

**CASE PRESENTATION**

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**Section:** GCN 792

Date of Presentation: 02/20/20

Date of First Session: June 2019

**Agency Setting:** \_\_\_ Hospital    \_\_\_ Inpatient    \_\_\_ Outpatient    \_\_\_ Rehab  
\_\_\_ Church      x   Mental Health Clinic    \_\_\_ School    \_\_\_ Shelter  
\_\_\_ Social Service Agency    \_\_\_ Community Center    \_\_\_ Probation/Legal

**DEMOGRAPHICS:**

FIRST NAME: John Doe    \_

Gender: Male \_\_\_\_\_ Ethnicity: Caucasian \_\_\_\_\_ Primary Language: English  
\_\_\_\_\_

Marital Status:   M   # of Children:   N/A   DOB: 07/29/1997 \_\_\_\_\_ Age: 23 \_\_\_\_\_

**NARRATIVE CONCEPTUALIZATION:**

**Presenting problem** (What brought the client to seek counseling? What immediate STRESSORS brought the client here? What are your clients strengths/assets and weaknesses?)

Client moved to NYC from Missouri in 2018 and has been unemployed and homeless until entering the Bowery Mission in 2019. Client is recently married, unemployed and experiencing anxiety and somatic symptoms of angioedema (severe rashes and hives). Client is also smoking up to two packs of cigarettes a day.

Client history of poor performance, lateness and anti-social behavior contributing to client’s weaknesses.

Client’s youth, resilience and resourcefulness are his greatest assets.

**Psychiatric history** (Describe DSM V diagnosis. Has the client received counseling in the past? How long has the client been in counseling? Why did the client enter treatment and why did s/he leave treatment? How long has it been since the last counseling relationship? Is the client on psychotropic meds? Has the client ever attempted suicide?) :

Client was admitted to a mental institution at the age of six years old by his mother. Client was diagnosed with Bipolar disorder, ADHD and prescribed medication. A psychiatrist reevaluated client at fifteen years old and client was taken off of medications due to misdiagnosis. Client’s mother has hx of substance abuse use of prescription pills. No suicidal ideation or attempts of suicide by client’s mother.

**Cultural, Family and Social History** (What might be the interplay between the client’s culture and his/her present situation?

Was there any abuse or trauma in the family? How well adjusted is the client to his/her environment? Does the client have sufficient support network? Who are his/her supports? How are the client’s interpersonal relationships in general?) :

Client's parents were divorced before he was born. Client was reared by his father and stepmother on a cattle farm in Missouri. Client lived with his grandmother, aunt and uncle during his teen years. Client has younger brother and sister and multiple stepsiblings. Client has no contact with his biological father due to being threatened with a .38 caliber. Client has no dialogue with his mother due to abandonment as a child. Client rarely speaks with his siblings. Client has no support system and does not wish to engage with staff.

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**Spiritual history** (Is the client a believer? What is the client's church background? What is the client's view toward God? In your opinion [please back it up with examples] how has the client's relationship with his/her parents effected his/her view and experience of God, of Jesus and of the person of the Holy Spirit? Is the client open to you working with him/her spiritually? Does the client want you to work with him/her spiritually?) :

A Christian grandmother and aunt reared client. Client has no desire to practice religion due to being forced to attend church as a teenager. Client does not attend church services at The Bowery Mission. Client refuses prayer after a counseling session.

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**Third Party Involvement** (Reimbursement – medicaid, private insurance, Legal, Child Protective Services, etc.):

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## TREATMENT OBJECTIVES

**Counseling goals** (What does the client want to accomplish in counseling?)

1. Client will explore acceptance of emotional support from those who care without pushing them away in anger.
  2. Client will learn how to reduce anxiety, fear, and worry associated with his medical condition.
  3. Client will develop necessary skills for effective and open communication.
  4. Client will reach and maintain a level of reduced tension, increased satisfaction, and improved communication with family and/or other authority figures.
  5. Client will develop an awareness of how childhood issues have affected and continue to affect his family life.
  6. Client will aim to resolve childhood/family issues leading to less anger and depression, greater self-esteem, security, and confidence.
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**Transference issues** (Please give examples to back up your hypothesis) :

Client sees counselor as an authority figure and fails to engage fully with counselor/case manager and staff. Client resists being accountable for his required volunteer work, reporting to weekly sessions, and compliance to his contractual agreement.

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**Countertransference issues** (Please give examples to support your hypotheses, indicate both objective and subjective countertransference issues) :

Counselor's countertransference issues were identifiable with awareness of childhood/family issues addressed by client experienced similarly by the counselor. Counselor identified with client's anger, isolation, and lack of security, esteem and confidence. Counselor experienced a version of his teenage self in session and wanted to tell client that there is a better way, there is hope and healing. Painful to watch play out during the sessions with the client. Brought an awareness and compassion of how childhood issues affect and continue to affect one's family/personal/professional life.

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### PROGRESS ASSESSMENT

**Progress so far** (What have you and the client been able to work on so far? How are you doing in *working with* the client's transference? What goals still need to be worked on?) :

Actively building level of trust between counselor and client through active listening, positive regard.  
Help increase client's ability to identify and express feelings.  
Explore family/parental conflict issues via Gestalt technique and intervention.  
Encourage seeking part/full time employment with food handler's certificate while preparing for exam.

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**Examples of Interfacing with Legal Systems and/or Behavioral Health Care Professionals** (How have you engaged support systems to advocate for the client?):

Counselor and case management team discuss client's progress and obstacles during weekly meetings to advocate for the client.

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**CONSULTATION QUESTION** (What would you like the class to help you with today?) :

How do I facilitate the motivation to change within the client for his own benefit and progress?

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