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Employing an Eclectic Approach to Reduce Social Anxiety: An Adolescent Case Report

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Abstract

The purpose of this case report study is to evaluate, on a case-specific basis, whether individual counseling sessions based on a technical eclecticism approach are effective in reducing performance anxiety and avoidance behaviors related to social anxiety in a 16-year-old adolescent referred to school counseling. The study is a single-subject, intervention-based case report. The case was evaluated and formulated using a technical eclecticism approach based on Lazarus' BASIC ID model. The intervention process consisted of eight sessions of psychological counseling, supported by supervision. The main techniques used were Metacognitive Therapy and Hypno-meditative Reprocessing Therapy, along with techniques from Schema Therapy and Behavioral Therapy. The results of the visual analysis, together with pre-, post- and follow-up measures using the Brief Symptom Inventory, showed a significant and sustained reduction in the client's anxiety levels and avoidance behaviours. The Reliable Change Index (RCI), calculated using the Jacobson and Truax JT method, confirmed the clinical significance of the changes observed. Furthermore, the therapeutic alliance is considered to be a contributing factor to the positive outcomes. In addition, clients' subjective evaluations of the counseling process also confirmed that the intervention was beneficial. The findings are expected to provide valuable insights for psychological counselors and mental health professionals working with individuals experiencing different types and levels of anxiety.

Key Words

BASIC ID • Case study • Hypno-meditative reprocessing therapy • Metacognitive therapy • Social anxiety •

Technical eclecticism

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Introduction

Students in adolescent period as a critical stage of life, are confronted with various physical, sexual, cognitive, emotional, and social challenges associated with this developmental period (Baysal, 2004). These challenges can lead to students seeking support from school psychological counselling and guidance services due to various personal and educational issues. One of the primary issues leading students to these services is social anxiety and its related subtype, performance anxiety. Social anxiety encompasses experiences of worry, fear, and discomfort in social settings, deliberate avoidance of such environments, and a fear of negative evaluation by others (Bögels et al., 2010; Watson & Friend, 1969). For instance, individuals experiencing intense fear and anxiety during interactions such as conversations, encounters with unfamiliar people, or performing in front of others are considered to have social anxiety. These symptoms can manifest in children as freezing, withdrawal, or an inability to speak (American Psychiatric Association, 2014). Researchers emphasize that social anxiety can emerge in both social interactions and performance-related situations, highlighting the existence of its subtypes (Cox et al., 2008; Hook & Valentiner, 2002; Piqueras et al., 2008; Stemberger et al., 1995; Liebowitz, 1987). Consequently, performance anxiety, considered as a subtype of social anxiety, is defined as a persistent state of worry during performance situations (Salmon, 1990; Stemberger et al., 1995; Wesner et al., 1990) or, in other words, a fear of evaluation (Amin et al., 1998; Beck et al., 1985).

A review of the literature reveals that psychological counseling and therapy practices aimed at reducing social anxiety predominantly rely on the Cognitive Behavioral Therapy (CBT) approach (Abdollahi et al., 2021; Ahi & Yurtseven, 2022; Avşar, 2019; Doğan, 2013; Jazaieri et al., 2017; Kermen, 2019; Mercan & Yavuzer, 20007; Öğütlü & Karaaiz, 2023; van Loon et al., 2023). However, in recent years, researchers have increasingly drawn attention to studies integrating various psychotherapy/counseling approaches and techniques in individual counseling/therapy practices (Özakkaş, 2018; Tuzgöl Dost, 2020). Norcross (2005) suggests that psychotherapy and psychological counseling approaches can be integrated in four different ways: *technical eclecticism*, *theoretical integration*, *common factors*, and *assimilative integration*. In this case study, technical eclecticism was employed, which differs from other integration methods by selecting potentially effective techniques from different therapy orientations rather than combining multiple psychotherapy/counseling theories to create a new conceptual model or therapy/counseling approach (Lazarus & Beutler, 1993; Tuzgöl Dost, 2020). In technical eclecticism, techniques are not randomly selected but are structured based on a logical decision-making process, considering the client, setting, problem, and the psychological counselor's skills (Lazarus & Beutler, 1993). Among integrative methods in psychotherapy/psychological counseling, technical eclecticism is the least theoretically oriented. The approach centers around the question: "What works best for a specific problem?" focusing on pragmatic interventions (Lazarus, 1989; Norcross, 2005). Despite its technique-oriented nature, technical eclecticism emphasizes the importance of therapeutic alliance and rapport between the counselor and the client, recognizing the relationship as the "soil in which techniques take root" (Lazarus, 2003). Thus, the role of the therapeutic alliance in the effectiveness of technical eclecticism is undeniable.

In this case report, techniques primarily from Metacognitive Therapy (MCT) and Hypno-meditative Reprocessing Therapy (HRT) were applied within the framework of Lazarus's Multimodal Therapy, along with selected techniques from Schema Therapy and Behavioral Therapy. The assessment and formulation of the case were conducted based on Lazarus's BASIC ID model (Lazarus & Lazarus, 2019). The Multimodal Therapy approach, developed by Lazarus (1989), posits that individuals function at biological, sensory-perceptual, cognitive, emotional, and social levels, emphasizing the need for a holistic evaluation of these dimensions to enhance the effectiveness and durability of therapeutic change. This approach utilizes the BASIC ID model, known as a multidimensional (multimodal) intervention model, which consists of seven modalities: *behavior*, *affect*, *sensation*, *imagery*, *cognition*, *interpersonal relationships*, and *drugs/biology*. Furthermore, Multimodal Therapy is an approach that employs various techniques from other therapy/counseling approaches in accordance with the function of each modality. In their study evaluating the impact of Multimodal Therapy on performance anxiety through case examples, Lazarus and Abramovitz (2004) emphasized the need for personalized psychotherapy/psychological counseling, advocating for selecting and applying techniques that yield the most positive impact for the individual rather than using a one-size-fits-all approach. Therefore, in this case study, an empathetic relationship was established to strengthen the therapeutic alliance, and need-based pragmatic interventions were implemented following assessment and formulation of the case.

