

# Meet Maya: A PIE Walkthrough

*An annotated example using the Person-in-Environment framework*

Read the narrative on the left. The annotations on the right show how each detail maps to a PIE level. Notice how many details belong to more than one level at once.

## HOW TO READ THIS WALKTHROUGH

*Four levels, color-coded, in a real clinical narrative*

Maya is a composite teaching case. She is not a real client, but every detail is drawn from real patterns you will see in practice. The story unfolds the way a first intake usually does, with new pieces surfacing as trust builds. At each step, you will see how a Person-in-Environment clinician hears a detail on more than one level at once.

MICRO is the person and their closest relationships. MEZZO is the groups and institutions they move through. MACRO is the policies, economics, laws, culture, and history around them. CHRONO is the life stage, historical moment, and arc of the case. Chrono is a full level, not an afterthought.

## THE REFERRAL

*How Maya arrives*

Maya is 29. Her primary care doctor referred her after a routine physical where she scored high on a standard anxiety screen. The referral note says generalized anxiety, rule out depression, requesting short-term therapy. She called the clinic herself and scheduled the first available intake.

She works two jobs: full-time as an administrative coordinator at a regional logistics company, and part-time on weekends at a family-owned catering business run by her aunt. Her intake form lists a high-deductible health plan and notes that she has not seen a therapist before.

### MEZZO

*PCP is part of Maya's care team. That referral pipeline is her entry point into mental health care.*

### MACRO

*A screening tool decides who gets a referral. The instrument and the cutoff are policy choices.*

### MICRO

*First-time help seeker. That itself is a data point about what she has been carrying alone.*

### MACRO

*High-deductible insurance and two jobs are structural facts that will shape what treatment is possible.*

## WHAT MAYA BRINGS TO THE FIRST SESSION

*Letting the story unfold across four levels*

Maya sits down, apologizes for being five minutes late, and says she almost cancelled twice. She tells you she does not

### MICRO

really believe in therapy but her doctor was insistent. She describes a constant low hum of worry, trouble sleeping, and a tight chest she used to be able to ignore. She says she is a first-generation college graduate, the first in her family to finish a four-year degree.

Her parents immigrated before she was born. Her father runs a small repair shop, her mother cleans houses. She has two younger siblings in high school and college. She is the one who translates appointments, files paperwork, handles the insurance calls, and sends money home when her parents are short. She says this with a shrug, like it is obvious.

When you ask about support, she mentions her faith community first. She volunteers with the youth group every Sunday. She says it grounds her, and then quieter: sometimes it is one more place she cannot say no. A respected elder told her last month that strong women do not need therapy, they need prayer.

You ask what made her finally come in. She says her mother was diagnosed with early-stage diabetes six weeks ago, and her father's back has been getting worse. She is starting to think about what happens when one of them cannot work, and she cannot stop running through the numbers in her head. She has not told her siblings any of this.

She mentions, almost as an afterthought, that her company does not offer a mental health benefit and her high-deductible plan means each session is out of pocket until she hits the deductible. She asks, carefully, how many sessions you think this will take. You notice her calculating.

At the end of the session she asks if you have worked with second-generation immigrant women before. When you say

*Identity as a first-gen grad is core to how she sees herself and what she tolerates.*

#### MEZZO

*Her family's beliefs about therapy are already in the room with her.*

#### MICRO

*She is a devoted caregiver to her siblings and a cultural broker for her parents. That is labor, not personality.*

#### MEZZO

*Her household functions as a multi-generational care unit. She is the connective tissue.*

#### MACRO

*Immigration status, language access, and benefits navigation are structural forces shaping this family.*

#### MEZZO

*The faith community is both anchor and pressure. Hold both of those truths at once.*

#### MACRO

*Cultural scripts about strength and mental health are not personal beliefs alone. They are transmitted, enforced, and structural.*

#### CHRONO

*Life stage: the hinge point between emerging adulthood and becoming the family caregiver. This is a chrono event in real time.*

#### MACRO

*A parent's chronic illness is also an encounter with the healthcare system, disability policy, and economic precarity.*

#### MACRO

*This is not a motivation question. It is a cost-of-care question shaped by her insurance design.*

#### MEZZO

*Her workplace benefits structure is a mezzo system that is actively shaping what treatment she can accept.*

#### MICRO

yes, her shoulders drop half an inch. She schedules a second session, then pauses at the door and says: I do not know if I can keep coming, but I would like to try.

*Naming herself out loud is part of the work. Her identity is not a demographic box, it is a clinical variable.*

#### MACRO

*The shortage of culturally responsive providers is a structural fact she is already navigating.*

## PIE FORMULATION

*Where the levels intersect*

Maya meets criteria for Generalized Anxiety Disorder and has subclinical depressive symptoms. The anxiety is real. It is also the expected response of a person holding an adult caregiving load, a cultural script that forbids naming it, a workplace with no benefits, an insurance design that taxes help seeking, and the early signals of a parental health decline.

A micro-only formulation would treat her anxiety as a skills deficit: she needs better cognitive tools and sleep hygiene. A PIE formulation names the skills work and everything else. Her symptoms are a signal that multiple levels are squeezing her at once. The intersection matters more than any single level.

*The chrono level is the one most often missed here. Maya is standing at a developmental hinge and a family caregiving hinge at the same time, inside a post-pandemic labor market that changed what her job and her parents' jobs look like. Missing chrono means missing why this is surfacing now.*

## TREATMENT PLAN BY LEVEL

*What moves, by whom, and when*

### MICRO.

Weekly individual therapy. Psychoeducation on anxiety as a caregiving signal, not a character flaw. CBT skills for rumination and sleep. Values clarification around the caregiver role she is moving into. Room to grieve what she has been carrying alone.

### MEZZO.

With her permission, coordinate with her PCP on symptom tracking and sleep. Explore whether her faith community has any lay support or women's circle she could opt into without the elder's framing. Consider whether her siblings can be looped in on the parental health picture.

### MACRO.

Connect her with a benefits navigator to understand what her mother's diagnosis unlocks (care coordination, disability planning, community health worker resources). Provide a written statement her employer's HR can use to request EAP expansion or reasonable accommodation for medical appointments.

### CHRONO.

Name the life-stage hinge out loud with Maya. Build a six-month map of anticipated transitions (her parent's next appointment, her sibling's college decision, open enrollment season). Plan for the anniversary dates that are likely to be harder. Revisit the plan as the arc of the case shifts.

## READER REFLECTION PROMPTS

*Use these for class, supervision, or your own practice*

- 1.** Where in Maya's story did you catch yourself reaching for a micro-level explanation first? What would you have to change in your own listening to hear chrono in the room?
- 2.** Which details belong to more than one PIE level at once? What does that overlap tell you about intervention sequencing?
- 3.** What would be lost if the case note only said: Client presents with generalized anxiety, referred for short-term CBT?
- 4.** Which mezzo or macro resource in your current community would actually move Maya's situation? Name it specifically.