Tonya Bunch

SOWK 492 Field Seminar II

Professor Pearson

March 14, 2018

Case Presentation

Basic information: Pink Floyd, 58 year old biracial male; no recent births or deaths. Client is not married; one previous marriage no date given, 1 adult son (no other children stated). He is Christian, speaks English. His education level is 12th grade/degree in heating and air and his employment history is heating and air, organic chemistry, and truck driver; no jobs held in past year; he is on disability. He is diabetic and has Hepatitis C; he is currently taking the Hepatitis C cure meds (did not get a name). His medications are B-D UF III Mini Pen Needles, Levemir, Lipitor, glucose blood strips, Cymbalta, Trazodone, Suboxone, Hepatitis C cure meds (did not get a name), and Epi-Pen. He has been diagnosed with PTSD and depression; he has not received counseling and is reluctant. Client also reports having anger issues. Client’s trauma had a spider bite that turned into an infection at age 57; he claims it was the public housing’s fault for not getting him help. Client also reported being physically assaulted by a man in 2017. Client continues to have sleep problems and nightmares. He has never had suicidal ideation or homicidal ideation. Client reported getting himself off of crack/cocaine at age 58 by himself. He began drinking alcohol at age 15, crack/cocaine and OxyContin around age 30. Client refuses SA treatment or NA/AA meetings; he does not like them or trust them. Client was referred by Nurse Wanda to make sure he is taking his medications properly and help him with additional resources. Date of first contact was January 1, 2018.

Client family strengths and limitations: Client is rebuilding his relationship with is son. Client has not reported any other family members he has relationships with. Client kept deflecting when I asked about his family and friends. Client did not report any social support systems.

Statement of the presenting problem: Client reports his presenting problem is being attacked physically by a man and getting his judgement for the attack. Client reported he wants his money from the assault. I see the presenting problem being his PTSD/Depression, anger management and substance abuse treatment. It seems that the client needs to learn new coping skills. My treatment goal/plan is to get him into counseling with an MSW as a start. The contributing problems to consider is that he does not trust anyone in the “system” and he reports that he wants to do it on his own, especially staying off of substances.

My observations of the client: The client appears to be strong willed. He appears to want to get better with his mood and handling anger. My client is willing to listen to me and seems to want to take my referral but appears afraid and worried. My client seems to be in a hurry to get everything fixed and have all good days. However, when we meet he appears defeated and scared that he will not get his life in order.

What has the service/treatment/work plan been like up until this date? The plan has been positive moments as well as some setbacks. The client did get his judgement from the assault case. However; he has not gone to the MSW for counseling. I continue to meet the client where he is and give him supportive and educational counseling but he needs more. I have seen this client 5 times. I have referred the client to FSP for anger management and substance abuse treatment. I have given the client education about finances and how to check his credit report for free. I educated him about how common it is for having depression with diabetes. I have discussed with him about how he is doing with the case managers at Salvation Army. I also speak with him about his doctors’ visits and how he is doing with taking his medications properly. He sees Nurse Wanda to talk with her about his blood pressure and blood glucose levels.

Summary of results of interventions or services: Client continues to see me on a weekly basis to follow-up. He is going to his doctor visits and taking his medication properly. Client continues to be resistant on seeking counseling or substance abuse treatment. He is going to the anger management education class at the Salvation Army. He is showing up to his appointments with case managers at Salvation Army. I have used Motivational Interviewing, Ask Me 3’s, and Incentive Contingency Management, Screening, Brief Intervention, and Referral to Treatment.

Why have you chosen this client? I chose this client because he has a lot of distrust with public/social workers. He has gained trust with me by telling me that he trusts me now. I have had a hard time with previous clients that were angry; therefore, I wanted to challenge myself to work on not taking clients’ anger personally. This client has taught me that it is not me he is angry with; it is how he has been treated in the past. I have learned that if you show compassion and care for clients their barrier begins to break down.

What are the challenges and ethical issues implicit in the case? The challenges were, for me to not let his anger affect me. I also did not want the client to see me being affected by his anger and distrust. I worked very hard to maintain a regular face and not react to his anger. I took deep belly breaths and used active listening skills and Motivational Interviewing to keep me on the clinical side. I did not have any ethical issues with this case.

Core Competency: Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

I met this competency by providing direct counseling services using supportive and educational counseling. I have met with this client several times to get to know him and understand his situation. I do not have the whole story but I feel that I have gained his trust enough for him to continue to open up with me. My client had a tough time telling me about meeting with his son but he did tell me. He is also sharing more parts of his life which is helping me put the pieces of the puzzle together. My hope is that he will use at least one of my referrals (seeing a MSW for counseling) before our internship is over.