In this case report study, after formulation, Metacognitive Therapy techniques were utilized based on the client's needs. MCT focuses on the responses to repetitive thoughts and the strategies individuals develop in response to them. According to MCT, problems do not arise from negative cognitions themselves, but rather from the responses (strategies) individuals use to manage them. In therapy, the focus is on working with these responses (Wells, 2009). In this case, it was observed that the client's response to negative cognitions was behavioral avoidance, which reduced functionality and negatively impacted daily life. Therefore, MCT was deemed an appropriate intervention.

Hypno-meditative Reprocessing Therapy (HRT), which was used during the intervention phase of this case study, is a holistic approach incorporating bilateral stimulation and hypnotic induction. This facilitates access to distressing or unresolved memories for reprocessing and resolution. HRT shares similarities with Eye Movement Desensitization and Reprocessing (EMDR) in certain aspects and can be used both as a psychotherapy modality and as a technique within therapy (Alan, 2019; Ay & Alan, 2020). Through bilateral stimulation and hypnotic induction, HRT helps clients access, process, and resolve distressing images and memories while incorporating ego-strengthening suggestions to enhance functionality in the present moment, another saying "here and now" (Alan & Güzel, 2018; Uğurses, 2020). Given that this case involved recurrent distressing memories and the need for ego strengthening, HRT was utilized to process negative imagery. Techniques of HRT such as safe-place exercises, ego-strengthening suggestions, bilateral stimulation, and reinforcement of positive cognitions were employed to support the client's psychological resilience and facilitate reprocessing of negative experiences. When processing a negative or traumatic life event, emotional-cognitive processes and bodily sensations are worked on; bilateral eye movement stimuli are performed (Alan & Güzel, 2018; Uğurses, 2020). Shapiro (2001) states that any change in the image of the traumatic memory during eye movement desensitization and reprocessing is an indicator of information processing, and that the disturbing image and negative emotions no longer dominate after the processing. The reason

for choosing this method in the intervention is not only its proposed rapid results (Ayaslı et al., 2020) but also its integrative structure, which aligns with the integrative perspective that forms the foundation of Lazarus's Multimodal Therapy approach. The fact that the counselor who carried out the intervention in this case had been professionally using and applying this method in practice since 2019 was another decisive factor during the selection phase. Besides, the techniques of the Schema Therapy approach, which is cognitively based but has an integrative structure, in particular imagery exercises and limited re-parenting, have been used to address unmet emotional needs from the past (Young & Klosko, 2014; Farrel et al., 2016). In addition, techniques from the Behavioral Therapy approach such as graded exposure to anxiety-provoking situations, behavioral rehearsal through imagery and role-playing, and assigning homework, were utilized to support the client in becoming desensitized to anxiety-inducing scenarios (Corey, 2008). Consequently, the starting point of this case study is to explore the contribution of an eclectic approach, incorporating techniques selected from different counseling/therapy approaches based on the client's needs - to activating positive changes in the client's various modalities within the BASIC ID model and supporting the client's overall empowerment.

Upon reviewing the literature, there are studies indicating that the intervention approaches and their techniques described above and employed in this case are effective in alleviating anxiety-related issues (Ayaslı et al., 2020; Nordahl, 2009; Bamber, 2004). However, to the best of our knowledge, no case report study directly addressing social anxiety or its subtype, performance anxiety, using these techniques within a technical eclectic framework based on BASIC ID model has been encountered. Based on this point, this case study aims to examine whether individual psychological counseling sessions, grounded in the technical eclecticism approach, are effective in reducing the client's performance anxiety developed in the context of social anxiety. This study is expected to contribute to future research in this area and serve as a practical reference for psychological counselors and mental health professionals working with similar cases.

Method

This section includes information about the study's model, the definition of the case, the data collection tools and analysis methods used to examine the possible effects of the intervention in this specific case, the evaluation and formulation of the case, and the intervention process carried out through individual psychological counselling sessions.

Research Design

The study was conducted as a single-case report. Single-case studies are among the intervention-based research models (Büyüköztürk et al., 2024). Case reports specifically address an individual's problems for treatment/therapy purposes, particularly in medicine and clinical/counseling areas of psychology (Riley et al., 2017). It is expected that case studies propose a new method or technique (e.g., defining a problem with a different approach or intervening using various techniques) (Erkuş, 2013). This case study was designed to examine the positive effects of an intervention process applied to a client who presented with symptoms related to performance anxiety and avoidance responses developed in the context of social anxiety. The intervention was conducted through individual psychological counseling sessions based on the technical eclecticism approach of Lazarus' BASIC ID model,

primarily incorporating Metacognitive Therapy and Hypno-meditative Reprocessing Therapy, along with techniques from Schema Therapy and Behavioral Therapy. Thus, the conceptualisation and intervention of the client's anxiety-based problem with a different approach is the unique aspect of this case report study.

Case

E. is a 16-year-old female high school student who was referred to the school's psychological counseling and guidance service by her teacher during the spring semester of the 2022-2023 academic year. She reported having trouble answering questions in class despite knowing the answers, experiencing muscle tension, stuttering, freezing, and being unable to speak. In the initial interview, E. described herself as introverted and stated that she faced significant challenges when asking for something or responding to someone, often experiencing stuttering, blushing, and anxiety. Her expectation from the counseling process was to be able to express herself comfortably. During the initial session, information was gathered about other situations in which E. experienced these difficulties. She reported that the problem also emerged in places like stationery stores, hospitals, and markets, often bringing her twin sister along when she needed to go to such places. E. mentioned that she had the same difficulties during elementary and middle school years and struggled to express herself.

