

### Identifying Information

Client Name: Maria Quantas

Age: 47 years old

Ethnicity: Latina

Marital Status: Married

### Intake Information

Maria Quantas, a 47-year-old Latina, comes to the intake at the insistence of her 28-year-old son, Angel. She seems weak and has a visible tremor. Her son reports that she has recently demonstrated slow thinking and slurred speech and had noticeable bruises on her extremities. She has had cycles of sleeping excessively and then being up all night for several nights in a row.

Maria admits that she has felt restless lately. She reports that she recently went to her medical doctor, who prescribed some sleeping medications. She also says she has a chronic problem with migraine headaches, which has worsened recently. One week prior to this appointment, she had a seizure. The etiology remains a mystery, but the doctor at the hospital recommended an assessment with your office.

### Initial Interview

After introduction to the caseworker, Angel addresses his mother. "I don't understand it, Mom. You have been doing so well for so long, and now everything seems to be falling apart."

Maria turns to you and says, "He is very protective. I used to have a pill addiction, but I stopped. I took everything back then . . . blues, rainbows, yellow jackets, reds."

Her son starts crying. "Mom, you're using them again, aren't you?"

"No, Angel. I'm fine! I only take what doctors prescribe now. I'm just having health problems. My migraines are horrible, and my medications hardly touch the pain. Other than that and sleep problems, I'm just fine. I don't know what everyone is so worried about. The doctors think the seizure was an isolated thing, and they've done tests and it doesn't seem to be anything serious."

She addresses you, "Did I tell you I have migraines?"

Angel interjects to you, "I know my mom. This isn't how she usually is. She's sharp. Smart, you know? Lately, she's so out of it. She asks the same questions several times. She bumps into things. She seems spaced out."

You ask, "Do you agree, Maria?"

"Well, I haven't slept that well, so I probably am not as sharp as I usually am because I'm tired. And I don't feel well physically. I think it's because I don't sleep well."

"Why do you think you're having trouble sleeping, Maria?" you inquire.

She pauses. "Sometimes, I can't stop my thoughts from racing in my head at night. I worry about my boys. I have two others, and all three are trying to figure out their lives and relationships. I work as a legal assistant, and I'm having trouble keeping up with the cases and so sometimes I try to review the day and figure everything out at night."

You wonder what her son thinks and decide to ask him, "What do you attribute your mother's changes to, Angel?"

"Well, I think she's under a great deal of stress with my dad. He's hardly ever home, and when he is, he yells a lot."

You realize that the drug issue hasn't been explored and suggest, "Let's get back to the issue of medications."

Maria defensively responds, "Look. I made a promise to God and my family that I wouldn't mess with drugs anymore, and it's been over a year since that mess. I only take what the doctor orders."

You follow up, "Do your doctors know about your history with drugs?"

"They don't know everything, but enough. They prescribe what I need."

You realize that she used the plural form just as you had and ask, "So you have more than one doctor prescribing medications?"

Appearing "caught," Maria says flatly, "Yes." She pauses and opens her mouth to explain and then says nothing.

"What's the deal, Mom?"

You decide that Maria's son's presence and consideration of his feelings are making it more difficult

for her to speak openly. You ask, "Angel, can you step out while your mother and I talk?"

"Whatever." He gets up abruptly to go and mumbles, "For God's sake, Mom."

Maria says, "Look. I know I'm sick. I just know that if I get some sleep and some relief from the pain, I can get back on track. I haven't taken more than prescribed. You have to believe me. Why does everyone want to believe the worst of me?"

"Do your doctors know about the others?" you ask.

"I don't know," she replies.

You are not sure whether she will tell you the truth, but you decide to ask, "Maria, exactly what are you taking and in what amounts?"

"I'm taking Tylenol with codeine and another that I forget the name of, Propoxedrine or something. I don't know the amounts. I just take two of each every day. I take Klonopin (about 25 mg per day) and Restoril (I think I'm taking about

50 mg at night or something). Sometimes I take some Xanax, too, because my doctor says I can take it at my discretion when I'm particularly anxious. I hardly ever take that one."

You realize that she is probably not the best historian about her medications, so you ask her to sign a release to talk with her physicians and explain the danger of having a variety of medications from different doctors. She says that she'll think about it. You let her know that you cannot help her if she doesn't accurately describe her problems and treatments. She hesitantly agrees to sign the releases.

You do not want to allow much time to go by before engaging her again. You are aware of the possible dangers of overdose and/or detoxification (which you suspect has already resulted in a seizure), and you encourage Maria to stay in the hospital for observation overnight. She refuses vehemently, and you schedule an appointment for 2 days later, which is the soonest she will agree to.

16.2-1 What information would you like to obtain before you see Maria again?

16.2-2 What do you consider Maria's strengths?

16.2-3 What would you suggest to her son in terms of referrals? How would you respond if he asked you how he could help his mother?

16.2-4 Do you think Maria's ethnic background might have any impact on her assessment and potential treatment? How would you explore this with her?

