin and its impact on her young adult transition to college life.

Basic Case Summary

Identifying Information. Elphaba Thropp is a 22-year-old emeraldine (green-skinned) female who is an honors graduate student at Shiz University, where she is taking a double major in animal studies and social justice. She lives on campus with her roommate, Galinda, with whom she shares a close friendship and together with whom she also shows her works in the school's primate laboratory. She is a tall, slender, and striking woman whose oddly green skin is accentuated by her jet black hair and piercing brown eyes. She attests to a nondenominational spirituality.

Presenting Concern. Elphaba was court ordered to counseling following an arrest for attempting to, in her words, "liberate the downtrodden animals" from the university laboratory. The counselor at the detention center noted that "the client's anger, hostility, and seeming sense of persecution place her and others around her at risk." Elphaba was indignant over the counselor's suggestion, angrily claiming that "I was just doing what was right."

Background, Family Information, and Relevant History. Elphaba was born in Emerald County, Oz, the older of two children born to different fathers. As she discovered during late childhood, Elphaba's biological father was a traveling salesman who had visited town and her mother for only one night. Elphaba was born with a highly rare skin condition (Emeraldia Pigmentosa) affecting pigmentation over her entire body and resulting in an emerald green hue. Otherwise, her birth was uncomplicated and her developmental milestones were attained within expectable limits. Elphaba attended Oz Elementary and Middle School where, in spite of her advanced intelligence and academic skills, she felt as if "I never fit in . . . they made fun of me and couldn't get past my skin color." Elphaba reports she was "mercilessly bullied" throughout her middle school years but realized upon entering Emerald County High School, which was far from her home, that her wit, intelligence, and keen sense of justice (and injustice) garnered her a degree of popularity. During high school, she was active in the social justice movement aimed at liberating laboratory animals and fighting discrimination of the Munchkins, a group of genetic dwarfs. Elphaba had numerous encounters with school administration during her tenure at

Emerald High due to her outspokenness. Elphaba was close to those in the social club as well as to a few select friends. She retained a tenuous connection with her mother and always felt “a strange distance from my father.” Because her sister, born several years after Elphaba, was favored by the father for her “lily white skin,” Elphaba resented her.

Elphaba accepted a full academic scholarship to Shiz University, where soon after her arrival, she once again became active in campus politics, with the school newspaper (the *Shiz Tornado*), and was elected president of the student body as a sophomore. Galinda, a woman she initially viewed as self-important, superficial, and unsafe, quickly proved her loyalty and the two became fast friends. During her senior year, Elphaba took up the cause of resisting the oppression by the Wizard of Oz, a tyrannical despot who was bent on turning dissenters into voiceless animals. Although popular and successful, she was highly preoccupied with her green skin color. In contrast to the positive reactions of those around her, she focused almost singularly on her skin color and grew increasingly resentful, distrustful, angry, and outspoken. During an episode of poppy intoxication, she broke into the school laboratory and released all the animals. She was subsequently arrested and referred to counseling.

Problem and Counseling History. Elphaba made it clear from the outset that the counseling was “just another form of mind control” by the Wizard, and that she saw it as an infringement on her constitutional rights. She asserted that “if I didn’t have green skin I wouldn’t be here.” Elphaba sat rigidly throughout the interview with her legs tightly crossed and her foot bouncing dramatically. She maintained intense eye contact, scowling at times as she asserted her indignation over having to come to counseling against her will. Although articulate, oriented, and capable of retrieving both recent and remote details, Elphaba voiced suspiciousness regarding the counselor’s intent, suggested that he might be part of the conspiracy and a pawn of the Wizard, and that she had to carefully guard herself. Elphaba’s mood was somewhat blunted, her affect staid, and her words carefully chosen. Elphaba denied experiencing depression either currently or in the past, sensory disturbance, or troubling thoughts. Elphaba indicated that she had never been in counseling and wanted to “keep that record clean” because “with green skin, I’ll need every advantage I can get after I graduate.”