E. lives with her mother, her twin sister, and her younger brother. Her twin sister attends a different high school, while her 14-year-old brother has repeated a grade due to absenteeism and is currently not attending school. Both parents are elementary school graduates and work as factory workers. They divorced two years ago and currently live separately, with the mother being the primary financial provider for the household. E. stated that they have a low socioeconomic status and live in a rented home. She also reported having sleep problems during childhood, occasionally waking up feeling mentally confused and hearing sounds like screaming. When asked about her family relationships and childhood experiences, it became evident that she had experienced traumatic childhood events. She described a childhood environment where her parents' conflicts were highly visible and where she lacked a secure, supportive, and nurturing environment. E. holds strong negative emotions toward her father and his family. She described her family environment before her parents' separation as constantly filled with arguments and conflict. She perceives her mother as emotionally closer, yet also as someone who was mistreated, physically and psychologically abused by her father and his family. She described her father as emotionally distant and not fulfilling a parental role. E. holds restrictive beliefs shaped by her family's social teachings and perceives the world and people as dangerous. During childhood, she had a close relationship with an older cousin, whom she saw as a source of emotional support and care alongside her mother. She also stated that she felt understood only by cousin.

Currently, E. is in adolescence. No developmental issues have been observed. Physically, she appears to have developed in line with her peers, although she shows less concern for her physical appearance than them. She dresses neatly but lacks a strong sense of self-care. She appears more mature than her age and has a suppressed self-concept. She is externally focused and frequently worries about "what others think." Her interactions with the opposite sex are limited, and she holds a negative perception of men, believing that "men are socially harmful and dangerous." She once had a brief romantic relationship, but it ended quickly. Academically, E. performs well compared to her classmates. However, she has weak social relationships and struggles to maintain friendships. She enjoys reading

books, listening to music, and learning foreign languages. Previously, she had an interest in boxing but never attended a course. A year ago, she started a karate course but only attended one session. She also worked at a fabric store for a month, where she noticed that her stress levels in social interactions decreased by the end of the first month. E. has not received any psychological support before.

Research Instruments

In this study, the Brief Symptom Inventory (BSI), developed by [Derogatis \(1992\)](#) and adapted into Turkish culture for adolescents by [Şahin et al. \(2002\)](#), was used to screen the client's general psychological symptoms and quantitatively determine symptom severity before psychological counseling. The BSI was also used to evaluate changes in the client based on quantitative data during the intervention process, which was structured with an eclectic approach. Therefore, in addition to pre-test measurements, post-test and follow-up measurements were also collected using the BSI. The BSI consists of 53 items rated on a 5-point Likert scale ranging from 0 to 4. The original version of the scale comprises nine subdimensions. In the Turkish adaptation, five factors were identified: "anxiety," "depression," "negative self-concept," "somatization," and "hostility." The Cronbach's α coefficients for these five factors range from .70 (depression) to .88 (somatization). The overall Cronbach's α coefficient of the inventory is .94 ([Şahin et al., 2002](#)).

A semi-structured interview form was also prepared to gather information about the client's experiences and views regarding the counseling process and its effectiveness. In the final session, the client was asked questions from this form to obtain subjective evaluations of the process. The questions in the semi-structured interview form aim to determine the client's positive/negative evaluations of the counselling process and his/her views on the changes in anxiety (rated on a scale of 0-10) experienced in self-expression situations within social settings after the intervention, and in physiological, emotional, cognitive and behavioural processes.

Data Analysis

In single-case report studies, research data analysis is generally conducted through visual analysis. In this study, a line graph commonly used in single-case research designs ([Tekin İftar, 2018](#)) and based on measurements obtained from the BSI was utilized. Although visual analysis provides flexibility for researchers in making decisions throughout the research process ([Tekin İftar, 2018](#)), some limitations have also been highlighted. These limitations include the generalizability of research findings, the variability in data interpretation among different researchers, and its insufficiency in providing an in-depth explanation of a situation ([Alnahdi, 2015](#)). Considering the limitations of visual analysis and related critiques, clinical significance tests, which have been widely used in mental health research in recent years, were also conducted.

Clinical significance refers to a meaningful and positive change in the daily functioning and problem-solving abilities of clients following psychotherapy or psychological counseling interventions ([Carpenter et al., 2021](#); [Jabrayilov et al., 2016](#)). In group applications, the effectiveness of an intervention is typically assessed by examining whether the difference between pre-test and post-test scores is statistically significant. However, this method does not determine whether individual changes are clinically significant ([Jabrayilov et al., 2016](#)). In other words, a

statistically significant change may not necessarily be clinically meaningful. Literature emphasizes the importance of knowing individual changes in determining an intervention's effectiveness (Avşar & Şengül Avşar, 2021). Since this study was a single-subject case report and statistical analyses could not be performed, it was decided to look at clinical significance as this provides a more objective method of testing the effectiveness of the intervention process. Thus, the clinical significance of changes in BSI scores was examined by calculating the Reliable Change Index (RCI) using the JT method developed by Jacobson and Truax (1991), one of the most widely used approaches. Furthermore, the qualitative data gathered through a semi-structured interview form were analyzed to explore the client's subjective experiences and evaluations of the counseling process, providing supportive evidence regarding the potential effectiveness of the intervention.