16.2-5 What is your initial diagnosis?

16.2-6 What V-codes would you include with this diagnosis?

### Identifying Information

Client Name: Rocky Littlebear

Age: 16 years old

Ethnicity: Pima (Native American)

Educational Level: Ninth grade

### Intake Information

You are an intake worker at an alcohol and drug treatment facility. You work primarily with adolescents and their families. Rocky was brought to you by his family after being referred from the emergency room at a local hospital. He reportedly was found “looking dead” in his backyard hammock. The ER report recommended drug/alcohol evaluation due to the apparent neurological symptomatology presented by the client. Specifically, he is lethargic, slurs words, is unresponsive, and displays poor motor coordination.

### Initial Interview

You meet Rocky and his family in the waiting room. Rocky is slumped on the couch with his mother on one side and his father on the other. His eyes look glazed and unfocused. He is drooling. You smell an unusual odor that reminds you of turpentine.

You ask them into your office, and the parents respond by helping Rocky to his feet. He appears somewhat disoriented and stumbles several times

on the way to your office. His parents state, “We don’t know what’s wrong with him.”

Once in your office, you ask Rocky if he knows where he is.

He answers, “Sure.”

You ask him to be more specific, and he responds, “Sure.”

His mother chimes in, “You’re in the rehab, Rocky.”

He answers, “Sure.” His head bobs as he looks around the office. He says, “I was at the hospital.”

You think that his presentation reminds you of a mentally retarded individual that you worked with in another agency. You decide to proceed with a Mini-Mental Status Exam (MMSE). “Rocky, do you know what day it is today?”

He says, “Sure.” Silence.

You ask again, and he says to his mother, “Are we done yet?”

“Rocky, will you repeat the following three items? Pencil, tree, carrot.”

He answers, “Why?” You explain that it will help you with your assessment, and he says, “Whatever.”

“Let’s try again. Repeat these three words after me: pencil, tree, carrot.”

Rocky replies, “Pencil, carrot, and . . . I forget.”

You continue through the MMSE and from that assessment, Rocky appears to be experiencing cognitive impairment and significant disorientation. From this evaluation, you decide to discuss the problem with Rocky’s parents.

16.4-1 What diagnoses are you considering at this point?

16.4-2 What collateral information/records would you like to obtain?

“Mr. and Mrs. Littlebear, what do you think is causing Rocky’s problems?” you ask.

Mr. Littlebear responds, “He’s skipping school and hanging out with bad kids. I think they drink liquor and smoke cigarettes. He’s hardly ever home anymore. Sometimes others from the tribe carry

him home to sleep, after finding him passed out in different places on our reservation.”

Mrs. Littlebear adds with tears in her eyes, “We’ve never seen him like this. It’s almost like he’s not really here.”

You ask, “How long has this been going on?”

"For almost a year now," she replies.

"Are you aware of any other drugs besides alcohol and cigarettes?" you inquire.

"Not that we know of," says Mrs. Littlebear.

"Are there any unusual behaviors or events that have happened lately that concern you?" you ask.

They sit quietly for a moment and think. Rocky's father notes that he found an empty spray paint bottle in his son's room, and he assumed that his son has been spraying graffiti on the reservation (a problem that the tribal council, of which he is a part, has been discussing).

"Rocky, have you been doing anything besides alcohol and cigarettes?" you ask.

Rocky laughs in surprise and then says, "Look, I'm not doing anything illegal. What are you trying to get at?"

You answer, "I'm concerned that you may be huffing something and that can be pretty serious and even life threatening."

"I don't take pills or shoot up. I don't do coke or anything. I don't even smoke pot," he responds sullenly.

"Okay, but how often are you huffing?" you persist.

"Whenever we have it."

"How often do you have it?" you ask.

"Mom, can we go now? This lady doesn't know anything. We just do this for fun. You know there's nothing else to do."

Mrs. Littlebear looks at you pleadingly and shakes her head. "My son is a good boy. He may have trouble in school, but he has always been a good boy. Haven't you, Rocky? What do you mean by 'huffing?'"

You explain that putting a substance such as paint or glue in a bag and breathing the fumes is a common practice among adolescents as a way of getting high. "This can be very dangerous and result in asphyxiation or seizures and, often, permanent brain damage. The symptoms usually include confusion, belligerence, assaultiveness, apathy, impaired judgment, and impaired social functioning (such as dropping out of school or truancy)," you continue.

Mrs. Littlebear turns to her husband and states, "He has been confused and fighting lately and hasn't wanted to do nothin'."

You suggest a 3-day stay at your facility to do a complete physical workup and further evaluate his substance use.

**16.4-3** What information about the culture would you want to obtain before you continue working with this family?

**16.4-4** If you were to conduct an interview with the parents privately, what further information would you want to obtain?

**16.4-5** What initial diagnosis would you give Rocky?

**16.4-6** List the psychosocial and cultural factors that might impact this diagnosis as V-codes.