The Simpsons' Waylon Smithers

Introducing the Character

Waylon Smithers Jr. is an animated character and one of the "regular" cast members of the long-running Fox network's cartoon for adults *The Simpsons.* The show, which recently entered its fourth decade, is a comedy and parody that takes a satirical look at American society and Western cultural values.

Waylon Smithers Jr. is the personal assistant to Mr. Montgomery Burns, the chief executive officer (CEO) of the Springfield Nuclear Power Plant. Cast as Mr. Burns's selfless, self-effacing, and dedicated assistant, Smithers, as he is referred to on the show, is a gay man who has not let his sexual identity become known to others on the show. He secretly fantasizes about sexual trysts with his boss and even has a pop-up screen saver on his computer that contains a naked image of Mr. Burns that says "Hello Smithers, you're quite good at turning me on." Smithers is often the butt of jokes by others at the power plant, most notoriously Homer Simpson, who has long suspected Smithers of being gay. Smithers continually ingratiates himself to Mr. Burns—a deeply narcissistic and sadistic employer and person who may at some level know of Smithers's interest in him and who takes advantage of him at all turns. The following basic case summary and diagnostic impressions present our portrayal of Smithers's recent counseling session as a result of troubles at work.

Basic Case Summary

Identifying Information. Waylon Smithers Jr. is a 48-year-old European American male of Norwegian descent who has been working as an executive assistant at the Springfield Nuclear Power Plant for the last 20 years. He presented himself as a well-groomed professional who prides himself on his personal appearance and presentation of self.

Presenting Concern. Mr. Smithers was referred to the Springfield Counseling Center by the employee assistance program (EAP) coordinator at the Springfield Nuclear Power Plant following a physical altercation with a fellow employee, Homer Simpson. According to Mr. Smithers, Mr. Simpson had “goaded and provoked me to rage by circulating a Valentine’s card with a picture of me and Mr. Burns on it.” Mr. Smithers added, “People at work can’t appreciate the profound respect I have for Mr. Burns and somehow think this means that I’m in love with him . . . how preposterous that is.”

Background, Family Information, and Relevant History. Mr. Smithers was born into an intact family in which he was the only child. Reports indicate that his parents, Mrs. and Mr. Waylon Smithers Sr., of the city of Springfield (the U.S. state in which Springfield is located was missing from the paperwork provided), had been attempting to have a child for a number of years and were ecstatic over finally conceiving. As a child, Mr. Smithers was showered with love, affection, and attention.

Waylon Smithers Jr. indicated that he grew up loving and admiring his parents and particularly his father, who was employed as an executive at the nearby Shelbyville Nuclear Power Plant. Waylon Smithers Jr. excelled academically at Springfield Elementary and Middle Schools, where he was recognized for his keen sense of social awareness and deep sense of responsibility. He described his high school years as far more challenging: Mr. Smithers remembers often being singled out for what was regarded as a preference for intellectual and aesthetic activities rather than athletic or other stereotypical teenage boy pursuits. He dated only sporadically during high school and was far more comfortable in the role of friend and confidant with girls than he was in that of boyfriend.

Upon high school graduation, Mr. Smithers was admitted to the highly competitive Executive Management Studies program at Springfield School of Business, where he impressed both faculty and peers with his planning, organizational, and aesthetic skills, which garnered him numerous awards in both local and state competitions within the industry. It was while organizing a trade show at the Springfield Development Council that Mr. Smithers was approached by Montgomery Burns, the owner and CEO of the town’s nuclear power plant. Mr. Smithers was immediately attracted to the powerful yet seemingly kind and generous

demeanor of Mr. Burns and immediately accepted the position as his executive assistant. Already in his late 20s at that point, Mr. Smithers had only sporadically dated and chose to "devote my life and my energies to this fabulous man." Although Mr. Smithers's mother was appreciative of this wonderful opportunity for her son, she cautioned him against "surrendering your life and everything important to you for any person." Nevertheless, Mr. Smithers said he "did just that" and "dedicated my energies, time, and passion to providing Mr. Burns with the most comfortable and efficient organization possible."

