

Case Example: Julie (This is a composite of several actual clients)

Julie was initially referred to MOST for treatment for anxiety. She was referred to MOST by a senior coalition case manager. In the application the case manager provided the following information:

Julie was going to be 62 years old in February. She was currently uninsured and living alone in an apartment with her two dogs. She was unemployed (from her factory job of 10 years) for over 6 months and had been receiving unemployment compensation until recently, when it was suddenly stopped. Consequently she was two months overdue on rent and her landlord was planning to evict her.

Julie has two adult children, a daughter and a son, who both lived nearby, however choose not to be involved in her life. Julie has minimal contact with her adult children and grandchildren, which is a source of sadness for her.

Julie presented as a gentle, friendly woman, casually dressed in sweats, t-shirt and slippers. Her home was cluttered with food, papers, mail and bags of clothes. She made every effort to answer questions, however had difficulty remembering details such as dates, names, phone numbers, etc. She also could not find information she had written down and would search through her stacks of papers becoming increasingly agitated when she could not locate what she wanted. She says she wants help preventing eviction and decreasing anxiety.

She was also very focused on her fear of being separated from her dogs, whom she had raised for the past 5 years. She was frequently tearful, easily flooded with emotion when thinking about eviction, and essentially pleading for help.

She reported that she attended a local church (whose name she couldn't recall) and the church members (whose names she couldn't recall) had offered to help her pay her rent, so she "should be o.k." She had applied for social security retirement, which would begin payments in mid-April. Until then she was relying on her church to pay her rent and her West coalition cm to give her gift cards to pay for phone minutes (she often had no working phone). She went to local pantries for food.

She reported that she was “disabled” as a child because she lived with a father “who was a severe alcoholic” but that she no longer has a disability and is not interested in applying for disability.

The PCP had diagnosed her with hyperthyroidism, high blood pressure, and anxiety. She was prescribed medications for all three, however had no insurance and so had not been able to fill the prescriptions.

The case manager reported he thought she had memory problems, however the PCP did not agree, and the initial psychiatric evaluation did not indicate any difficulties with memory. The psychiatric prescriber increased her citalopram which was prescribed by her PCP initially (and which she was taking prn, due to misunderstanding the instructions for taking the medication) and added trazodone as she reported difficulty sleeping.

The GDS results indicated mild clinical significance for depression and the GAD results indicated a high degree of clinical significance for anxiety. Her MOCA score was 12 out of 26, indicating significant cognitive changes.

Take this case and identify something on each factor.