



Innercept

Case Example

Ann Example:

Ann is a 15-year-old girl who came to residential placement due to problems with depression and self mutilation by cutting. She has had several inpatient hospitalizations as the result of suicide attempts, ongoing suicidal ideation and the inability to retain safe functioning in her home and school environments.

Her depression is characterized by low energy, irritability, impulses to cut herself and suicidal feelings. She has a very negative self-image and fears she will never be successful. However, she covers up these feelings by taking on a superior and critical attitude to others. Others become offended by her criticism and anger. As a result her social relationships are poor and she has few friends.

At home Ann often withdrew to her room and listened to music with very negative and depressive themes. She isolated herself from her family and became angry when others intruded into her space. Her room became progressively disorganized and she was not completing her chores or participating in family activities.

Ann is a capable student and obtains high scores on standardized tests. She often finds school boring and does not make consistently good grades because she does not hand in assignments regularly. She has a love for animals and earns money by walking dogs in her neighborhood and babysitting when neighbors and family friends have been out of town.

She has been on antidepressant medication and was in outpatient therapy but made little progress. The parents tried to support her involvement in therapy, but when they tried to give the therapist a more complete description of Ann's functioning, Ann became angry and denied that she was having significant struggles in her life. Ann had been presenting an unrealistic picture of her functioning to the therapist and had a great deal of denial about the extent of her problems.

Examples of Ann's functioning and treatment goals for select areas.

Behavior

Initial concerns were for Ann's safety and isolation from others. She was asked to contract for safety and notify staff when she felt unsafe, at which time, they helped her problem solve to find coping skills and solutions to her impulses to act out.

Emotional

Upon admission, Ann struggled with depression and her general irritability escalated into anger at her parents for placing her in residential treatment. In family therapy sessions she was assisted in learning to express her feelings appropriately and to work with family members to resolve areas of past conflict and miscommunication.

Self Image

As Ann settled into treatment, the extent of her poor self esteem and self loathing became more apparent. She was able to explore what added into these negative feelings in her individual sessions with her therapist.

Interpersonal

Participates actively in anger management/assertiveness group; contracts to work at applying these skills in all interpersonal interactions. In group therapy, she received positive support from peers, however, also had to take responsibility for her words and actions that alienated others. She was able to learn and practice new communication skills in groups and in the milieu.

Academics

This had been an area of strength for Ann in the past and was an area for initial success for Ann. She participated in the on-campus, individualized school program. The teacher helped her identify areas of study and projects that fit into her interest areas. The individual attention and follow up assisted her in completing her assignments and she again experienced success academically. Later in her placement, she tutored one of the other students who was struggling in math. This further helped to improve her self image.

Community Involvement

Ann's interest in animals helped to provide an initial connection with the program and she became interested in caring for some of the farm animals.