Mr. Smithers noted one particularly significant event: One evening after a highly successful company function that Mr. Smithers had orchestrated, Mr. Burns, after having perhaps a bit too much to drink, hugged his loyal employee and whispered "I don't know what I would ever do without you." In looking back, Mr. Smithers recalled that as "a pivotal moment in our blossoming relationship." He began to fantasize about his boss, often spent long periods in sexual daydreams, and was even purported by his fellow employees to have a nude and seductive desktop picture of Mr. Burns on his computer. Mr. Smithers adamantly denied this and began to experience anger and resentment toward those who "thought my feelings for him were anything less than those of an admiring son." One day, while eating in the employee cafeteria, Mr. Smithers overheard a fellow employee, Homer Simpson, say, "That Smithers is really a gay duck. . . . I think he and Mr. Burns should just run off and get hitched."

Problem and Counseling History. Due to the mandatory nature of his referral to the Springfield Counseling Center, Mr. Smithers was understandably perturbed and commented, "This is a witch hunt.… Am I here because they think I'm gay?… I should probably lodge a discrimination lawsuit." Clearly agitated and visibly distressed, Mr. Smithers reluctantly entered the counselor's office and presented as a very nicely dressed, well-groomed, thin man of average height. He sat rigidly and tensely in his chair throughout the interview, offering very terse and, at times, sarcastic comments to the interviewer. Visibly distressed when queried about his relationship with his employer, Mr. Smithers nevertheless relaxed somewhat as the conversation unfolded. He regarded Mr. Burns as a benevolent father figure and particularly so in light of his earlier admiration of his own father during the very important and formative years of his childhood and adolescence. When gently queried

about others' comments and speculative observations about his sexual orientation, Mr. Smithers took a deep breath, sat back in the overstuffed chair, and wondered aloud: "If I was gay, would it really change anything in my life?" "Why are people that interested … maybe they're just jealous of my relationship with Mr. Burns." Mr. Smithers noted that he had a "crush" on his high school P.E. coach but "could certainly never say anything to anyone about it." With regard to the altercation in the staff lounge, Mr. Smithers said, "It has always been dumbasses like Homer Simpson who have made it hard for me to just be who I am. Why can't people just leave others alone?" He denied any previous history of violent or aggressive behavior and in looking back at the incident added, "It really shocked me that I went after him, but he just pushed me way too far."

Goals for Counseling and Course of Therapy to Date. The Springfield Executive EAP Program allows for three evaluative sessions prior to certifying an existing need for counseling. Mr. Smithers agreed to attend the two subsequent sessions and to participate in a routine psychological evaluation that includes the MMPI-2, Beck Depression Inventory II, California Personality Inventory, and the Ned Flanders Inventory of Attitudes.

Diagnostic Impressions

V.65.40 (Z71.9) Other Counseling or Consultation.

Other factors: V62.29 (Z56.9) Other problem related to employment—Discord with coworkers; V.62.29 (Z56.9) Other Problem Related to Employment; V62.4 (Z60.5) Acculturation difficulty: Target of (perceived) adverse discrimination or persecution (due to sexual orientation).

Discussion of Diagnostic Impressions

Mr. Smithers came into the Springfield Counseling Center on EAP referral because of an altercation with another employee at work. He appeared to be a well-functioning adult who did not present any clinically significant signs of distress or impairment. Still, the EAP coordinator was concerned that he participate in meetings with a counseling professional with a focus on personal issues contributing to the workplace difficulties he was experiencing.

Along with all the various diagnosable disorders, a complete diagnosis also lists "Other Conditions That May Be a Focus of Clinical Attention." The client concerns contained in this section (appearing at the end of the *DSM-5,* following all of the diagnosable disorders) are not diagnosable mental disorders according to the *DSM* classification system; instead, they are client problems or issues that are the focus of treatment when the individual is not experiencing any diagnosable disorder at all, or they are client problems that are a focus of counseling but not a part of the individual's diagnosable mental disorder. For example, Relational Problems, Abuse and Neglect, Educational and Occupational Problems, Housing and Economic Problems, Problems Related to Crime or Interaction with the Legal System, and Other Problems Related to the Social Environment or Psychosocial, Personal, or Environmental Circumstances, all are included under Other Conditions That May Be a Focus of Clinical Attention. They are listed in the "Other factors" section of a diagnosis. In our professional counseling view, Smithers's experiences fall within this category. Primarily, Smithers sought advice and consultation for a client situation that is not characterized as a diagnosable mental disorder and is not clearly specified among the "Other Conditions That May Be a Focus of Clinical Attention." Therefore, we selected the designation V.65.40 (Z71.9) Other Counseling or Consultation to describe Smithers's presentation. The *DSM5* system provides this designation "when counseling is provided or advice/consultation is sought for a problem that is not specified … elsewhere" (APA, p. 725). We supplemented this with additional considerations listed as "Other Factors"; these were Other Problem Related to Employment, as well as Target of (perceived) adverse discrimination or persecution (due to sexual orientation). We used these descriptors together to indicate that although Smithers was not experiencing a diagnosable mental disorder, he was seeking counseling for a personal problem requiring consultation, and further, while the problem primarily was centered on psychological identity (which is not a diagnosable condition), this problem with psychological identity was associated with aspects of his interpersonal life, including employment and perceived discrimination.

