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Period 1
April 7, 2015

Patient Synopsis: Johnny Cade

Patient is very anxious, barely holds eye contact.

Patient answers that he has nightmares most nights and rarely gets suicidal thoughts.

A dark purple bruise is visible on his knee and he has cuts on the sides of his face. He says he fell down the stairs.

Scars are prominent on his arms, legs, and face.

It is also visible that the patient appears quite frail and shows drowsy red-rimmed eyes. Most likely has difficulty sleeping.

His clothes look ratty and old; he asks if he can have a quick smoke.

I tell him it's not aloud and he hangs his head.

The patient seems withdrawn and records show academic issues.

Conclusions

I have concluded that Johnny Cade most likely has issues at home. He suffers abuse - mentally and physically. Johnny has trouble trusting people. There are signs that he might have an eating disorder. He definitely has mild anxiety and depression. Cognitive Rehabilitation seems very accurate in this situation for Johnny Cade.

Script - Johnny Cade Therapy Session

Psychologist: So, Johnny Cade, tell me about yourself.

Johnny Cade: Um, I'm sixteen years old and I attend high school, sir.

Psychologist: Okay, let's get straight to it then. Do you ever get unusual nightmares?

Johnny Cade: I get nightmares every once in a while but I wouldn't call them unusual.

Psychologist: Have you ever had suicidal thoughts? If so, how often would you say they occur?

Johnny Cade: I guess in a week I'd get them about three to four times. They never go anywhere though, they're just thoughts.

Psychologist: Where are those bruises and cuts from? Don't worry, you can tell me. Nothing leaves this room.

Johnny Cade: They're nothing. I fell down the stairs. Can I have a quick smoke?

Psychologist: No, it isn't allowed here. Is there anything else you would like to tell me? The session is almost over.

Johnny Cade: No, that's about it I guess.

Cognitive Rehabilitation

Cognitive Rehabilitation is the effect to improve a person's ability to perform mental functions or tasks. This process takes longer to improve than physical defects. Many people have to go through cognitive rehabilitation. For example, people that participate in wars have a hard time getting over it. Treatment begins with evaluation: attention, orientation, mood regulation, memory, thinking, language, visual perception, communication, and complex thinking. The biggest challenges of cognitive rehabilitation is lack of motivation. This kind of mental challenge occurs through experience.