



Case Study



M1 Basic MAB:

PE: Andres Breaking Point

Situation:

- Andre Williams is a 32-year-old Black man referred to a community mental health center after a domestic disturbance involving his partner. No physical violence occurred, but neighbors reported shouting and property damage. Andre is visibly agitated during intake, pacing and avoiding eye contact. He insists he doesn't need help and says, "I'm not crazy. I just had a bad day."
- Andre works two jobs and is the primary caregiver for his younger brother, who has a disability. He reports feeling overwhelmed but refuses to discuss emotions. He expresses distrust of "the system" and fears losing custody of his brother. He frequently interrupts the intake worker and raises his voice when asked about the incident.



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Presenting Issues:

- **Agitation and Distrust During Intake** Andre presents as visibly agitated, pacing and avoiding eye contact. His heightened arousal and defensive posture suggest acute stress and possible hypervigilance. He expresses strong resistance to mental health services, stating, “I’m not crazy. I just had a bad day,” indicating stigma-related concerns and a reluctance to be pathologized.
- **Recent Domestic Disturbance Referred** following a domestic incident involving verbal conflict and property damage. While no physical violence occurred, the escalation and neighbor reports suggest a pattern of dysregulated emotional responses under pressure.
- **Caregiver Stress and Role Strain** Andre is the sole caregiver for his younger brother with a disability, while also working two jobs. He reports feeling overwhelmed but avoids discussing emotional impact, which may reflect cultural norms around emotional expression or fear of systemic consequences.



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Presenting Issues:

- Distrust of Systems and Fear of Custody Loss Andre verbalizes distrust of “the system” and fears losing custody of his brother. This concern appears to drive much of his guardedness and reactivity and may be rooted in prior negative experiences with institutional authority or perceived bias.
- Communication Challenges and Escalation Risk During intake, Andre frequently interrupts and raises his voice when questioned about the incident. These behaviors may reflect difficulty with emotional regulation, perceived threat, or a need to assert control in an unfamiliar setting.



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Intervention Challenges:

- **Distrust of Mental Health Systems** Andre's expressed skepticism toward "the system" reflects a deep-seated mistrust likely rooted in prior negative experiences with institutional authority. This poses a barrier to rapport-building and may trigger defensive or oppositional behavior during intervention.
- **Stigma and Identity Conflict** His statement, "I'm not crazy," suggests internalized stigma around mental health and a fear of being labeled. This may be compounded by cultural norms around masculinity, emotional stoicism, and self-reliance, making therapeutic engagement more complex.
- **High Caregiver Burden and Limited Bandwidth** Balancing two jobs and full-time caregiving responsibilities leaves Andre with minimal time or emotional capacity for self-care or therapeutic participation. His logistical constraints may lead to missed appointments or resistance to long-term planning.



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Intervention Challenges (Cont.):

- Emotional Avoidance and Communication Barriers Andre refuses to discuss his emotions and becomes verbally escalated when questioned about the incident. This limits opportunities for reflective dialogue and may require alternative engagement strategies, such as nonverbal rapport-building or somatic grounding techniques.
- Escalation Risk During Intake Frequent interruptions, raised voice, and pacing behavior signal a heightened state of arousal. Without proper containment strategies, these behaviors could escalate into unsafe interactions, especially if staff responses are perceived as authoritative or dismissive.
- Fear of Custody Loss as a Trigger Andre's fear of losing custody of his brother is a central emotional driver. Any perceived threat to this role may intensify resistance, emotional dysregulation, or disengagement from services. Interventions must prioritize psychological safety and affirm his caregiving identity.



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