Differential diagnoses might include any diagnosable mental disorder or personality disorder; however, no prominent, clinically significant difficulties were present. However, we believed that Smithers's sexual orientation and its relationship to his identity do not rise above the threshold of clinical disorder and therefore,

do not qualify for a mental disorder, per se. Instead, his discord with co-workers seems to be the most logical basis for his referral and distress and is listed in the "Other factors" section. The diagnosis presented is consistent with the case portrayed by Smithers.

Case Conceptualization

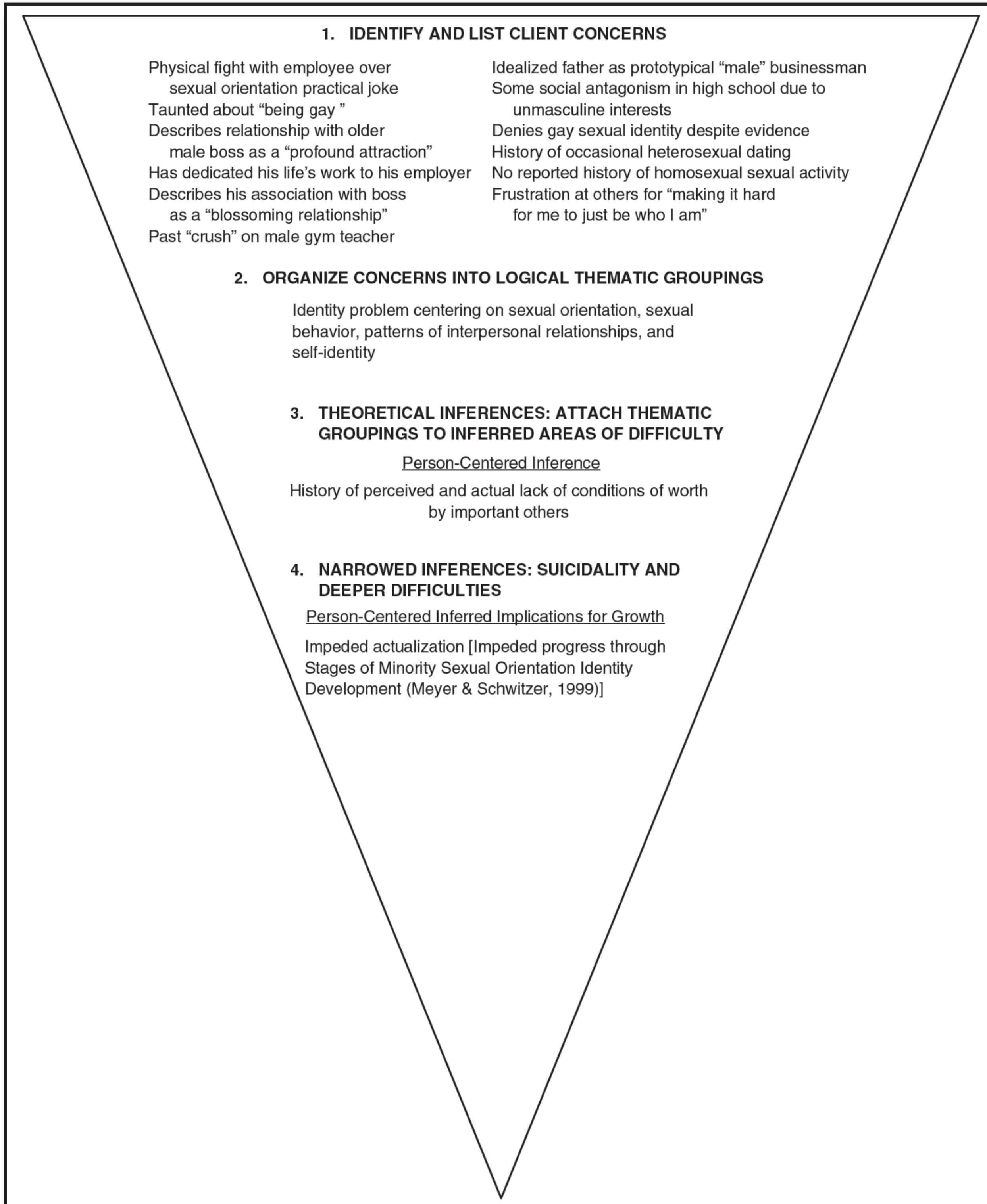
When Smithers made his first required visit to the Springfield Counseling Center, he and his counselor met for an intake appointment during which she collected detailed assessment information. The counselor first used this information to develop diagnostic impressions. Smithers's presenting concerns were not described in terms of a psychiatric disorder, but instead comprised of the distress he experienced at the hands of co-workers. 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 origins of Smithers's difficulties and the factors maintaining them. 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).