Evaluation and Formulation

The client's symptoms related to social anxiety, a subtype of performance anxiety, and associated avoidance responses align with the diagnostic criteria for social anxiety disorder (social phobia) in the DSM-5 (American Psychiatric Association, 2014). Additionally, the distress severity index calculated from the raw scores of the BSI administered before the intervention was found to be 2.75. A distress severity index above 2 indicates a relative tendency for symptom manifestation (Sahin et al., 2002). The evaluation also revealed that the client exhibited higher tendency for symptoms in the anxiety and somatization subscales of the BSI compared to other subscales. Moreover, the case formulation was based on Lazarus' Multimodal Therapy approach, which is grounded in technical eclecticism, using the BASIC ID model (Lazarus, 2008; Lazarus & Abramowitz, 2004). The client's issue was conceptualized through a comprehensive assessment of each of the seven modalities outlined in the BASIC ID model, allowing for a multidimensional formulation of the case (see Table 1).

The client's relatively high level of anxiety, as determined through the objective assessment provided by the BSI, along with her intense expressions of negative cognitions, bodily sensations, and negative imagery within the context of the BASIC ID model's modalities, were considered to be potentially related to adverse childhood experiences, weak sources of social support, and unmet social-emotional needs resulting from the lack of a secure environment. It was identified that her negative self-cognitions were dominant and carried a judgmental tone. Difficulty in expressing herself comfortably seemed to stem from a tendency to focus on others' perspectives rather than her own. The client's focus on what others would think and say rather than on her own needs and what she wanted to do, i.e. her over-adaptation and consequent distancing from autonomy by avoiding revealing her own self, suggested an underlying belief that she would not be accepted unless she prioritized others.

Table 1.

Evaluation of the case in the context of the BASIC ID model and techniques used in the intervention

BASIC-ID (Modalities)		Evaluation	Intervention Techniques
B (Behavior)	What are the individual's self-limiting actions and maladaptive behaviors?	Intense avoidance behaviors Avoids talking to teachers Does not speak up in class even when she knows the answer of the questions Avoids going to places like markets or shopping centers alone (due to avoidance of interaction with staff)	Behavioral rehearsal (Imagery & Role-play) Behavioral reinforcement Homework assignments
A (Affect)	Which emotions are predominant?	Anxiety Fear Later disclosed anger and frustration	Hypnomeditative reprocessing Ego strengthening Imagery exercises
S (Sensory)	Are there specific physical complaints or bodily sensations related to the problem?	Confusion and heaviness in the head Tension, trembling, facial flushing, Breathing difficulty, Bodily freezing during social interactions (particularly during class)	Psychoeducation Breathing and relaxation exercises Hypnomeditative reprocessing
I (Images)	Which images are predominant?	Threatening and fear-inducing traumatic childhood scenes, especially intense parental conflict Recalled a scene where father attempted to strangle the mother, during which she felt intense fear and froze	Imagery exercises Hypnomeditative reprocessing Limited reparenting
C (Cognitions)	What are the dysfunctional thoughts and beliefs?	The family's teachings are dominant. Negative and judgmental self-cognitions.Examples: "I am not strong," "Something is wrong with me," "My thoughts harm me" Beliefs that the world and people are dangerous	Detached mindfulness Hypnomeditative reprocessing
I (Interpersonally)	Who are the significant others in the person's life?	Weak social support system Cousin is a key support figure	Limited reparenting
D (Drug)	Is the individual biologically healthy? Any drug or substance use?	No reported illness Normal weight and sleep Childhood sleep issues No medication use	Psychoeducation

Note: Since the Hypnomeditative Reprocessing Technique involves working on emotional-cognitive processes and bodily sensations through images, it is included as an intervention method in the emotion, sensation, cognition, and imagery modalities of the BASIC ID model.

Intervention Process

In this case report study, intervention was conducted as part of a "Consultation and Supervision" course in a doctoral program in Psychological Counseling and Guidance at a state university in Turkey. The first author carried out the individual psychological counseling sessions, while the second author provided weekly supervision. The intervention consisted of eight 45-minute sessions held weekly in a face-to-face setting. After the counseling process, follow-up sessions continued once a month for five months. Before starting the intervention, both the client and her parent were informed about the process via an consent form, and verbal and written consent were obtained to ensure voluntary participation and the confidentiality of identifying information in scientific publications. Additionally, pre-test measurements were conducted before the sessions began.

To concretize the intervention goal and make progress observable, the client was asked to rate her anxiety on a scale from 0 to 10, where 0 indicated no problem and 10 indicated maximum severity. She reported an initial anxiety level of 9-10 and aimed to reduce it to 3. When asked, "What does reducing your anxiety to 3 mean for you?", she stated that it would signify a decrease in avoidance behaviors and physical symptoms (e.g., blushing, difficulty breathing) in situations requiring verbal participation. Thus, the intervention goal was set in a way that both the client and counselor could observe.

The intervention primarily focused on emotions, behaviors, sensations, cognitions, and imagery. The sessions included psychoeducation about anxiety, detached mindfulness exercises from MCT techniques, hypno-meditative reprocessing and ego strengthening from HRT techniques, imagery exercises and limited reparenting from Schema Therapy techniques, and behavioral reinforcement, homework assignments, – for desensitization – behavioral rehearsals through imagery and role-playing from Behavioral Therapy techniques. These techniques were integrated into the BASIC ID modalities (See Table 1). Accordingly, each session's content was detailed below.

First Session. Information about each BASIC ID modality was gathered, and the client provided background information about herself and her family (See Table 1). When describing her mother, she emphasized her sacrifices and hardships for her children. In contrast, she described her father with more negative terms such as stingy, selfish, and prone to violence. Additionally, information was collected about the client's emotional and physical symptoms in social and academic performance situations. Psychoeducation on anxiety began in this session.

