

CASE PRESENTATION FORM

Name Presenter: Karina Bonilla

Section: GCN 792

Date of Presentation: 3/7/2023

Date of First Session: 9/3/2022

Agency Setting:	Hospital:	inpatient	outpatient	Rehab
Church	Mental Health Clinic	School	Shelter	
Social Service Agency	Community Center			Probation/Legal

 Private Practice

DEMOGRAPHICS:

FIRST NAME: Lucas

Gender: Male	Ethnicity: Mixed (Hispanic/white)	Primary Language: English
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Marital Status: single	# of Children: 0	DOB: 1/6/2016	Age: 7 Years old
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PRESENTING PROBLEM (What brought the client to seek counseling? What immediate STRESSORS brought the client here? What does the client hope to accomplish through counseling?):

Lucas has been having behavior issues at home and his mother believes this may be caused due to the separation of Lucas’s parents which occurred about 5 years ago. Lucas’s father struggles with substance use and mental health concerns which caused a separation from Lucas’s mother. Lucas’s mother has full custody but Lucas has been struggling with understanding why he can’t see his father which contributes to anger and sadness as of late. Lucas’s has been struggling with understanding how he feels and ways to cope with discomfort feelings regarding his parents.

As modalities to help I tend to utilize CBT and Play therapy to help build rapport with the child and challenge faulty thinking.

PSYCHIATRIC HISTORY (List ALL five Axis diagnoses. 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?):

Lucas has been in therapy before I started seeing him. He was meeting with a social worker two years but it did not last long due to having weak rapport as reported by Lucas’s mother. He went for maybe 2-3 sessions but then stopped attending. Lucas does not have any mental health diagnosis nor has any past history of any concerns regarding hospitalizations or any suicidal ideations. He does not take any medications. I have been seeing Lucas weekly since September and he has been committed in attending.

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?):

Lucas's mother has mentioned that she sometimes bring him to a non-denominational Christian church. Lucas identifies as a Christian and mentioned that he prays when he gets scared at night with his mom. At my site it is a secular private practice so we do not use much spiritual tools in session. Lucas is still very young and does not have much understanding of God but mentions that his mother often tells him to pray and that Jesus loves him. Lucas and his mother prefer not using their faith much in sessions and want to utilize clinical interventions instead.

CULTURAL, FAMILY & 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?):

Lucas's parents split up when he very young and currently lives with his mother, half-sister, and grandparents. Lucas is in involved in social activities such as soccer and enjoys making friends. Lucas is mixed race but his mother mentioned that she does not think it has really impacted him since he does not see much of his father side of the family and his mother side has become more Americanized since his birth. Lucas utilizes his mother's side of the family as a major source of support.

EGO STRENGTHS AND WEAKNESSES (What are your clients strengths/assets and weaknesses?):

Strengths:

Lucas has a very supportive mother and his grandparents provide an excellent support system. Lucas is very friendly and has become more open with me recently about his feelings. He is brave, self-confident and very educated for his age.

Weaknesses:

Lucas is still very young and new to treatment, he does not understand much about why he can't see his father and tends to take out his anger onto his mother.

TRANSFERENCE ISSUES (Please give examples to back up your hypothesis):

Lucas is surrounded by a lot of Hispanic older women in his life. I believe he may see me as an older sister or someone that may resemble a family member of his. He may also be looking for an older friend and loves when we get to play games in play therapy.

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

Lucas can sometimes remind me of my niece who also a complicated parent situation. Lucas's father reminds me of my brother in regards to history of substance use and mental health concerns which makes me feel a little more eager to help Lucas.

COUNSELING GOALS (Agreed upon between you and the client):

Lucas's goals include: learning how to identify and process emotions, learn to utilize coping strategies and improve communication with others about his feelings, reduce outbursts, and improve self-esteem and confidence in communicating himself to others.

ADVOCACY AND SOCIAL JUSTICE CONCERNS:

Helping young children who have parents struggling with substance use/mental health.

Helping support single mothers

INTERFACING WITH THIRD PARTY PROVIDERS:

_none, usually the only collateral I speak to in regards to Lucas is his mother. _____

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?) :

Lucas has improved his self-esteem and has become better in expressing how he feels with others especially his mother. He has reduced outbursts tremendously and has improved his communication skills. Lucas will still need to work in improving his ability to identify how he feels and ways to cope with feelings of discomfort. Lucas has been able to see me more as a friendly counselor as treatment continues.

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

How can I allow Lucas to become more comfortable in sharing with me about his emotions and feelings regarding the situations with his father? He usually always says he doesn't know how he feels and doesn't want to talk about it. I have been seeing him for a while now and this is the one topic he does not like talking about but I believe it is the most important one to discuss.