Goals for Counseling and Course of Therapy to Date. As of this writing, Elphaba was seen for two extended assessment sessions that included biopsychosocial and clinical interviews as well as the administration of standardized personality inventories (MMPI-2, 16PF), Projective Drawings, and Incomplete Sentences. A follow-up session was planned during which time the results of the assessment are to be shared with Elphaba and a treatment plan developed that incorporates both the counselor's concerns for her and the issues that she might regard as important to address. It is anticipated that Elphaba will be highly resistant to therapeutic intervention; however, given that participation is mandated, she will at the very least have to attend counseling for a minimum of 3 months. During that period, the counselor would like to address Elphaba's anger and more thoroughly assess her antisocial behaviors.

Diagnostic Impressions

300.7 (F45.22) Body Dysmorphic Disorder, With absent insight/delusional beliefs; Traits of Antisocial Personality Disorder; Emeraldia Pigmentosa

Other factors: V. 62.3 (Z60.3) Acculturation Difficulty; V62.4 (Z60.4) Social exclusion or rejection, by family and peers; V62.4 (Z60.5) Target of (perceived) adverse discrimination or persecution.

Discussion of Diagnostic Impressions

As we presented her, Elphaba was court-ordered to attend counseling. Her detention center counselor detected in her attitude and behavior a sense of being persecuted. In fact, Elphaba's history indicated an exaggerated preoccupation with the medical condition Emeraldia Pigmentosa, which affected her skin with greenish pigmentation (and one aspect of her preoccupation was feeling persecuted because of the condition). Elphaba reported no other problems with mood, thoughts, or behavior besides preoccupation with her slight skin defect (keeping in mind that she was defensive about self-disclosure in the mandated counseling session).

Each section of the *DSM-5* classification system contains a group of diagnoses that share qualitatively similar symptoms or features. The common features shared by all of the diagnoses contained in the category

Obsessive-Compulsive and Related Disorders are clinical problems related by preoccupations with the body or environment and repetitive acts or thoughts in an attempt to control the body or environment (e.g., Body Dysmorphic Disorder, Hoarding Disorder, and Excoriation–skin-picking–Disorder). Expanding on Elphaba’s character, we detailed a distressing preoccupation with the physical anomaly of green skin that was impairing her adjustment. This kind of client presentation suggests a diagnosis of Body Dysmorphic Disorder.

When this diagnosis is made, it indicates that the client is preoccupied with an imagined defect in appearance—or, if a slight physical anomaly is noticeable, the person’s concerned reactions are excessive. The disorder also includes repetitive behaviors to check on, compare, or correct the condition, which causes clinically significant distress or impairment in important areas of functioning such as work, school, or social domains. This disorder is relatively common in medical settings, especially dermatology and cosmetic surgery settings, and sometimes is referred to as beauty hypochondria (Phillips, 2005).

One differential consideration regarding this diagnosis is whether Elphaba is experiencing a normally expected concern about her appearance, given her skin condition, rather than any diagnosable mental disorder at all. However, because her preoccupation is so consuming and has impaired her functioning in school, social, and other areas, a diagnosis is warranted to indicate clinical significance. Another differential consideration might be Delusional Disorder, Somatic Type; however, her skin anomaly, though less florid than she believes, is real and not a delusion.

To accompany the primary diagnosis, problematic personality features and defenses can be listed even when they do not reflect a diagnosable Personality Disorder, particularly if these personality characteristics are important to understanding the client’s functioning and are maladaptive for the person. We provided the notation, Traits of Antisocial Personality Disorder, to describe Elphaba’s offensive actions, which were disruptive to people and property, and therefore have some features of “disregard for, and violation of, the rights of others” (APA, 2013, p. 659).

To complete the diagnosis, Elphaba's medical condition, Emeraldia Pigmentosa), is listed alongside of the primary diagnoses, and her important social pressures are emphasized in the "Other factors" section. These additional factors are consistent with Elphaba's primary diagnosis of Body Dysmorphic Disorder.