Second Session. In this session, psychoeducation on anxiety was continued. The client reported physiological symptoms such as facial blushing, hand clenching, and freezing up, ultimately resulting in an inability to speak in social interactions. Her negative cognitions included "What if they think badly of me?", "What if they make fun of me?", and "What if I fail?" She often experienced a sense of entrapment in these situations. When asked to rate her anxiety on a scale from 0 to 10, she reported a level of 9-10 and stated that when her anxiety decreased to around 3, she would be able to say, "I no longer have this problem". At that point, the client was asked, "How will we concretely observe that your anxiety has dropped to 3 and that you no longer have this problem?". She responded that being able to express herself freely and clearly communicate what she wants or does not want would be sufficient indicators. Initially, she believed in the possibility of change at about 25%, but when reminded of her experience of stress reduction over time while working in a textile shop, she stated that her belief in change had

increased to around 50%. Throughout the counseling process, in order to foster self-activation, the client was asked about her own thoughts regarding events and situations, and she was encouraged to express herself through ego-strengthening suggestions. It was observed that she held particularly negative thoughts about men and frequently focused on the thought, "What will others think?". To help her shift focus from others' opinions to expressing and understanding her own thoughts and emotions, an empathetic approach was followed.

Third Session. In this session, the client was gradually encouraged behaviorally, and step-by-step behavioral rehearsal techniques were applied through imagery and role-playing to reduce avoidance. Conversations with teachers and friends formed the agenda for behavioral rehearsal through imagery and role-playing. Using this technique, the client practiced responding to peer pressure to skip class by saying 'No, I don't want to skip class' during the session. Similarly, behavioral rehearsals based on imagery and role-playing were conducted to help the client feel more comfortable speaking with teachers about topics of interest. Initially, during the first and second attempts, the client appeared highly anxious, with fragmented and incomplete sentences. However, in later rehearsals, the client was observed to express themselves more comfortably. The client was assigned homework to practice these steps gradually in daily life, just as in the session. In the following sessions, it was learned that the client attempted self-expression exercises in communication with teachers and friends.

Fourth Session. Since cognitive fusion was observed in the client, this session included exercises from the MCT approach, specifically detached mindfulness, to reinforce the idea that thoughts cannot harm client (Wells, 2009). The detached mindfulness exercises aimed to help the client detach from negative cognitions, place distance between herself and these thoughts, and observe her mind from an external perspective. These exercises were based on the principle that a person is not solely defined by her/his thoughts and were applied to weaken the strategies developed in response to thoughts. During the exercises, the client was asked to close her eyes and imagine various thoughts passing by. In this experience, the client described her negative thoughts—such as "I am useless," "Everyone is dangerous," and "No one cares about or values me"—as resembling pieces of trash and observed them passing by. When the client mentally stepped back and refrained from interfering with these "trash-like" thoughts, she realized that the thoughts passed without causing harm. Most of the exercises were conducted with the client observing her mind from an external perspective, and the client reported being able to distance herself from negative thoughts.

During one of the exercises, a traumatic memory from when the client was around 4–5 years old emerged—an image of their father attempting to strangle her mother. In the next step, it was revealed that the client exhibited freeze responses, tensed up, and that these reactions closely resembled the emotional and bodily sensations experienced in class. The client expressed feeling trapped in that traumatic childhood event and blamed herself for not doing anything to stop it or call for help. While recounting this experience, the client had emotional releases, frequently displaying fear, crying, and bodily tension. As the client shared this memory, the counselor provided validation by explaining that, as a 4–5-year-old child, it was completely normal for her to be unable to react or speak up at the time, that she was not guilty, and that she had done nothing wrong. During the exercise, the client was reminded that the memory and imagery could not harm her, that she was currently safe, and that she should mentally

take a step back and simply observe the memory as it passed. It was observed that this practice, especially the validation, provided the client with relief and that she had a strong need to share this experience.

Fifth Session. In this session, since the client had a weak social support system and poor family relationships, the counselor adopted a *limited reparenting* stance to support her interpersonal relationships and provide a model of a healthy parental figure, encouraging the client to express emotions related to her negative childhood experiences. According to Schema Therapy, limited reparenting refers to meeting the client's unmet childhood needs in the therapeutic relationship while maintaining appropriate boundaries (Young et al., 2003). In this session, in addition to the negative memory shared in the previous session, the client recalled and described another memory in which her aunt burned her belongings. She stated that she might be ready to work through these memories in the next session, and that for this session, she wanted to focus on the behavioral steps she had taken. She mentioned that she had spoken with a subject teacher and her homeroom teacher about the issue of skipping classes, and also talked to them about her boxing course. Although she felt anxious during the behavioral rehearsals in the session, she noted that she gradually started to feel safe during the conversations. While working on her difficulty expressing herself, the client reported that her belief in the possibility of change, which had previously been around 50%, had increased to 80% as a result of the steps she had taken and the progress she had made.

Sixth Session. In this session, an HRT session was conducted for the traumatic childhood memory involving the client's parents, which had surfaced in a previous session. When asked about distressing memories, the client identified the scene of her father attempting to strangle her mother as the most disturbing. She also noted that the emotions she felt during that memory were very similar to the feelings she experiences in social settings and performance situations, where she becomes tense and freezes. The session began with psychoeducation on HRT. Before the intervention, information was gathered about the client's emotions, bodily sensations, negative self-beliefs, and positive self-beliefs. The dominant emotions were identified as "fear" and "disappointment." The HRT process then began. After inducing relaxation through *white light induction*, a safe place exercise was conducted. In this exercise, the client was instructed to associate a positive bodily sensation symbol with their right shoulder and a mental image (like photograph) of a positive memory with their left shoulder. She selected a moment with her cousin—one that made her feel happy, calm, peaceful, and safe—as the positive memory, and chose a tree as the symbol of her positive bodily perception. Following this, five rounds of the safe place exercise were conducted with bilateral stimulation. The session then moved into the reprocessing phase, where the "V cycle" of HRT was implemented in ten rounds of bilateral stimulation. In the V cycle, the negative memory was presented in front of the client as a mental image, while the positive symbol (the tree) and the positive memory with her cousin were placed on her right and left shoulders, respectively, as in the safe place exercise. One set of bilateral stimulation was applied to process the unresolved emotional distress linked to the traumatic memory. Then, an additional five rounds of the safe place exercise were performed with bilateral stimulation, focusing solely on the positive memory and the positive symbol. By the end of the session, the client's subjective distress level regarding the traumatic memory, rated on a scale of 0 to 10, had decreased from 9 to 0. The negative self-belief "I am powerless and guilty" transformed into "I am strong and not guilty." At the beginning of the session, the positive self-belief in relation to the negative memory was rated at 65% (on a scale of 0 to 100), but following the V cycle of HRT, it increased to

