## **DHCS Crisis Care Mobile Units Program Series 1**

## **Selecting the Right Candidate**

## **Interview Vignette 1**

You receive a call for service to respond to a 26-year-old woman, Stephanie, from her immediate family. She is eight weeks postpartum with her third child. Her first child, Tony, is almost 4. Her second, April, is 2. Stephanie's family is concerned because she has stated that she feels overwhelmed. She has also made statements like: she regrets "bringing children into this cruel world" and "doesn't know how to live anymore".

Her sleep quality is poor and constantly disrupted, even by standards of a breast-feeding mother. Her husband has found her several times late at night standing over the crib and weeping. She appears to be in a stable marriage with a middle class level of income. Her support from extended family and friends is strong. Her mother helps out three times a week and has volunteered to stay with them to help out more.

When you arrive, you find Stephanie sitting on the couch of the living room, weepy, teary eyed, with restless hands and feet. The house appears "lived in", but is overall in good shape. Stephanie states that she can't do anything right, and can't focus for more than a minute or two. She says she blanks out from time to time and is constantly worried about the safety and health of her babies. She denies any history of mental illness, though does indicate she saw a counselor for a while in high school "because I was always worried". Stephanie states she has not consumed alcohol since discovering she was pregnant and has no history of elicit substance use. When asked about suicide or wanting to go to sleep and not wake up, she pauses, denies suicidal ideation, and then states, "You know, my kids would be better off if I was dead". She denies any history of attempts.

- > Provide a clinical formulation of this client.
- > Describe your assessment process and what actions you would take in this situation.