Case Conceptualization

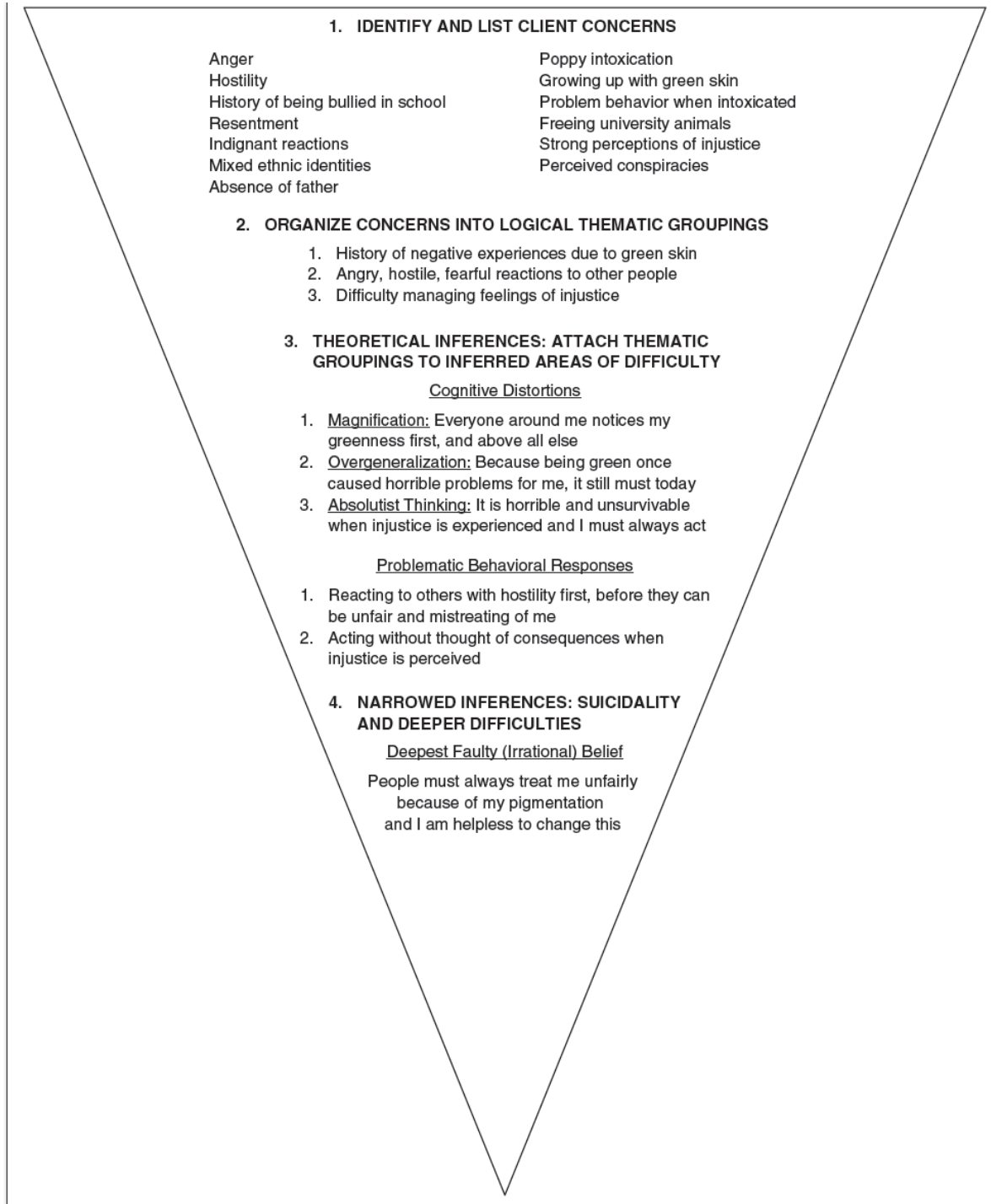
When Elphaba arrived at counseling, the counselor collected as much information as possible about the problematic situation Elphaba presented. The counselor first used this information to develop diagnostic impressions. Her concerns were described by Body Dysmorphic behavior along with traits of Antisocial Personality Disorder. Next, the counselor developed a case conceptualization. Whereas the purpose of diagnostic impressions is to *describe* the client's concerns, the goal of case conceptualization is to better *understand* and clinically *explain* the person's experiences (Neukrug & Schwitzer, 2006). It helps the counselor understand the etiology leading to Elphaba's Body Dysmorphic Disorder and the factors maintaining the concern. In turn, case conceptualization sets the stage for treatment planning. Treatment planning then provides a road map that plots out how the counselor and client expect to move from presenting concerns to positive outcomes (Seligman, 1993, p. 157)—helping Elphaba reduce or eliminate her problematic perceptions about herself and her reactions toward others.

