

## PRACTICUM & INTERNSHIP GUIDELINES FOR CASE STUDY PRESENTATION

### FORMAT

Students will provide a computer-generated copy of their case presentation to each member of the practicum small group and their small group professor **one class session prior to their scheduled presentation date**. Students are to utilize the following case presentation outline in preparing their case study. The case study should adequately represent the client who is the focus of the case and the discussion **without compromising confidentiality**. Case outlines should be **approximately 3-4 pages in length**.

### CASE STUDY PRESENTATION IN SMALL GROUP

The following should be considered as guidelines for the student's small group case study presentation (students are **not** to read their presentations):

- Begin with **prayer**, asking for the Spirit's guidance and help.
- Student presenter reminds the group of the **two questions** the class is to consider.
- Student presenter presents the information about the case, using caution **to not include any identifying information** and **not to simply read** the information to the group.
- The student **answers questions** that colleagues and the professor might have and **receives feedback** on the case.
- Once the presentation is completed, the class reviews and **constructively** critiques the case study and provides beneficial feedback to the presenter. **NOTE: Feedback given in class by fellow students and the professor do not constitute clinical supervision!** Following the presentation, class members will return the written outlines to the presenter for review of any written comments. The presenter is then responsible for destroying the copies after reviewing them.
- Following the presentation, the student (with the assistance of the professor) facilitates a time of **critical thinking** regarding the case. Critical thinking allows one to expand one's understanding of the client in context. The following are guides and examples for critical thinking about the presentation:
  - Why does this diagnosis best fit this client? (This is not to focus merely on diagnostic criteria fulfillment but to go beyond that to discussions of value/harm of diagnostic labels, cultural understandings of disorders, etc.).
  - What themes emerge from this case? (This is to enhance reflection on the information and to expand conceptualization of the case).
  - What are we missing? (This is to expand the opportunity to truly hear the client's story and to consider alternatives).
  - For the student to ask: "How does my worldview help or hinder me from fully understanding this client's story?" (To assist the student to reflectively do a self assessment, to consider blind spots and assumptions regarding the story of the client).

## CASE PRESENTATION OUTLINE

Student Name: \_\_\_\_\_

### CASE PRESENTATION QUESTIONS

List 2 questions that you would like the small group members and the professor to reflect upon as they listen to your presentation. These questions will serve to guide the post-presentation discussion.

### PRESENTING CONCERN/S

**Brief Demographic Description of Client:** include age, ethnicity, gender, spiritual status, occupation, education, marital/family status, living situation.

**Presenting Concern:** state in the client's own words why she or he has come for counseling at this particular time. (1-2 sentences, plus referral source)

**Brief History of Presenting Concern:** Estimated date of onset, triggering events, intensity, frequency, changes noted, other personal issues mentioned.

**Brief Mental Status:** **Affect** (prevailing mood); **Behavior** (dress, grooming, habits, speech); **Mental Status** (beliefs, memory, attention span, orientation X 3).

### HISTORY

(This section should be about 1-2 paragraphs)

**Family:** include past & present; description of relationships w/family members; living arrangements; parents' occupations; family history of alcoholism or chemical dependency, physical or sexual abuse, suicide, mental illness.

**Social Relationships:** include past & present; social supports available; unwanted sexual experience or physical abuse; legal or police involvement.

**Academic and Work:** past & present.

**Medical:** past & present medical conditions; prescription medications; hospitalizations; chemical abuse.

**Counseling:** previous counseling, include self-help groups such as Alcoholic or Overeaters Anonymous or Al-Anon.

### ETHICAL CONCERNS

- What boundary issues do you anticipate with this client?
- What multicultural issues do you experience with this client?
- What other ethical concerns might you anticipate?
  - Briefly indicate appropriate section/s of the *ACA Ethical Code (2005)*.

- What steps have you taken or are taking to resolve any ethical dilemmas or to avoid ethical or boundary violations?

### **ASSESSMENT OF THE CLIENT**

Include impressions of the client's strengths and weaknesses that will impact your therapeutic alliance and your counseling interventions.

- Include concerns calling for therapeutic intervention, tests administered, adjunct services which may be helpful to the client.
- What is your hypothesis of this client's willingness to change? What should the focus of change be with this client?
  - Is this client willing to change or resistant towards changing? What can you do to assist in motivating the client for change?

### **DIAGNOSIS**

Include a 5-Axis diagnosis according to the *DSM-IV-TR* and under each axis, provide the rationale for your choice.

- Give the appropriate criteria for the diagnosis that the client meets to support your choice (e.g., for Axis 1, 296.2X Major Depressive Disorder, this client meets 5 of Criteria A (1-depressed mood most of every day, 2-anhedonia, 3-insomnia, 6-fatigue, energy loss, 7-feelings of worthlessness, etc.).

**NOTE:** For the purpose of this assignment, you are not to appropriate another clinician's diagnosis (i.e., a previous counselor, a medical doctor); instead this is to be your original diagnosis that you have discussed with your site supervisor.

### **TREATMENT GOALS**

Identify 2 -3 brief, short-term, specific, and measurable treatment goals (within 1-2 months) for this client and indicate 1-2 possible counseling interventions for each goal. Indicate the measurable outcomes that will help you assess if/when the client accomplishes the goals.