85%, indicating that the client felt significantly stronger and less guilty. Finally, the hypnotic session was concluded using *white light induction*. The client reported that the sense of confusion she had been experiencing in her body had eased. She also visualized placing the tree—her positive symbol—into her heart, and the counselor reinforced the idea that she could access it whenever she needed a source of safety and peace.

Seventh Session. It was observed that the client's awareness had increased through the previous sessions focusing on cognition, sensation, imagery, and emotion. The counselor gathered the client's reflections on these insights. She explained that in the past, she had formed friendships by being very shy initially and making others perceive her as weak, which led them to feel sorry for her and befriend her out of pity. She also realised that she had behaved as though she had no personal boundaries. In addition, the client also became aware that as she started asserting her boundaries, some conflicts arose. However, she noted that she now felt stronger and believed she could better express what she wanted and did not want, which she expected to positively impact their friendships. The client reported practicing the "safe place" exercise daily and described how it made her feel very good. She also shared that two days ago, the tree she had visualized in previous sessions had started blooming with purple and pink flowers. When asked how she interpreted this flowers, she responded: *"It feels like this tree used to be weak and fragile, affected by everything like rain, snow, and cold. But now, it has grown stronger, with lots of leaves. It's even strong enough to bloom flowers now."* At this stage, the client was encouraged to engage more frequently with teachers, participate in social and sports activities, and continue to build on her progress.

Eighth Session (Termination Session). This session was the termination session, during which the entire counseling process was evaluated with the client, and a summary of previous sessions was provided. The client reported feeling more comfortable in class, and that she had even received positive feedback from her teachers regarding her progress. She mentioned that they had said things like, "There is a change in you, that's the way to go!" and that they had noticed the changes in her. She expressed that receiving positive feedback made it easier to take further steps and that she no longer felt afraid to speak up in class. She stated that she had begun to understand that making mistakes was normal and that she was less concerned about being wrong. Since the previous session, she reported raising her hand and attempting to speak in almost every class. She mentioned answering questions incorrectly twice in geography class, but that in those moments, she briefly felt guilty for making a mistake. However, she quickly calmed herself with deep breathing and reassured herself with thoughts like, "It's okay, you're not guilty, you're strong, anyone can make mistakes, this is normal," and symbolically embraced the tree she had visualized during the HRT exercise, which helped reduce her anxiety. Additionally, she shared that she had made some plans, specifically expressing a desire to engage in a sport such as boxing or karate. She decided to choose one of the courses and continue with it. She noted that her positive belief in herself had increased, and she rated it at over 90%. These steps were interpreted as reflections of her ability to live with her emotions and accept both herself and her feelings, rather than avoiding them. Following the completion of the eight-session psychological counseling process, it was decided to conduct follow-up sessions once a month to support the client's continued progress. These meetings continued for five months.

Results

The findings obtained through data collection tools to examine whether the eight-session individual psychological counseling intervention based on technical eclecticism was effective in reducing the client's social anxiety and accompanying symptoms are presented in Figure 1. The changes in BSI (Brief Symptom Inventory) scores before and after the psychological counseling intervention are shown in the line graph in Figure 1.