When forming a case conceptualization, the clinician applies a purist counseling theory, an integration of two or more theories, an eclectic mix of theories, or a solution-focused combination of tactics to his or her understanding of the client. In this case, Elphaba's counselor based her conceptualization on a purist theory, Cognitive Behavior Therapy. She selected this approach based on her knowledge of current outcome research with clients experiencing Body Dysmorphic Disorder and related personality factors and other symptoms (Critchfield & Smith-Benjamin, 2006; Livesley, 2007; Looper & Kirmayer, 2002). Cognitive Behavior Therapy also is consistent with this counselor's professional therapeutic viewpoint.

The counselor used the Inverted Pyramid Method of case conceptualization because it is especially designed to help clinicians more easily form their conceptual pictures of their clients' needs (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997). The method has four steps: Problem Identification, Thematic

Groupings, Theoretical Inferences, and Narrowed Inferences. The counselor's clinical thinking can be seen in the figure that follows.

Elphaba's Inverted Pyramid Case Conceptualization Summary: Cognitive Behavior Therapy



Step 1: Problem Identification. The first step is Problem Identification. Aspects of the presenting problem (thoughts, feelings, behaviors, physiological features), additional areas of concern besides the presenting concern, family and developmental history, in-session observations, clinical inquiries (medical problems, medications, past counseling, substance use, suicidality), and psychological assessments (problem checklists, personality inventories, mental status exam, specific clinical measures) all may contribute information at Step 1. The counselor “casts a wide net” in order to build Step 1 as exhaustively as possible (Neukrug & Schwitzer, 2006, p. 202). As can be seen in the figure, the counselor identified Elphaba’s current primary concerns (anger, hostility, resentment, etc.); related concerns (poppy intoxication, freeing animals while intoxicated, etc.); and past concerns (history of being bullied, etc.) at Step 1. She attempted to go beyond just listing the main reason for referral and to be as complete as she could.

Step 2: Thematic Groupings. The second step is Thematic Groupings. The clinician organizes all of the exhaustive client information found in Step 1 into just a few intuitive-logical clinical groups, categories, or themes, on the basis of sensible common denominators (Neukrug & Schwitzer, 2006). Four different ways of forming the Step 2 theme groups can be used: Descriptive-Diagnosis Approach, Clinical Targets Approach, Areas of Dysfunction Approach, and Intrapsychic Approach. As can be seen in the figure, Elphaba’s counselor selected the Areas of Dysfunction Approach. This approach sorts together all of the Step 1 information into “areas of dysfunction according to important life situations, life themes, or life roles and skills” (Neukrug & Schwitzer, 2006, p. 205).

The counselor grouped together (a) her growing-up experiences, history of being bullied, and developmental history of her absent, ethnically different father into the theme “History of negative experiences due to green skin”; (b) her anger, hostility, and antisocial features into the theme “Angry, hostile, fearful reactions to other people”; and (c) her illegal behaviors and use of intoxication into the theme “Difficulty managing feelings of injustice.” Her conceptual work at Step 2 gave the counselor a way to begin understanding and explaining Elphaba’s areas of functioning and areas of concern more clearly, deeply, and meaningfully.

So far, at Steps 1 and 2, the counselor has used her clinical assessment skills and her clinical judgment to begin meaningfully understanding Elphaba's needs. Now, at Steps 3 and 4, she applies the theoretical approach she has selected. She begins making theoretical inferences to interpret and explain the processes or roots underlying Elphaba's concerns as they are seen in Steps 1 and 2.

