

# CLINICAL CASE PRESENTATION 2

Peter-William L. Myers



# OBJECTIVE DATA

---

30 years old

---

CIS Caucasian Female

---

Recently Divorced

---

Heterosexual

---

Raised by Biological Parents

---

2 older siblings

---

Bachelors' degree

---

Content with employment though job can be stressful

---

No legal history

---

Started self-harming in September of 2025

---

SI since about 12 years old

# DIAGNOSIS: CLIENT ADMITTED FOR MENTAL HEALTH TRACK

F31.4 Bipolar disorder, current episode depressed, severe, without psychotic features  
r/o 60.3

F41.1 Generalized anxiety disorder

Z62.810 Personal history (past history) of sexual abuse in childhood

Z91.410 Personal history of adult physical and sexual abuse

h/o 90.9

R45.851 Suicidal ideations

Z91.52 Personal history of nonsuicidal self-harm

# SYMPTOMS

Client reports prior mental health treatment including inpatient psychiatric centers and outpatient therapist. She reported having multiple diagnoses such as Bi-polar and panic disorder. She reported a recent inpatient psych stay where they diagnosed her with major depressive disorder. She endorses non-suicidal self-injurious behaviors of cutting her stomach that started in September 2025 and most recently happened two weeks prior to entering treatment. She reports to having suicidal ideation since age 12 and has a treatment goal of decreasing these thoughts.

She shared a trauma history that includes losing her maternal aunt to an overdose, witnessing domestic violence between her parents, and believing she was sexually abused as a child but cannot remember details.



# PRESENTING PROBLEMS

- Anxiety and ambivalence about returning home due to still having self-harm thoughts
- Persistent but reduced self-harm urges
- Reduced SI thoughts-moved from moderate to low risk during treatment stay
- Fear of continued self-harm due to not being in inpatient treatment and moved to PHP
- Doesn't see/trust their own progress





# CASE CONCEPTUALIZATION

Cognitive Behavioral Therapy

Trigger-Thought-Emotion-Behavior Cycle

Trigger:

feeling overwhelmed

Thoughts:

"I don't know if I'll use my skills"

"I'm not really better"

Emotions:

Anxiety

Hopelessness

Behaviors:

Isolation

Self-Harm Behaviors



# CASE CONCEPTUALIZATION

## Narrative Therapy

Client is working on rewriting their story.

"I am unsafe, overwhelmed, and ruled by my self-harm thoughts" to "I am someone who can notice my emotions, reach out, and choose not to act on my self-harm thoughts."

During treatment, client externalized self-harm thoughts and give these thoughts a persona.

Therapeutic Goal:

To decrease SI and self-harm thoughts by:  
Verbalizing and identifying 3 reasons for living  
Learning and utilizing coping skills



# LEADERSHIP AND ADVOCACY

Client-Center Advocacy:

Focused on encouragement,  
empowerment, and self-efficacy

Reframing the idea of “no thoughts”  
to “not acting on thoughts”

Working on creating self-trust

At home safety-planning

Identifying ability to use coping  
skills



# LEADERSHIP AND ADVOCACY

## System Level:

Therapist worked to identify the gaps between inpatient treatment and home environment with client

Discharge/Safety planning was used as an intervention

Identifying safe and unsafe spaces at home

Identifying supports for continued growth in the healing journey

Conducting family session with Mother





# LEADERSHIP AND ADVOCACY

Policy:

Identified general issues of lack of family involvement/education in discharge planning

Stigmas around mental health recovery

Clients having limited access to step-down and/or community supports (IE: Insurance barriers)





# QUESTIONS AND COMMENTS

How do you balance validating a client's progress while also preparing them for real-world risk, especially when they don't fully trust their own improvement yet? At what point might reassurance become dependency?

What strategies have you found most effective in helping clients generalize coping skills from structured environments (like inpatient settings) to less structured home environments, particularly when isolation is a major trigger?