

Case Presentation Outline

- 1. Demographics & Diagnosis & Precipitating event**

Age, gender, ICD-10 Diagnosis name and code, ethnicity/cultural relevance/spiritual, living situation/sober living/residential/homeless and Education. Precipitating event for client seeking treatment (what made them pick up phone and come to treatment). Note agencies, organizations, or groups involved including court cases, probation, CPS, referring source...
- 2. Client Background/Relevant History**

Previously in treatment? Age of First time to therapy or rehab. Any psychiatric hospitalizations, relevant previous treatment episodes, number of times in rehab, suicide attempts/ideations ever in life. Share any historical information which might clarify client's current situation, or the situation may have arisen suddenly without obvious historical causes. Significant adverse or traumatic events, school performance, family structure, alcoholism or addiction in family.
- 3. Key findings/observations/Ct desires**

Give details of the current situation relevant to understanding why this situation is a case. For example, give observable signs/symptoms of illness, environmental factors that may impinge on client, and potential resources within the situation/client. Ct desires/perception of problems, Client quotes are helpful here.
- 4. Formulation**

Describe your understanding of why things are as they are. This should reflect one or more theoretical perspectives in some way. Note any countertransference issues.
- 5. Interventions and Plans**

Treatment plan in Kipu may be referenced. Describe what you have done and what you plan to do about the situation. May wish to state where you on in progress on goals.
- 6. Reason for Presentation: What would you like help with?**

Explain why you selected this case when you could have presented several other cases. Does it present a unique challenge or an unusual problem? Does it illustrate the effectiveness of an intervention? Would you like help with the case, or are you presenting it so others can learn from your experience? What do you want from us, instruct your audience.



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Sample Case Presentation

Demographics J.J. is a 37 year old Mexican American male referred to the program following a positive test for marijuana and methamphetamine at his place of employment; in order to return to work he must successfully complete IOP. He works on the crew of an oil rig, although gone a lot for work, he earns a decent living, has nice car, suburban home. He currently lives alone after in an apartment since October 1st, 2015, since being kicked out of his home by his wife of five years. He has no children from the current relationship but has a 15-year-old son from his first marriage. He denies any particular religious or spiritual orientation but acknowledges having been raised in the Catholic Church. He speaks Spanish and English, and he reports associating primarily with people who speak Spanish. Ct is completed AA degree at community college.

Background The client was raised primarily by his mother and older sisters after his father left the family when the client was about four. He did not see his father much after that. He reports average grades in school, dropped out in the 10th grade to hang out with his friends and earn money, but did complete his GED. He later got an associate's degree from community college, got a girl pregnant at age 20, got married and had first child. He decided he would not go on to complete bachelors in service of earning more money for his family. He has had several jobs, all of which apparently involved manual labor. He reports "a few" arrests for alcohol related crimes; the most recent was five years ago for DUI. He has never been in treatment.



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Sample Case Presentation (cont)

Key findings The client admits that meth has caused a “Few problems” in his life over last “Couple years”, but does not believe he has a problem with marijuana or alcohol. He says his wife kicked him out because of his positive drug test, “she didn’t know I used meth on occasion”. Ct says, “I work hard for all that we have; she has no right to question me”. He does not see his son or his first wife. His longest employment is about two years—on his present job—and he acknowledges having been fired on “a few” occasions, but does not acknowledge why. He says he is willing to complete our IOP program just “to get them off my back,” but insists that he does not desire long term sobriety, is not an “alcoholic or an addict”, and does not have a serious problem, does not belong in rehab or AA. Ct agreed to attend 3 outside meetings per program requirements. He will attend SMART meetings. Ct is motivated to comply to return to work.

Formulation Ct has clear substance abuse problem, is in pre-contemplation stage of change. Cts ways of thinking are somewhat consistent with “Machismo” Latino culture. He appears to have issues with intimacy related to his father’s abandonment and as evidenced by his non-existent relationship with his son. The pattern of employment and the relationships with his women suggest poor interpersonal skills and poor emotional regulation. Countertransference: I notice I feel personally annoyed by the machismo, especially in his comments regarding his current wife. I could feel my face get hot, so I did deep breathing in the room and attempted to focus on what I liked about his client and how I might help him through his suffering.



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Sample Case Presentation (cont)

Intervention
s and Plan
(next
steps)

I attempted to develop rapport through the use of active listening and reflection. The plan is to continue assessment, and through motivational interviewing, attempt to identify an area that the client considers a concern. Leveraging his external motivations, allow him to participate in IOP program with strict behavioral agreements, no leniency on meetings, groups, writing assignments, adhering to IOP protocol- go through the treatment process for the sake of avoiding adverse consequences at work, learning social skills, emotional regulation skills, king baby protocol, allow tribe to teach him via group, foster forming sober social network. Suggest sober living with fellow IOP to increase his chances of sobriety/clean UA tests- in service of completing IOP successfully and meeting ct's goal of returning to work.

Reasons
for
Presentatio
n (what is
your
question,
what would
you like
help with)

Although this case appears routine, I am concerned that I may be overlooking something or that a different formulation of the case might produce a better chance for a positive outcome. I would like feedback on my case formulation, theoretical orientation or areas I may have missed. I would also like suggestions on how I might address JJ's machismo. Should I share my personal reaction? Additionally I'd like to hear any positive feedback you might have. Thank you.

C

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