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, Smithers's counselor based her conceptualization on a purist theory, Person-Centered Therapy. The counselor selected this approach because it is the primary counseling method used at the Springfield Counseling Center when the clinician believes the client will benefit most from a therapeutic experience centering on gains in self-understanding, improvement in self-direction, and constructive growth in intrapersonal and interpersonal identity (Rogers, 1986)—as in the case of Smithers, who presented with distress related to adverse relations with co-workers associated with psychological identity questions.

The counselor used the Inverted Pyramid Method of case conceptualization because this method 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.

Waylon Smithers's Inverted Pyramid Case Conceptualization Summary: Person-Centered Counseling



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 Figure 9.4, the counselor identified at Step 1 all of Smithers's main reasons for his employee referral (physical altercation at work, taunting at work about being gay, etc.); information about his thoughts and feelings in relation to his employer; information about and defensiveness around his intrapersonal thoughts and feelings; and relevant history ("crush" on gym teacher, antagonism, etc.). The counselor went beyond just listing "workplace altercation" as the main reason for referral and was as complete as she could be about the present and relevant past and Smithers's wider needs.

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, Smithers's counselor selected the Intrapsychic Approach. This approach sorts together all of the various Step 1 information about the client's adjustment, development, distress, or dysfunction "to show clinical patterns in the ways life events are associated with the person's personal experience and identity" (Neukrug & Schwitzer, 2006, p. 205).

The counselor grouped together all of Smithers's various issues, concerns, and dynamics— including his workplace difficulties, relational dynamics, intrapersonal themes, and so on—into one straightforward intrapsychic conceptual theme: Identity Problem centering on sexual orientation, sexual behavior, patterns of interpersonal relationships (including those of the workplace), and self-identity. The counselor's conceptual work at Step 2 gave her a way to think about Smithers's functioning and concerns more insightfully.

So far, at Steps 1 and 2, the counselor has used her clinical assessment skills and her clinical judgment to begin critically understanding Smithers's needs. Now, at Steps 3 and 4, she applies the theoretical approach she has selected. She begins making theoretical inferences to explain the factors leading to Smithers's issues as they are seen in Steps 1 and 2.

Step 3: Theoretical Inferences. At Step 3, concepts from the counselor's selected theory, Person-Centered Therapy, are applied to explain the experiences leading to, and maintaining, Smithers's present issues. 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 is believed to be the underlying etiology of Smithers's current needs (Neukrug & Schwitzer, 2006; Schwitzer, 2006, 2007).

According to Person-Centered Therapy, individuals are capable of self-understanding and self-direction. Further, under the correct conditions, individuals progressively experience greater self-realization, fulfillment, autonomy, self-determination, and self-perfection as their lives progress, in a process referred to as the actualizing tendency (Broadley, 1999). The needed conditions are empathy, accurate understanding, and positive regard from the important others in our lives (Bohart & Greenberg, 1997; Rogers, 1961, 1977). In other words, under these conditions, individuals move forward toward their own self-fulfillment across the life span (Thorne, 2002). On the other hand, according to the theory, lack of empathy, accurate understanding, and positive regard from the important others in our lives can disrupt or derail forward actualizing movement and result in maladjustment (Broadley, 1999; Rogers, 1961, 1977).