Step 3: Theoretical Inferences. At Step 3, concepts from the counselor's selected theory, Cognitive Behavior Therapy, are applied to explain the experiences causing, and the mechanisms maintaining, Elphaba's problematic thoughts, feelings, and behaviors. The counselor tentatively matches the theme groups in Step 2 with this theoretical approach. In other words, the symptom constellations in Step 2, which were distilled from the symptoms in Step 1, now are combined using theory to show what are believed to be the underlying causes or psychological etiology of Elphaba's current needs (Neukrug & Schwitzer, 2006; Schwitzer, 2006, 2007).

According to Cognitive Behavior Therapy (Beck, 1995, 2005; Ellis, 1994; Ellis & MacLaren, 2005), irrational thinking, faulty beliefs, or other forms of cognitive errors lead individuals to engage in problematic behaviors and to experience negative moods and attitudes. As can be seen in the figure, when the counselor applied these cognitive-behavior therapy concepts, she explained at Step 3 that the various issues noted in Step 1 (hostility, history of bullying, etc.), which can be understood to be themes of (a) a history of negative experiences, (b) angry and fearful reactions to others, and (c) difficulty managing reactions to perceived injustices (Step 2), are rooted in or caused by several types of cognitive errors (magnification, overgeneralization, and absolutist thinking) and inaccurate, problematic behavioral responses (reacting hostilely before others have acted unfair and mistreating, and acting on injustice without concern for consequences). These are detailed in the figure below.

Step 4: Narrowed Inferences. At Step 4, the clinician's selected theory continues to be used to address still-deeper issues when they exist (Schwitzer, 2006, 2007). At this step, "still-deeper, more encompassing, or more central, causal themes" are formed (Neukrug & Schwitzer, 2006, p. 207). Continuing to apply Cognitive Behavior Therapy concepts at Step 4, Elphaba's counselor presented a single, deepest, most-fundamental cognitive error that she believed to be most explanatory and causal regarding Elphaba's reasons for referral: the

deepest irrational belief that “people must always treat me unfairly because of my pigmentation and I am helpless to change this.” When all four steps are completed, the client information in Step 1 leads to logical-intuitive groupings on the basis of common denominators in Step 2, the groupings then are explained using theory at Step 3, and then, finally, at Step 4, further deeper explanations are made. From start to finish, the thoughts, feelings, behaviors, and physiological features in the topmost portions are connected on down the pyramid into deepest dynamics.

The completed pyramid now is used to plan treatment, in which the counselor and Elphaba will confront her cognitive distortions, problematic behavioral responses, and deep faulty belief.

Treatment Planning

At this point, Elphaba’s clinician at the Oz Community Mental Health Center (OCMHC) has collected all available information about the problems that have been of concern and led to her referral. Based upon this information, the counselor developed a *DSM-5* diagnosis and then, using the “inverted pyramid” (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997), formulated a working clinical *explanation* of Elphaba’s difficulties and their etiology that we called the *case conceptualization*. This, in turn, guides us to the next critical step in our clinical work, called the *treatment plan*, the primary purpose of which is to map out a logical and goal-oriented strategy for making positive changes in the client’s life. In essence, the treatment plan is a road map “for reducing or eliminating disruptive symptoms that are impeding the client’s ability to reach positive mental health outcomes” (Neukrug & Schwitzer, 2006, p. 225). As such, it is the cornerstone of our work with not only Elphaba, but with all clients who present with Body Dysmorphic Disorder and traits of Antisocial Personality Disorder (Jongsma & Peterson, 2006; Jongsma et al., 2003a, 2003b; Seligman, 1993, 1998, 2004).

