

Case Study

September 26, 2008

Identifying information has been changed to protect the client

Mr. A. is a 38 years old refugee male from Afghanistan and has been in the United States for about 3 years. At an early age, Mr. A. experienced severe physical and psychological torture from the Taliban. He reports that the Taliban captured him a few times and put him in a hole without any food or water. He reports that the Taliban used to put electric shock on his father and that they beat him whenever he cried. When he was about 11 years old, Mr. A. moved to the former Soviet Union as an orphaned refugee. He lived in different states including Turkmenistan. There he continued to experience a lot of persecution that worsened his psychological trauma. "They used to put me in a very small room with a lot of people for no good reason," reports Mr. A. These experiences made him severely depressed, severely traumatized and very frightened for his life. Mr. A. reports that he turned to alcohol to help "take away" his pain. In 2005 Mr. A. was resettled in St. Louis as a refugee. He was able to obtain housing and other basic needs. A few years after battling with severe depression, physical illness, and substance abuse, Mr. A. was left homeless. He was referred to Community Alternatives' Survivors program. Mr. A. was not only homeless but had no source of income and had no medical insurance to attend to his medical needs. Mr. A. was referred to a psychiatrist for evaluation. He was diagnosed with severe PTSD with Psychotic Features, MDD and Alcohol Dependence. Mr. A. was referred to a treatment center where he was admitted for a month to offer support with his Alcohol Dependence. Mr. A. has a desire to stop drinking but does not want any re-admission to an inpatient or outpatient treatment center for continued support. Through Community Alternatives Substance Abuse Counselor, psychiatric and case management services Mr. A. reports a decrease in alcohol intake and reports no use of other illicit drugs. Mr. A. was prescribed psychotropic medications to help manage his symptoms. Mr. A. does not take medications as recommended by the doctor. He gets medication management from the case manager to help increase adherence to treatment. Mr. A. was denied Medicaid twice but has re-applied. He has been linked to a primary physician to help treat his Hepatitis C and gastro esophageal reflux disease. He was also linked to a dentist for dental care. Through the program at Community Alternatives, Mr. A. got assistance with finding safe and affordable housing. Mr. A. has had several part-time jobs but it has been difficult to maintain them because his symptoms interfere with his job performance. He was denied SSI but he has re-applied. Initially, when he was linked to the Survivors project, he needed an interpreter to communicate. Currently, through ESOL classes and practice with the case manager and his peers, Mr. A. speaks English fairly good and does not need an interpreter during his appointments. He is currently studying for his citizenship examination. With assistance from the Survivors program, Mr. A. still maintains his housing, doctor's appointments and his health as goals for his treatment plan.