As can be seen in the figure, when the counselor applied these Person-Centered Therapy concepts, she explained at Step 3 that the various issues noted in Step 1 (workplace discord, taunting, idealized father, high school antagonism, self-denial and self-doubt, etc.), which can be characterized as a theme of Identity Problem centering on sexual orientation and interpersonal patterns (Step 2), together comprise a situation in which Smithers has in the past, and is at the present, experiencing a "history of perceived and actual lack of conditions of worth by important others." According to Person-Centered Therapy inferences, lacking these conditions of

worth is a central focus of Smithers's life developmental process. Further, it was important for the counselor to include in the theme "actual" as well as "perceived" lack of positive interpersonal conditions: although the model operates on the assumption that clients can understand and address the core conditions in their lives causing distress, when working with diverse clients it must be recognized that sometimes cultural norms, or negative social pressures, can interfere with this (Cain, 2008). The theme appears in the figure.

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 Person-Centered Therapy concepts at Step 4, Smithers's counselor presented the deeper implication of his lack of conditions of impeded actualization. The counselor is inferring that improving Smithers's experience of conditions of worth (positive regard, accurate empathy, etc.) is needed in order to further his progress toward self-actualization.

Further, the counselor borrows from Minority Sexual Orientation Identity Development models (Evans & Levine, 1990; Meyer & Schwitzer, 1999) to infer that Smithers has been impeded from progressing through the sequential stages of identity development common among gay men and lesbians. These stages include: Recognizing a Difference, Reflective Observations, Internalizing Reflective Observations, Self-Identifying, Coming Into Proximity, Networking, and Connecting (Meyer & Schwitzer, 1999). These developmental concepts are compatible and can be helpful when applying the Person-Centered Theory to minority sexual orientation client's self-actualization because they emphasize "an increasing realization and acceptance" of one's sexual orientation (p. 51), clarifying and shifting to more positive feelings about one's self-identity, and more frequent and closer involvement with a gay community, which provides conditions of worth (Evans & Levine, 1990).

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 the deepest dynamics.

The completed pyramid now is used to plan treatment, in which the counselor will engage Smithers with congruence, unconditional positive regard, and accurate empathy to promote his increased sense of self-worth, process of self-actualization, and resolution of his identity development.

Treatment Planning

At this point, Smithers's clinician at the Springfield Counseling Center has collected all available information about the problems that have been of concern. Based upon this information, the counselor considered and ruled out a mental disorder diagnosis, indicated this in her diagnostic impressions, and then, using the "inverted pyramid" (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997), formulated a working clinical *explanation* of Smithers'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 Waylon Smithers, but with all clients who present with concerns (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 Anxiety Inventory (Beck & Steer, 1990) 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 Smithers, followed by his 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 Smithers, there is one primary area of concern, "identity problem," which refers to his internal and external conflicts regarding his sexual orientation. His symptoms and stresses do not meet the criteria for a diagnosable mental disorder but are consistent with the psychological concerns of an identity problem, which is a life difficulty for which an individual might seek counseling or consultation (APA, 2013; Bieschke, Perez, & DeBord, 2007; Fontaine & Hammond, 1996; Meyer & Schwitzer, 1999; Ometo & Kurtzman, 2006).

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 Smithers, the goals center around his primary "identity

problem," which requires that we help him understand the impact of societal heterosexism in his identity development, develop self-acceptance and a positive sense of identity, as well as be able to make a comfortable choice in pursuing a healthy and satisfying intimate relationship.

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 Smithers, we have decided to use Person-Centered Counseling (Bohart & Greenberg, 1997; Broadley, 1999; Carkhuff, 2000; Raskin & Rogers, 2000; Rogers, 1961, 1977) due to its humanistic emphasis on each person's inherent capacity for self-determination, growth, and actualization. Given Smithers's intrapersonal and interpersonal conflicts surrounding his sexual identity, the therapeutic conditions of unconditional positive regard, genuineness, empathy, and congruence would help him understand and work through his issues related to his identity struggles. Additionally, the nondirective nature of Client- Centered Counseling would facilitate Smithers's overall life satisfaction and interpersonal relationships, and in particular, the one with his boss (and secret love interest), Mr. Burns. The highly supportive nature of this type of counseling with clients struggling with identity issues, and in particular sexual identity concerns, will assist Smithers in making sense of conflicting sexual feelings and thoughts, strengthening his sense of empowerment,

and overall life satisfaction (Fontaine & Hammond, 1996; Savage, Harley, & Nowak, 2005). Specific techniques for Smithers will include supporting him in describing the fear, anger, anxiety, and distress over confusion related to his sexual identity, recognition of heteronormative societal pressures, identifying and expressing homoerotic thoughts, feelings, and fantasies, and group support.