A comprehensive treatment plan must integrate all of the information from the biopsychosocial interview, diagnosis, and case conceptualization into a coherent plan of action. This *plan* comprises four main components, which include (1) a behavioral definition of the problem(s), (2) the selection of achievable goals, (3) the determination of treatment modes, and (4) the documentation of how change will be measured. The *behavioral definition of the problem(s)* consolidates the results of the case conceptualization into a concise

hierarchical list of problems and concerns that will be the focus of treatment. The *selection of achievable goals* refers to assessing and prioritizing the client's concerns into a *hierarchy of urgency* that also takes into account the client's motivation for change, level of dysfunction, and real-world influences on his or her problems. The *determination of treatment modes* refers to selection of the specific interventions, which are matched to the uniqueness of the client and to his or her goals and clearly tied to a particular theoretical orientation (Neukrug & Schwitzer, 2006). Finally, the clinician must establish how change will be measured, based upon a number of factors, including client records and self-report of change, in-session observations by the clinician, clinician ratings, results of standardized evaluations such as the Beck Depression Inventory-II (Beck et al., 1996) or a family functioning questionnaire, pre-post treatment comparisons, and reports by other treating professionals.

The four-step method discussed above can be seen in the text and is outlined below for the case of Elphaba Thropp, followed by her specific treatment plan.

Step 1: Behavioral Definition of Problems. The first step in treatment planning is to carefully review the case conceptualization, paying particular attention to the results of Step 2 (Thematic Groupings), Step 3 (Theoretical Inferences) and Step 4 (Narrowed Inferences). The identified clinical themes reflect the core areas of concern and distress for the client, while the theoretical and narrowed inferences offer clinical speculation as to their origins. In the case of Elphaba, there are three primary areas of concern. The first, "history of negative experiences due to green skin," refers to the negative feelings and thoughts about herself and others related to growing up with green skin and the sense of mixed ethnic/racial identity. The second, "angry, hostile, fearful reactions to other people," refers to her anger, hostility, indignant reactions, and resentment of others throughout her life and continuing into the present. The third, "difficulty managing feelings of injustice," refers to her perceptions of conspiracies, antisocial acts such as freeing the clinic animals, and feelings of righteous indignation. These symptoms and stresses are consistent with the diagnosis of Body Dysmorphic Disorder and traits of Antisocial Personality Disorder (APA, 2013; Critchfield & Smith-Benjamin, 2006; Livesley, 2007; Looper & Kirmayer, 2002; Phillips, McElroy, Keck, Pope, & Hudson, 1993).

Step 2: Identify and Articulate Goals for Change. The second step is the selection of achievable goals, which is based upon a number of factors, including the most pressing or urgent behavioral, emotional, and interpersonal concerns and symptoms as identified by the client and clinician, the willingness and ability of the client to work on those particular goals, and the realistic (real-world) achievability of those goals (Neukrug & Schwitzer, 2006). At this stage of treatment planning, it is important to recognize that not all of the client's problems can be addressed at once, so we focus initially on those that cause the greatest distress and impairment. New goals can be created as old ones are achieved. In the case of Elphaba, the goals are divided into three prominent areas. The first, "history of negative experiences due to green skin," requires that we help Elphaba to resolve her negative feelings and thoughts about herself and her green skin as well as reconcile conflicts within her sense of racial and ethnic identity. The second, "angry, hostile, fearful reactions to other people," requires that we help Elphaba resolve negative perceptions of and reactions to other people and understand the relationship between her negative feelings and thoughts about herself and toward others. The third, "difficulty managing feelings of injustice," requires that we help Elphaba develop an understanding of the relationship between her feelings of injustice and her antisocial behavior and eliminate her conspiratorial thoughts and antisocial behavior.

Step 3: Describe Therapeutic Interventions. This is perhaps the most critical step in the treatment planning process because the clinician must now integrate information from a number of sources, including the case conceptualization, the delineation of the client's problems and goals, and the treatment literature, paying particular attention to *empirically supported treatment* (EST) and *evidence-based practice* (EBP). In essence, the clinician must align his or her treatment approach with scientific evidence from the fields of counseling and psychotherapy. Wampold (2001) identifies two types of evidence-based counseling research: studies that demonstrate "absolute efficacy," that is, the fact that counseling and psychotherapy work, and those that demonstrate "relative efficacy," that is, the fact that certain theoretical/technical approaches work best for certain clients with particular problems (Psychoanalysis, Gestalt Therapy, Cognitive Behavior Therapy, Brief Solution-Focused Therapy, Cognitive Therapy, Dialectical Behavior Therapy, Person-Centered Therapy,

Expressive/Creative Therapies, Interpersonal Therapy, and Feminist Therapy); and when delivered through specific treatment modalities (individual, group, and family counseling).

