

**PC 662-663-664 Case Presentation Format  
Clinical Case Supervision**

- I. **Identifying Information**  
First initial, age, gender, culture/ethnicity, religion, level of education, work setting, etc.
- II. **Clinical Impression including Mental Status Assessment**  
Description of the client's appearance, behavior, speech, etc. If you are working with a family then you will need to do this for each member as well as for the family unit (where they sit, how they are interacting as they walk in, etc.) For detailed mental status assessment, see *Brief Mental Status Scale and Symptom Checklist* handed out in Psychopathology.
- III. **Presenting Problem including Chief Complaints (symptoms)**  
The presenting problem may be, "My husband died." The chief complaints may be, "I can't sleep, and I have lost the will to live." This area is identified as the client sees the problems and relates his or her symptoms or complaints. Also includes client's thoughts as to why the problems or symptoms are present at this time. Recent crises?
- IV. **History - Personal, Social, Family, Mental Health, and Medical**  
Description of Childhood, adolescence, adulthood including marriage, children, other relationships, etc. History of family and any medical and psychological problems. Chronic illnesses or complaints, operations, hospitalizations, medication and dosage, over the counter medications, herbal supplements, caffeine, alcohol, illicit drug intake? Previous and current interaction with medical and mental health personnel. Include alternative medical treatment (chiropractor, massage, acupuncture, Reike, etc.)
- V. **Theoretical/Psychodynamic Formulation**  
Statement of how the client processes cognitive and emotional information, handles emotional reactions, behaves in a variety of settings, embraces values and beliefs, uses defenses, navigated developmental issues, views himself/herself, interacts with counselor. Comment on transference, resistance, and possible cross cultural issues.
- VI. **Pastoral Perspectives, Theological Issues, and Spiritual/Religious Connectedness**  
Formulate pastoral goals, reflections on theological presuppositions and themes of client's current faith, and history of client's connectedness to his/her religion or spiritual awareness. Include counselor's perspective, issues, and beliefs that can enhance or inhibit counseling.
- VII. **Diagnosis and Prognosis**  
DSM five axis diagnosis.
- VIII. **Treatment Planning (including recommendation for counseling)**  
Recommendation for counseling (individual, family, group?) or ancillary related activities (e.g., self-help groups). How often and with whom? Specific goals of counseling and specific activities recommended for client.
- IX. **Critique of Counseling to Date**  
History of your relationship with the client. What strengths and growing edges have you brought to this relationship? Identify counter-transference issues. Specify requests for feedback from your clinical group.