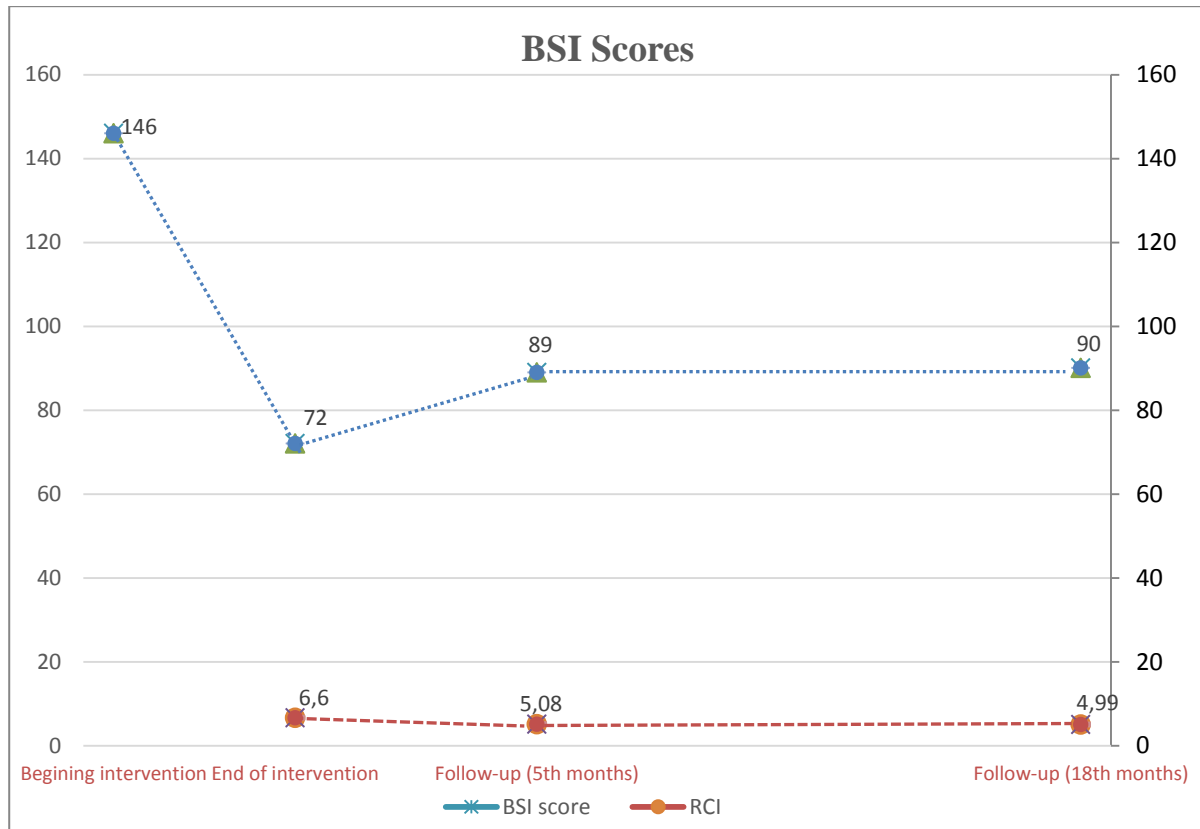


Figure 1. Line graph showing the change in BSI scores before and after the psychological counseling intervention

The total raw score of the Brief Symptom Inventory (BSI) was used to compare the pre- and post-intervention measurements in assessing the effectiveness of the psychological counseling intervention based on technical eclecticism. The findings indicate a decrease in the BSI pre-test score (146) to 72 after the psychological counseling intervention. Besides, the distress severity index, calculated from the pre-counseling BSI raw scores, was 2.75, which decreased to 1.36 post-counseling. A distress severity index below 2 suggests a relative reduction in the individual's tendency to exhibit symptoms. When testing whether this decrease in post-test scores is clinically significant, the RCI was found to be 6.60 ($|RCI| \geq 1.65$, $p \leq .01$) after eight sessions. This finding suggests that the change in the client's symptom level is clinically significant. During the follow-up session conducted five months after the intervention, the BSI score was measured at 89, and the distress severity index was 1.68. In the follow-up session conducted 18 months after the intervention, the BSI score was recorded as 90, and the distress severity index was 1.70. Although there was a slight increase in the client's symptoms in the follow-up measurements compared to the

post-test measurement, the RCI was 5.08 for the five-month follow-up ($|RCI| \geq 1.65$, $p \leq .01$) and 4.99 for the 18-month follow-up ($|RCI| \geq 1.65$, $p \leq .01$). This finding provides evidence that the change observed after the intervention is enduring (See Figure 1).

Additionally, in the final session of the psychological counseling intervention, the client's subjective evaluations of the process were collected through an interview. It was observed that the client's evaluation of the counseling process was positive. When asked to indicate her level of anxiety in situations requiring self-expression on a scale from 0 to 10, the client reported that her anxiety level had decreased from the pre-intervention level of 9-10 to 2-3. When asked to explain what an anxiety level of 2-3 meant, the client stated that she felt more comfortable participating in classes and speaking with teachers, that she no longer perceived making mistakes as a problem, and that her feelings of fear and anxiety had diminished. In addition, the client reported a decrease in physical symptoms such as muscle tension, facial flushing, trembling, and difficulty breathing. In the follow-up session conducted five months after the intervention, the client mentioned frequently visualizing the symbol (a tree) created with the counselor during the hypnomeditative sessions which helped her feel physically relaxed and at ease. The client also reported taking up boxing as a sports activity. Furthermore, improvements in friendships were also reported, and the client stated that she felt more comfortable in social environments such as supermarkets.

In conclusion, the subjective experiences shared by the client support the quantitative findings indicating a reduction in symptoms following the intervention. These findings provide evidence that psychological counseling intervention and applied techniques based on technical eclecticism were effective in reducing social anxiety as well as accompanying performance anxiety and avoidance responses.

Discussion, Conclusion & Suggestions

In this case study, it was concluded that the psychological counseling intervention based on technical eclecticism was effective in reducing social anxiety, performance anxiety associated with social anxiety, and the accompanying avoidance responses in the case examined. Moreover, findings obtained from follow-up assessments conducted in the 5th and 18th months after the intervention indicate the persistence of the positive changes observed. The case was evaluated from a multidimensional perspective based on the BASIC ID model, which formed the foundation of the intervention plan. It is stated that this model provides a roadmap that allows for a comprehensive and holistic understanding of the aspects of the client that need support, enabling the creation of an individualized intervention plan. Therefore, it is suggested that this approach yields more lasting results compared to other approaches (Lazarus, 2008; Lazarus, 1989). At this point, it can be said that the evidence of the lasting nature of the positive change in this case study supports the view that the BASIC ID model, which forms the basis of Lazarus' multimodal approach, yields enduring results. On the other hand, researchers also emphasize that the MCT approach, of which techniques were utilized during the intervention phase, is highly effective in treating severe psychological problems (Vanheule et al., 2010). Studies indicate that the improvement rate in generalized anxiety disorder using MCT techniques is approximately 70–80% (Wells, 2009). Additionally, Nordahl (2005) reported that MCT was more effective than CBT in reducing anxiety and worry in treatment-resistant cases. Similarly, Johnson and Hoffart (2016) highlighted positive outcomes for a patient comorbid anxiety disorder in a case study where they applied MCT. Studies on HRT,