In the case of Elphaba, we have decided to use Cognitive Behavior Therapy (Beck, 1995, 2005; Ellis, 1994; Ellis & MacLaren, 2005), which has been found to be highly effective in counseling and psychotherapy with adults who experience the symptoms of Body Dysmorphic Disorder (Butters & Cash, 1987; Looper & Kirmayer, 2002; Rosen, Reiter, & Orosan, 1995). The approach relies on a variety of cognitive techniques (reframing, challenging irrational thoughts, and cognitive restructuring) and behavioral techniques (reinforcement for and shaping of adaptive behavior, extinction of maladaptive behaviors, systematic desensitization, and exposure with response prevention) (Ball et al., 2006; Frank et al., 2005; Milkowitz, 2008). Elphaba's long-standing and deeply ingrained issues and problems will be addressed through a variety of techniques that have been found to be effective with a range of personality disorders (Critchfield & Smith-Benjamin, 2006; Livesley, 2007; Looper & Kirmayer, 2002), while her additional emotional, behavioral, and cognitive symptoms will be addressed through group Gestalt Therapy, which relies on a variety of empathetic, directive, and confrontational techniques (the use of "I" language, dream work, bringing together parts of self, and taking responsibility) (Gaffney, 2006a, 2006b; Neukrug, 2011; Polster & Polster, 1999). In Elphaba's case, some of the techniques will include identifying and changing negative thoughts about her skin and identifying anger triggers.

Step 4: Provide Outcome Measures of Change. This last step in treatment planning requires that we specify how change will be measured and indicate the extent to which progress has been made toward realizing these goals (Neukrug & Schwitzer, 2006). The counselor has considerable flexibility in this phase and may choose from a number of objective domains (psychological tests and measures of self-esteem, depression, psychosis, interpersonal relationship, anxiety, etc.), quasi-objective measures (pre-post clinician, client, and psychiatric ratings), and subjective ratings (client self-report, clinician's in-session observations). In Elphaba's case, we have implemented a number of these, including a pre-post measure on the Body Image Disturbance questionnaire (Cash, Phillips, Santos, & Hrabosky, 2004) and Clinical Anger Scale (Snell, Gum, Shuck,

Mosley, & Hite, 1995), client acceptance of herself and her skin, and no arrests for antisocial acts for a period of 1 year.

The completed treatment plan is now developed through which the counselor and Elphaba will modify the way she thinks about herself, others, and the world, and help her to channel her many skills into prosocial directions. The treatment plan is described below and summarized in the table that follows.

TREATMENT PLAN

Client: Elphaba Thropp

Service Provider: Oz Community Mental Health Center (OCMHC)

BEHAVIORAL DEFINITION OF PROBLEMS:

1. History of negative experiences due to green skin—Negative feelings and thoughts about herself and others related to growing up with green skin, and the sense of mixed ethnic/racial identity
 2. Angry, hostile, fearful reactions to other people—Anger, hostility, indignant reactions, and resentment of others throughout her life and continuing into the present
 3. Difficulty managing feelings of injustice—Feelings of righteous indignation, perceptions of conspiracies, and antisocial acts such as freeing the clinic animals
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GOALS FOR CHANGE:

1. History of negative experiences due to green skin

 - Resolve negative feelings and thoughts about herself and her green skin
 - Reconcile conflicts within her sense of racial/ethnic identity
 2. Angry, hostile, fearful reactions to other people

 - Resolve negative perceptions of and reactions to other people
 - Understand the relationship between her negative feelings about herself and toward others
 - Eliminate use of Poppies to regulate mood states
 3. Difficulty managing feelings of injustice
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- Develop understanding of the relationship between her feelings of injustice and her antisocial behavior
- Eliminate thoughts of conspiracies
- Eliminate antisocial behavior

THERAPEUTIC INTERVENTIONS:

A moderate-term course of individual cognitive behavior and group Gestalt counseling (6–9 months)

