



**Common to Complex (C2C): Therapist Mini Series on Somatic and Functional Disorders
Case Presentation Form**

To present a case, please complete the form and fax to the clinic coordinator at (513)487-5521 or e-mail it to c2c@cchmc.org

Presenter Name	
Date of Echo Session (00/00/0000)	(to be completed by Echo Team)
ECHO Session Number	(to be completed by Echo Team)
Your Practice Name and Location	
Your Preferred Contact Information (Mobile phone number, email)	

<p>Please provide a brief introduction to the patient that explains the question to the team. Think brief consult –</p> <ol style="list-style-type: none"> 1. Who: <i>I am seeing a 15-year old cisgender female who is diagnosed with generalized anxiety disorder. Patient has been to the emergency room 3x over the past month for abdominal pain and nausea. All medical tests were within normal limits. Family was told to “go to a therapist” to help with anxiety.</i> 2. Problem: <i>Persistent abdominal pain</i> <ol style="list-style-type: none"> a. Thoughts: <i>“If I to school then I will throw up.”</i> b. Behaviors: <i>School/social avoidance, frequent visits to the emergency room and Googling what could be the case of their abdominal pain.</i> c. Physical symptoms: <i>Abdominal pain, nausea and increased heart rate</i> d. Feelings: <i>Anxiety, fear & hopelessness</i> 3. 4 P’s <ol style="list-style-type: none"> i. Predisposing: <i>Family history of anxiety and irritable bowel syndrome</i> 	<ol style="list-style-type: none"> 1. Who: Pt is a _____ with _____ (diagnosis), who has been in current treatment for _____ (number of sessions/months) 2. Problem: <ul style="list-style-type: none"> • Fill out the CBT Model with the most impairing features (3 max. per construct): <ol style="list-style-type: none"> i. Thoughts- ii. Behaviors- iii. Physical symptoms- iv. Feelings- 3. 4 P’s <ol style="list-style-type: none"> i. Predisposing (Previous experiences that have made the patient vulnerable): ii. Precipitating (Experiences that may have triggered the onset of symptoms):
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<ul style="list-style-type: none"> ii. Precipitating: Argument with best friend at school iii. Perpetuating: Caregiver accommodation, cognitive distortions surrounding probability of event happening, and avoidance in anxiety-provoking situations (e.g., school) iv. Protective: High achieving student who excels academically, has a solid group of friends and caregivers are supportive/involved <p>4. Question: <i>How can I work with the family to reduce the patients' emergency room visits and increase their school attendance?</i></p>	<ul style="list-style-type: none"> iii. Perpetuating (Factors that maintain the disorder (e.g., thinking patterns, behaviors, relationships, etc.): iv. Protective (Patient strengths and positive ways of coping): <p>4.Question:</p>
<p>STOP PRESENTING – at this time, do not present more information until asked by the group.</p>	<p>Complete the rest of the form to be able to reference when the group has questions.</p>
<p>Why did you choose this case and what would you like the group to focus on?</p>	
<p>Patient/Family Chief Concerns? Family goal for recovery/What do they want to see get better? (Pt may differ than parent)</p>	
<p>MH TREATMENT HISTORY [name/date range]: MH comorbidities? MH providers – therapy and/or meds? Current psychotropic medications and doses? Higher level services (Inpatient, Partial hospitalization, Intensive outpt, Residential program, Family therapy, Group therapy, etc.)?</p>	
<p>SOCIOENVIRONMENTAL CONTEXT: -Who pt lives with/School environment/Academic performance/Friends/Socialization or extracurricular activities? -Relationships with peers/adults/family? -Protective factors? Activities/Healthy skills/ Strengths</p>	



<p>-Risk Factors? Substance Use Violence/Trauma exposure Poor connectedness Stressors Suicidality/self harm/aggression Gender identity/Sexual orientation</p> <p>-Additional complexities?</p>	
<p>BIOLOGIC FACTORS: -Medical problems (eg chronic conditions, pain)- including medication/treatment Hx if pertinent? -Developmental or learning differences? -Problems with diet/appetite or sleep? -Family Psych Hx – including medications tried if pertinent?</p>	
<p>Mental health screening/assessment tool scores? Trends/dates of screen/raw scores?</p>	
<p>Brief summary of therapy interventions used thus far</p>	