



Scottathon Archer Bachelor Johnson III

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Demographics



Scottathon identifies as a white American Male. He is 16 years old and has recently come out to his family as homosexual.

Countertransference

- Client could possibly view us as an opponent because of our background and/ or age difference
- Paternal/ Maternal views

Presenting Issues:

Recently disclosed their sexuality and is experiencing anxiety and isolation as there is a lack of support. He is feeling a negative pressure from his father and mother's religious affiliations.

Family History

- ❖ Affluent white family (Father owns a vacuum cleaning company)
- ❖ Father raised as a non-denominational Christian, but has recently converted to Mormonism.
- ❖ Mother is Jewish.
- ❖ Scottathan has a strained relationship with his father.
- ❖ Scottathan was not raised to be particularly religious, but since his fathers conversion he has had added pressure to convert to Mormonism. His mother does not approve of his fathers conversion.
- ❖ Scottathons parents did not accept their son after he came out.



Mormon Temple

Behavioral Health Issues



Anxiety that produces
restlessness



Lack of confidence in
passions



Fatigue



Difficulty sleeping

Clients Strengths



Organizational skills
and effective
communication



Social awareness



Optimism



Assertiveness

ACE's & Behavioral Treatment History

- Emotional Neglect

Impacted client by feeling that the disconnect will remain because of a lack of a safe-space

- Generational Mental Health Issues

Client indicated that generalized anxiety has a history in their family and seems to play a role in many of the family members lives

Resiliencies

1. Optimism:
Client has remained optimistic about the distant future of life
2. Problem solving skills:
Client is very skilled at thinking critically and making decisions about what is needing proper attention in their life
3. Awareness:
Client has a history of knowing much of the time that their situation did not appease them



SMART Goal:

Motivational Theory



Needs and Goals

Needs: Get control over physical anxiety induced symptoms.

Goal: Client will work on different anxiety reducing strategies to use when feeling pressure from outside sources.

Objectives

S:

Research and practice different techniques.

M:

Scale techniques during session and in later sessions.

A:

Pick two techniques that fit best with the client.

R:

Wants to be able to control his physical symptoms when feeling anxious better.

T:

Will perform exercise(s) until next session

Interventions

Support Groups

The benefit of having a group that could be a basis of community for the client

Also, feeling a sense of community could hopefully ground the client in their lifestyle decision

Ecomaps

Seeing what is around the client so that we can strategize around what can be done

More can be added to knowledge of the client by knowing what the reality is

Therapy Referral

The client has experienced trauma and the trauma is still very much alive by way of the anxiety that is prevalent in most day-to-day functions

Coping techniques

Examples:

- Breathe Focus
- Body Scan
- Guided Imagery

Evaluation Tool

Goal-Attainment Scaling

Every other session, this evaluation tool would be enacted to observe if progress has been made or if the objectives have changed due to recent events.

This would be the best option because keeping track of progress is not only encouraging but indicates to the client that the sessions are concerned with their growth towards a better future

Concerns

- Client is still in housing and supervision of parents
- Emotional neglect could affect comfortability of disclosing desires to clinician/ practitioner

Counter Transferences

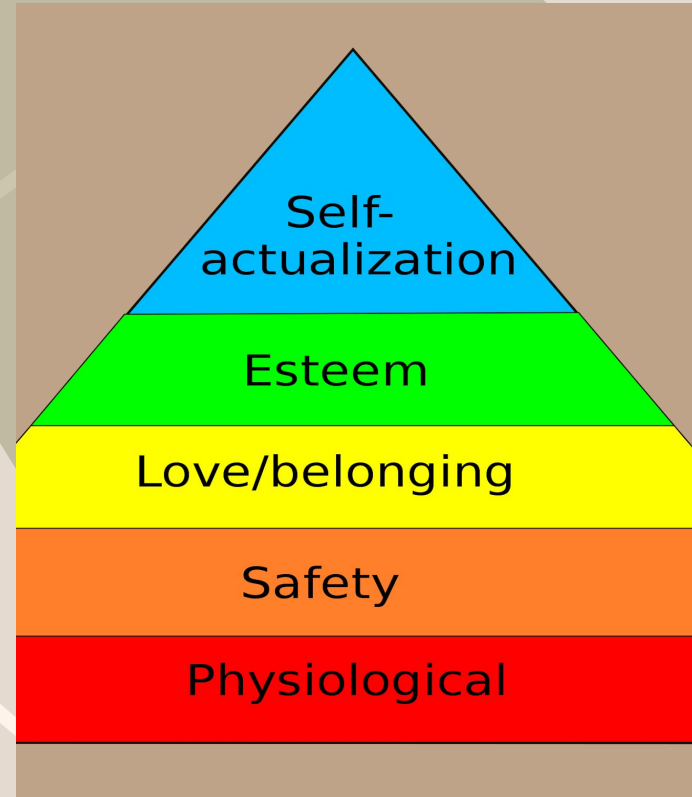
Some counter transferences:

- Religious affiliations
- Still a minor, parents have access to session notes

Alternative Tool

Process Evaluation:

If the Needs Assessment does not prove fruitful, this would also suffice because it sets up a basis for the client to see progression in the process of the desired outcome.



References

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