1. History of negative experiences due to green skin

- Identify and change automatic negative thoughts about her skin
- Substituting negative thoughts with positive statements about her appearance
- Response prevention to inhibit compulsive checking of her skin in reflective surfaces
- Developing alternate beliefs about her appearance

2. Angry, hostile, fearful reactions to people

- Identify situations, thoughts, and feelings that trigger anger
- Learn anger-management techniques in context of self-calming strategies
- Identify and change automatic negative thoughts about people
- Substitute negative thoughts about people with positive statements
- Verbalize an understanding of the benefits to self and others of empathy and sensitivity to others' beliefs and needs
- Implement relapse-prevention plan for anger management

3. Difficulty managing feelings of injustice

- Identify and understand origin of “injustice schema” in early family relationships and social experiences
- Use “empty chair” technique to dialogue with perpetrators of perceived injustice
- Gestalt “dream work” around injustice

OUTCOME MEASURES OF CHANGE:

The resolution of her conflictual relationship with herself and others, elimination of antisocial thoughts, feelings, and actions, and overall improved adjustment and functioning in her daily life as measured by:

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- Client report of improved self-image absent preoccupation with her green skin
 - Pre-post improvement of functioning as measured by the Body Image Disturbance Questionnaire
 - Pre-post improvement on the Clinical Anger Scale (CAS)
 - Absence of arrests for antisocial behavior and illegal acts for a period of 1 year
 - Clinician observation of improved self-image and reduced anger toward self and others
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Elphaba's Treatment Plan Summary: Cognitive Behavior Therapy

<i>Goals for Change</i>	<i>Therapeutic Interventions</i>	<i>Outcome Measures of Change</i>
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<p><u>History of negative experiences due to green skin</u></p> <p>Resolve negative feelings and thoughts about herself and her green skin</p> <p>Reconcile conflicts within her sense of racial/ethnic identity</p> <p>Angry, hostile, fearful reactions to other people</p> <p>Resolve negative perceptions of and reactions to other people</p> <p>Understand the relationship between her negative feelings about herself and toward others</p> <p>Eliminate use of Poppies to regulate mood states</p> <p><u>Difficulty managing feelings of injustice</u></p> <p>Develop understanding of the relationship between her feelings of injustice and her antisocial behavior</p> <p>Eliminate thoughts of conspiracies</p> <p>Eliminate antisocial behavior</p>	<p><u>History of negative experiences due to green skin</u></p> <p>Identify and change automatic negative thoughts about her skin</p> <p>Substituting negative thoughts with positive statements about her appearance</p> <p>Response prevention to inhibit compulsive checking of her skin in reflective surfaces</p> <p>Developing alternate beliefs about her appearance</p> <p>Angry, hostile, fearful reactions to other people</p> <p>Identify situations, thoughts, and feelings that trigger anger</p> <p>Learn anger-management techniques in context of self-calming strategies</p> <p>Identify and change automatic negative thoughts about people</p> <p>Substitute negative thoughts about people with positive statements</p> <p>Verbalize an understanding of the benefits to self and others of empathy and sensitivity to others' beliefs and needs</p> <p>Implement relapse-prevention plan for anger management</p> <p><u>Difficulty managing feelings of injustice</u></p> <p>Identify and understand origin of "injustice schema" in early family relationships and social experiences</p> <p>Use "empty chair" technique to dialogue with perpetrators of perceived injustice</p> <p>Gestalt "dream work" around injustice</p>	<p><u>The resolution of her conflictual relationship with herself and others, elimination of antisocial thoughts, feelings, and actions, and overall improved adjustment and functioning in her daily life as measured by:</u></p> <p>Client report of improved self-image absent preoccupation with her green skin</p> <p>Pre-post improvement of functioning as measured by the Body Image Disturbance Questionnaire</p> <p>Pre-post improvement on the Clinical Anger Scale (CAS)</p> <p>Absence of arrests for antisocial behavior and illegal acts for a period of 1 year</p> <p>Clinician observation of improved self-image and reduced anger toward self and others</p>
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