



Behavioral Health Case Presentation Template

DO NOT INCLUDE ANY PATIENT IDENTIFIERS

Please note that case consultations do not create or otherwise establish a provider-patient relationship between any Piedmont Health Services or UNC Health clinician.

Presenter name:	Juan Prandoni, PhD, HSP-PA, LPA
Presenter Clinical Role:	Psychologist
Clinic:	El Futuro

Client information

Gender:	Male
Age:	38
Ethnicity:	Latino

What are your core questions about this case?	<ul style="list-style-type: none"> ● How do I educate client on somatic symptoms of PTSD? ● How do I help client in managing and overcoming PTSD symptoms?
What are the client’s issues at this time, how are you working with them, and how is treatment going?	<ul style="list-style-type: none"> ● Issue: <ul style="list-style-type: none"> ○ 2 years ago, client was held at gun point during a robbery at the garage where he works. ○ PTSD symptoms (e.g., insomnia, flashbacks, increased startle response, negative cognitions about self and others) ● Current work: Mechanic ● Tx progress: <ul style="list-style-type: none"> ○ Have had 2 sessions thus far. Assessed for level of functioning and his willingness to address past trauma in therapy.
Does your client experience symptoms that aren’t otherwise explained by a physical health	<ul style="list-style-type: none"> ● Complains of headaches and stomach pains when at work and at home after he

diagnosis? (E.g. headaches, abdominal pain, muscle tension)	gets back from work.
Alcohol use?	(Y): Frequency _____ (N) None
Drug use?	(Y): Type and frequency _____ (N) None

Current/Past medication Hx (include psychiatric medications): No history of medications

Medication	Start date	Dosage	Frequency	Discontinued?	Notes

Current and past behavioral health history/hospitalizations:

- Client seen briefly by primary care doctor for stomach pains and headaches, but was referred for mental health after all physical work-ups came back negative.
- No other relevant behavioral health history.

Family history of mental illness:

- Client reports mother suffered from panic attacks her whole life.
- Client was unaware of any other mental health family history.

Client strengths:

- Client is motivated for therapy and shows good insight into how trauma has limited his ability to live his life how he would like to.

<p>Provider factors:</p> <ul style="list-style-type: none"> • We speak Spanish in sessions per client preference • I am white and do not live in an environment like the one the client lives in (i.e., potential dangers he faces in everyday life) • I have to be aware of my reactions to the client's anti-black comments in light of the trauma he experienced by being robbed at gunpoint by AA men. 	<p>Examples of questions you could answer:</p> <ul style="list-style-type: none"> • What are my contributions to this relationship? Consider personal communities of representation, power dynamics, feelings of countertransference, treatment approaches used etc.) • What language is used in session/are interpreters used?
<p>Migration and Acculturation:</p> <ul style="list-style-type: none"> • Client is from Mexico, came to the US 6 years ago. • Client holds strong Latino values around being the male provider for his family and also around being strong and not showing emotions/weakness related to the trauma. • Client is Spanish monolingual. • Client has a positive view on mental health and medication and appears willing to enact recommendations from providers to be able to get better for his family's sake. 	<p>Examples of questions you could answer:</p> <ul style="list-style-type: none"> • How/why/when did client immigrate to the US? • How is client adapting to life in the US (e.g., language, culture, values)? • How does client's culture impact their/family's views on behavioral healthcare?
<p>Sociocultural Context:</p> <ul style="list-style-type: none"> • Client completed 3rd grade in Mexico. • Family lives in low SES neighborhood where shots can be heard at times, which are triggering to the client. • Client's trauma involved African American men, and client endorses being triggered by seeing African American men of similar builds in his neighborhood. 	<p>Examples of questions you could answer:</p> <ul style="list-style-type: none"> • What is client's socioeconomic/education status? • What does client's neighborhood look like (e.g., demographics, available resources, welcoming or not)?

Family Organization:

- Client lives with wife and three children (F8, F10, M13)
- Family is supportive of the client getting help and are the ones that encouraged him to seek help after being referred by PCP.
- Client reports that when he is triggered or upset, he has a tendency to withdraw from the family to avoid potentially upsetting them.
- Client reports limited communication around emotions with family members.

Examples of questions you could answer:

- Who does client live with in their home and what are the family dynamics (e.g., communication, authority, conflict)?

Family Life Cycle:

- Given client's developmental age, his role as male provider is very important to his identity.
- However, PTSD is interfering with his full potential to be a provider as well as an emotional support for his family.
- Client's language limitations and limited knowledge of support systems in the US have made it difficult for him to find help until now.

Examples of questions you could answer:

- Given client's developmental age, what are the things we would expect them to be doing/wanting to do right now (e.g., be a parent/provider)?
- How might culture and mental health be impacting their capacity to live out these life goals?