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 Smithers's case, we have implemented a number of these, including pre-post measures on the Beck Depression Inventory-II (1996), post-only scores on the Sexual Identity Scale (Stern, Barack, & Gould, 1987), client report of improvement in overall self and life satisfaction, clinician observation of improved overall mood and outlook, and client-reported interest in exploring an intimate relationship.

The completed treatment plan is now developed through which the counselor and Waylon Smithers will work toward improving his overall self-image, eliminating conflicts in his sexual identity, and pursuing satisfying intimate relationships. Smithers's treatment plan appears below and a summary can be found in the table that follows.

TREATMENT PLAN

Client: Waylon Smithers

Service Provider: Springfield Counseling Center

BEHAVIORAL DEFINITION OF PROBLEMS:

1. Identity problem—Physical fights with coworker over sexual-orientation practical joke, worried about and angry at coworkers for thinking he is gay, taunted by coworkers for being gay, denial of gay

identity despite evidence, secretive crush on male employer, sole dedication to his employer, frustration at others for "making it hard for me to just be who I am"

GOALS FOR CHANGE:

1. Identity Problem

- Recognize and resolve conflicted thoughts and feelings regarding sexual identity
- Understand the impact of societal heterosexism in his identity development
- Develop a nonpathology-based understanding of homosexuality
- Develop a positive sense of identity, including but not limited to sexual orientation
- Establish an accurate representation of the lives and lifestyles of homosexual men
- Develop self-acceptance, positive self-regard, and a sense of personal empowerment
- Make a comfortable choice in pursuing a healthy and satisfying intimate relationship

THERAPEUTIC INTERVENTIONS:

A short- to moderate-term course of individual, client-centered counseling, supplemented with group support

1. Identity Problem

- Describe fear, anger, anxiety, and distress over confusion related to sexual identity
- Address pressures of hiding homoerotic thoughts and feelings from self and others
- Identify sexual experiences, thoughts, and feelings that have been interesting and/or exciting
- Verbalize understanding of societal heteronormative pressures
- Role-play disclosure of sexual interests and orientation and identify a trusted person to disclose to

- Attend support group for people planning to disclose or who have already disclosed their sexual identity

OUTCOME MEASURES OF CHANGE:

The development of congruence between his ideal and actual self, improved self-esteem, greater capacity for understanding and expression of feelings, and reconciliation and resolution of his gender identity issues as measured by:

- Post-only scores on the Sexual Identity Scale
- Pre-post measures on the Beck Depression and Beck Anxiety Inventories
- Client report of improvement in overall life satisfaction
- Client report and clinician's observation of gradually increasing comfort over expressing his homosexual thoughts, feelings, and behaviors
- Clinician observation of improved overall mood and outlook
- Client report of improved self-assertion skills at work and related decrease in peer harassment
- Client report of better overall relationships with coworkers

Waylon Smithers's Treatment Plan Summary: Person-Centered Counseling

Goals for Change	*Therapeutic Interventions*	*Outcome Measures of Change*

Identity Problem	**Identity Problem**	**The development of congruence between his ideal and actual self, improved self-esteem, greater capacity for understanding and expression of feelings, and reconciliation and resolution of his gender identity issues as measured by:**
Recognize and resolve conflicted thoughts and feelings regarding sexual identity Understand the impact of societal heterosexism in his identity development Develop a nonpathology-based understanding of homosexuality Develop a positive sense of identity, including but not limited to sexual orientation Establish an accurate representation of the lives and lifestyles of homosexual men Develop self-acceptance, positive self-regard, and a sense of personal empowerment Make a comfortable choice in pursuing a healthy and satisfying intimate relationship	Describe fear, anger, anxiety, and distress over confusion related to sexual identity Address pressures of hiding homoerotic thoughts and feelings from self and others Identify sexual experiences, thoughts, and feelings that have been interesting and/or exciting Verbalize understanding of societal heteronormative pressures Role-play disclosure of sexual interests and orientation and identify a trusted person to disclose to Attend support group for people planning to disclose or who have already disclosed their sexual identity	Post-only scores on the Sexual Identity Scale Pre-post measures on the Beck Depression and Beck Anxiety Inventories Client report of improvement in overall life satisfaction Client report and clinician's observation of gradually increasing comfort over expressing his homosexual thoughts, feelings, and behaviors Clinician observation of improved overall mood and outlook Client report of improved self-assertion skills at work and related decrease in peer harassment Client report of better overall relationships with coworkers

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