another technique included in the intervention, are limited since it is a relatively new psychotherapy/psychological counselling method. Although the number of studies is limited, research on anxiety (Ayaslı et al., 2020), persistent complicated grief disorder (Alan Gencer & Alan, 2023; Ay et al., 2020), and trauma (Uğurses, 2020) has reported positive outcomes. Additionally, the Schema Therapy techniques—such as limited reparenting—used in this case have also yielded positive outcomes in various interventions for the treatment of anxiety disorders (Bamber, 2004; Hedley et al., 2001). Furthermore, various studies in the literature emphasize that the techniques derived from the Behavioral Therapy approach—such as behavior reinforcement, behavior rehearsal through imagery and role-playing, and homework assignments, which were utilized during the intervention process—helped the client become desensitized to anxiety-provoking situations (e.g., Corey, 2008; Huppert et al., 2006; Mesa et al., 2015; Saman & Baktiar, 2020). Although a directly comparable study that matches the results of this study could not be found, several studies in the international literature support the effectiveness of the eclectic approach (Butiuc, 2016; Lazarus & Abramowitz, 2004; Lazarus & Beutler, 1993; Saundia, 2014). It can be concluded that all these theoretical and empirical literature support the findings of this study.

On the other hand, the significant role of the therapeutic alliance in the positive change observed in this case should not be overlooked (Soygüt, 1999). The therapeutic alliance is considered as a whole within the context of the relationship and is said to consist of three main components. These components are: “the agreement between the psychological counselor/therapist and the client on tasks and the application of specific techniques”, “the consensus on goals and expected outcomes”, and “an affective bond involving mutual trust and acceptance between the psychological counselor/therapist and the client” (Bordin, 1979). Horvath and Luborsky (1993) highlight strong evidence that establishing and maintaining a robust therapeutic alliance enhances client’s motivation to remain in therapy/counseling and contributes to positive outcomes. Thus, it is considered that the client’s motivation throughout the process, supported by the therapeutic alliance, is also among the factors influencing the positive change in her.

Based on the findings of this study, several recommendations can be made for researchers and practitioners. In this study, it was concluded that the psychological counselling practice based on technical eclecticism, which was carried out by integrating the techniques of Schema Therapy and Behavioural Therapy approach, mainly MCT and HRT on the basis of the BASIC ID model in Lazarus’ Multi-Model Therapy, was effective in reducing the client’s social anxiety and performance anxiety that emerged with this anxiety. Based on this result, as recommendation, in individual psychological counselling interventions with adolescent clients experiencing social anxiety despite having sufficient cognitive capacity, an eclectic approach that integrates techniques from different therapy/counselling approaches specific to the client’s needs may facilitate coping with this problem and contribute to positive changes in their daily functioning.

Furthermore, as part of preventive and protective psychological counselling and guidance services in schools, psychological counsellors can include especially ‘detached mindfulness’ exercises of MCT and safe place exercise included bilateral stimulation of HRT in their psychoeducational programmes, as these two techniques are complementary and can be used by individuals on their own. Thus, it may have a preventive effect against cognitive

fusion and help students cope with potential psychological difficulties, ultimately strengthening their psychological resilience. Taking into account the counselling skills of practitioners, increasing the number of case studies based on eclectic approaches – where different psychotherapy/counselling techniques are integrated and evaluated – would contribute to the literature and to practitioners as a road map.

On the other hand, it should be noted that the intervention plan followed and the results obtained in this case cannot be generalised. The intervention plan designed for this case could be modified on a case-by-case basis for different types of anxiety and then applied. As each individual has unique personal characteristics, family structure, and cultural background, it may be recommended to implement personalised intervention plans using an eclectic approach that integrates techniques from various counseling and therapy approaches, based on the BASIC ID model, which provides a systematic framework for technical eclecticism.

Contributions of the Supervision Process

Throughout this case, weekly supervision sessions were conducted for each session of the psychological counseling process. The supervisor provided recommendations and support in conceptualizing the case, selecting appropriate techniques, and evaluating the intervention while monitoring the supervisee's psychological counseling skills and competencies in applying planned techniques. It is believed that the supervisee's openness to feedback and willingness to learn, as well as the supervisor's supportive attitude and empathetic approach, contributed positively to the process. [Borders and Brown \(2005\)](#) define the relationship between the supervisor and the supervisee as a fundamental component of the supervision process and one of its most critical dimensions. This relationship is considered as valuable as supervisory skills. Given the similarities between psychological counseling and supervision processes, it is believed that a supervisory relationship based on mutual respect, empathy, sincerity, and trust also positively influences the psychological counseling relationship. Taking the developmental level and needs of the supervisee into account, the supervisor transitioned between the roles of teacher, consultant, and counselor and carried out the supervision process within a collaborative framework.

Limitations

This case study has several limitations. One limitation is that it was conducted with a single participant. To generalize the results, this intervention based on the eclectic approach could be tested within a research framework involving multiple individual counseling applications with different participants, and it could be determined whether the intervention produces significant changes across individuals (e.g., [Avşar, 2019](#); [Frets et al., 2014](#); [Leigh & Clark, 2016](#)). Another limitation concerns the assessment of the positive changes observed in the client after the intervention. In this case study, four measurements were utilized, including pre-test, post-test, 5th-month follow-up, and 18th-month follow-up, all assessed using the BSI. Therefore, it can be considered a limitation that only the BSI was used for general symptom screening at the beginning of the intervention process and for monitoring change afterwards, and that a total of four measurements were taken. In future studies, it may be recommended to use additional scales for the problem in this case report. In addition, serial measurements may be useful to track and evaluate changes over time in more detail.

Ethic

We declare that the research was conducted in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. A signed informed consent form was obtained from the client, confirming their voluntary participation in the psychological counseling process and stating that the information gathered could be used in scientific publications with confidentiality ensured. As the client was legally underage, consent was also obtained from her parent.

Author Contributions

This article was jointly written by two authors.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Notes

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