

# Case Presentation Form

Social Worker: Angelina Jones Date: 02/23/24 Agency: First Year Experience

## Client Data:

Client Initials: Joh n Doe Age: 19 Gender: M Race: White Referral Source: Professor Date of intake: 10/18/23

Referral Reason: Failing Midterms 2023, academic and mental support 2023-2024

Presenting Problem Indicators:

1	Lack of consistent engagement with counseling or support services despite referrals and appointments.	2.	Reliance on religious faith to manage ADHD symptoms, leading to non-attendance at scheduled appointments.	3.	Difficulty adhering to treatment or support plans despite attempts to aid and accountability.
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Background information: First year student, the client was diagnosed with ADHD as a child but no longer takes medication and refuses medical assistance. They set high goals for themselves but intermittently engage with their caseworker, sometimes missing case meetings. The client recently informed their caseworker about a suspension for smoking marijuana but has since stopped responding to texts or emails. This student failed most of their classes in F23 and failed to attend most classes as well.

Cultural Factors (organized by identity: race, gender, ethnicity, religion/spirituality, etc) The client is a White, Seventh Day Adventist with deeply conservative values. They struggle with sexism and LGBTQIA+ phobias, experiencing many emotional ups and downs. Lack of attendance in most classes as well.

Client Strengths / Protective Factors: Enthusiastic, outgoing, athletic, sensitive, motivated, hardworking. Volatile, lack of communication, deflects blame, ADHD, possibility of other undiagnosed mental health conditions.

ACE Score/ Trauma information 3 or 4, possibly more,

Risk Factors Emotionally volatile, recommendations that challenge his ideas or faith can cause disconnect and discomfort.

## Treatment Goals:

- Improved Emotional Regulation:** Develop coping skills and strategies to manage emotional ups and downs effectively, reducing impulsivity and enhancing emotional stability.
- Improved Communication and Engagement:** Enhance communication skills and increase engagement in treatment or support services, including attending case meetings and responding to communication from the caseworker.
- Mental Health Management:** Explore the possibility of resuming ADHD medication under the guidance of a healthcare provider and/or counselor/Therapist if deemed appropriate and desired by the client.

## Services Offered:

- Child and Youth Services       Crisis  
 Case Management       Other

## What is the desired outcome from the client, family, & referral source?

Achieving emotional stability, fostering acceptance and understanding of diverse perspectives, effectively managing ADHD symptoms if necessary, adhering to treatment or support plans, and experiencing overall improved well-being and functioning.

## What interventions have been already attempted? What were the outcomes?

The student was referred to counseling and the health center. He made an appointment with the health center, and then never went. He said he just needs God to get over his ADHD. The student has been helped with schedule planning on two separate occasions. These outcomes were difficult to measure as he was in and out of our office sporadically. A student has been assigned a faculty member to help him, but this has not been effective. Upon his request, a case worker was assigned to be his accountability partner, but he did not follow through with text messages, checking in, or requests to meet.

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**Reason for Staffing:**

The reason for staffing is to gather a multidisciplinary team to review previous interventions and find new interventions that will fit the client's needs.

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**Staff Team Recommendations** (Evidenced-based recommendations from colloquial evidence and research articles only):

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Social Worker Signature / Credentials \_\_\_\_\_Angelina Jones, BSW  
Undergrad\_\_\_\_\_