

Krystal Kim

GCN 602: Measurement and Assessment

Practice Assessment Measures

March 25th, 2020

Client History

Robert Thompson is a male 26 year old graduate student studying Engineer. He came to receive evaluation after recognizing that he has been feeling overwhelmed with stress and has feelings of depression. Robert has been an Engineer since he graduated from college, he has remained at his first job for the past four years. Robert has stated that he has been struggling sleeping lately and has been feeling anxious and unmotivated to go to work. Robert has not been communicating to his supervisor about how he has been feeling nor has he been going to work regularly. Robert has called in sick from work 4 times in the last two weeks. He has been missing deadlines and been very forgetful because he cannot focus. Robert has also been not attending classes, however his professors have been very understanding and continue to allow him to submit assignments regardless. Robert mentioned that when he was around 12 years old, his mother took him to a counselor with the presenting complaint being that he was having difficulty adjusting to his a new middle school.

Mental Status Examination

Robert Thompson presented as a sad and lethargic but respectful 26 year old male. He was casually dressed in a white t-shirt, jeans, and scuffed sneakers. Robert commented on his grooming himself stating that he has been preoccupied lately. Robert appeared as though he has not shaved in a few days, his hair looked to be un-groomed. Robert explained that he has been struggling to get up in the morning and that he describes every morning as “rough.” However, Robert was able to maintain eye contact during the evaluation. His mood was sad and lethargic but polite. His affect was reactive and mood congruent. He became tearful when speaking about his parents and how supportive they are to him. He spoke about the times when his mother and

father came over to wash his dishes and tell him how worried they were about him because of his recent weight loss. He shared with them that he had been questioning his purpose in life. His speech was of normal rate and tone. He acknowledged that he has little to no interest in speaking with anyone and shared his text messages showing that he has not responded to anyone for the past week. Robert Thompson's attention and concentration during evaluation were good but would close his eyes often when speaking. He was able to recall his recent and remove past and provided all necessary background information and symptoms. However, he had difficulty recalling recent events such as dates of work incidences and his total number of absences. He was able to recall three out of three words immediately however, only one out of three words after a 5-minute delay.

Presenting Symptoms

Robert Thompson reported his symptoms of concern were loss of interest in work, feeling overwhelmed and stressed, feel depressed and sad. He has a "nervous stomach" which is leading to a decrease in appetite and a weight loss of about 15 pounds within a month. Robert Thompson indicated that these symptoms began about a month ago. However, he said that around dinnertime, he is able to eat "something light" as his nausea diminishes towards the end of the day. Robert Thompson has been listening to "self-development Podcasts" while listening to these he says it helps him feel better when he is feeling "sad and down." However, this has also led him to think about death. He stated that he thinks about his own death and that if he were gone, would it really matter. He shared that "life feels like an effort and I wonder if this is all worth it." Robert becomes tearful when speaking about this and states that he cries "almost every day." A work stressor that occurred 2 weeks ago Robert shared was that he was required to present in

front of a group of 12 colleagues and supervisors; a presentation that would have opened doors for a promotion if it had been successful. He stated that he cracked under the pressure, he became too nervous, and was unable to deliver the presentation. He felt that he was not knowledgeable enough on the content and he cancelled minutes before the presentation. Unfortunately, Robert learned his coworkers also began questioning his knowledge and stating that he will never get promoted. Through this, Robert began feeling as though his degree was a waste, he stated that he “feels like a loser.” Robert felt as though his life plans began to crumble and since then began not attending classes and began stop his social interests such as going to the gym, hanging out with friends, and only goes outside to walk his dog four times a day. Robert recently began dating a girl however, he reported that he did not call nor text her as of late because he does not want her to see him in this “pathetic state.”

Test Results & Interpretation

Validity Statement

Robert Thompson was able to maintain attentive and concentrated throughout the evaluation assessment process and appeared to understand the contents of the assessment measures administered to him. All results are considered a valid assessment of his present emotional functioning.

Beck Depression Inventory-II (BDI-II)

Robert Thompson obtained a score of 47 out of the highest possibility of 63 on the BDI-II, which indicates that he endorsed symptoms of depression on the higher end of the extreme depression range. A score of over 40 depicts extreme depression.

Beck Anxiety Inventory (BAI)

Robert Thompson obtained a score of 22 on the BAI, which indicates that he endorsed symptoms of anxiety on the higher end of the moderate range. A score between 16-25 is indicative of moderate anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Results of the PDSQ indicated that Robert Thompson endorsed items that correspond with the diagnoses of Major Depressive Disorder and Social Phobia. Robert Thompson scored an 11 on the PDSQ sub scale for Major Depressive Disorder and a 10 for Social Phobia. He had a total raw score of 22.

Spiritual Well-Being Scale (SWB)

Robert Thompson scored a 54 on the Spiritual Well-Being scale indicating a positive view of one's relationship with God. The religious Well-Being score of 24 indicates that Robert has a moderate sense of religious well-being. Robert's existential Well-Being Score of 30 indicates that Robert has a moderate level of life satisfaction and purpose.

Diagnosis

Robert Thompson meets the diagnostic criteria for the following DSM 5 disorders:

Major Depressive Disorder

Social Phobia Disorder

Treatment Recommendations

Robert Thompson would benefit from receiving Cognitive Behavioral Therapy (CBT) to address his anxiety, depression, feelings of failure and purposelessness. CBT would include cognitive restructuring, stress management, and relaxation exercises. Robert Thompson because

of his Major Depressive Disorder he would benefit from a psychiatric evaluation and perhaps anti-depressants if he does not improve with therapy. Regarding Robert's Social Phobia, CBT, cognitive restructuring, and reframing. I would also have him journal out his thoughts to keep a monitor on his emotions, thought processes, etc.

Conclusion

Robert Thompson is a 26-year old male who came in arrived for evaluation stating that he's under a lot of stress due to work and academic demands. He presents with symptoms of anxiety and depression which began after his work presentation about a month ago. Robert Thompson displayed deficits in social and occupational functioning and is currently struggling with attending both work and school regularly. The results of the BDI-II indicate that he is on the higher end of the extreme depression scale. Results of the BAI indicate that he endorsed symptoms of anxiety on the higher end of the moderate range. Mr. Thompson endorsed items on the PDSQ Indicative of a diagnosis of Major Depressive Disorder and Social Phobia.

According to the clinical evaluation, the Mental Status Examination, behavioral observations of Ms. G., and the results of the tests administered, Mr. Thompson meets diagnostic criteria for Major Depressive Disorder and Social Phobia. It is recommended that CBT intervention methods, psychotherapy should be given to Mr. Thompson.