

Joselouita Joint

Robert Thompson Assessment and Mental Health Evaluation

Alliance Graduate School of Counseling

Robert Thompson Mental Health Evaluation

History

Presented for a scheduled mental health evaluation is 26-year old, single, African American male, Robert Thompson. Robert obtained his bachelor's degree four years ago and is currently enrolled in the engineering program at Columbia University. Currently, he is employed as an engineer in the Office of General Affairs, a New York State government facility. Robert presented to our facility, New York We Care, on 3/19/2020 for stress-related concerns from work and school. According to Robert, for the past two weeks, he has been unable to carry most activities that before he had no difficulty accomplishing, this includes grooming, getting up in the morning, and reporting to work. He initially negated former psychiatric consultation, however, he recanted and affirmed that he attended counseling momentarily with his mother at the age of 12. He explained that he was briefly introduced to counseling due to adjustment issues stemming from attending school in a new district.

For work, he reported that he called in sick four times in the past two weeks. He revealed that he was recently contacted by his employer via telephone. Albeit he has not yet listened to the voicemail message left by his supervisor, he reasoned that it is probable that his supervisor contacted him to inquire about his constant absences, plus, the two projects he failed to submit this past month. In terms of his school assignment, he indicated that his professors are accommodating. He was permitted to submit his schoolwork although he has not attended school for almost 3 weeks.

Moreover, based on what he shared during the beginning of the meeting; he was asked if he has recently experienced or witnessed any occurrence that contributes to his current mental

state. He indicated that he was recently involved in a situation that to him, was humiliating. He recounts that last month, he was elected to do a presentation before his twelve colleagues and supervisors. According to Robert, the success of the presentation was catalytic for a promotion in his career domain, engineering. He stated that he was slightly tensed. He expressed that he is not a talkative person. Nonetheless, he is not intimidated by public speaking. He revealed to have completed several presentations in the past effortlessly. However, due to the complexity of the project, lack of preparation, and being barricaded by fear, he reported that he resolved to cancel the presentation a few minutes before the commencement of the meeting. Followed by this, he expressed that he was surmounted by fear to confront his colleagues and supervisors. According to Robert, adding to the rumors surfacing in his work location by his coworkers, the plunged of negative emotions he experienced at that moment had him feel mutilated. He stated that felt he was not his usual self. As a result of this, he indicated to have had unpremeditated thought about his future as an engineer. He thought that it is meaningless to be engulfed with student loans in a worthless career. He stated that though terrified, he resolved to continue with his enrollment in the engineering program.

Symptoms

To better comprehend his current condition, he was asked to disclose additional information regarding his symptoms. He reported having experienced several difficult moments in the past weeks. He reported concerns with insomnia. According to Robert, he had been unable to fall asleep nearly every night for the past two weeks. He considers mornings as being “rough.” He reported having great difficulties accomplishing common self-care tasks, such as getting dress and preparing for work. In addition to that, he expressed experiencing bouts of

forgetfulness and lack of concentration. He expressed that, at times, he feels that his mind is “going blank.”

Further, he reported issues with social interaction for the past week. He explained that he does not desire to exhibit behaviors that are contrary to his current state; for instance, appearing friendly and energetic. He reported major disruption in activities, that before, he prioritized, such as exercising at the gym, attending school regularly and spending valuable time with his girlfriend. He mentioned having ample support from his parents. However, he burst into tears while mentioning them. He states that he cries mostly every day. He reported difficulty eating in the morning and indicated that his parents have recently commented on his extreme weight loss.

Moreover, he indicated that lately, he has been pondering about his purpose or mission in life. He asserted that he has been listening to Podcasts that aid with self-development. He explained that he listens to these Podcasts when he feels sad. However, aside from their mood alleviating mirage, these self-development Podcasts have impetuously impacted his mental health. He indicated that these Podcasts motivate him to constantly think about death, mainly his death. He stated that, lately, his mind has been a jurisdiction of suicidal ruminations.

Mental Health Evaluation

Robert Thompson reported to the mental health facility, New York We Care, dressed in casual apparel (black winter jacket, blue long sleeve shirt, brown khaki pants, and black winter boots). He was properly dressed for the weather. He appeared slightly older than his stated age. Though he was neatly dressed, his overall hygiene was poor. His long black hair was ungroomed. His facial hair and fingernails looked unkempt. He was judged to be a remarkable historian. He was cooperative and intelligibly responded to all the questions posed. Calmly, he

articulated the events that led to his current condition without any language or vocabulary impediments. He maintained minimum eye contact and was tearful throughout the initial interview and assessment. His gait was lethargic. His entire mood was congruent with his affect, which was dysphoric. Subtle abnormalities were discerned in his speech volume, rhythm and voice timbre. He perfectly excels in the memory test that was given to him. The test inquired him to recall tangible information such as his full name, date of birth, the date he reported for the evaluation and current location. He reported current suicidal thoughts, however, he does not have any actual plan to embrace it.

Tests Validation

Before the measurement tools were introduced, the goal, traits, and the criterion being measured were explained to Robert. The tests were given to Robert in English, his primary language. The utilized measurement tools were revised before they were presented to Robert to eliminate any unforeseen mishap in the test scores, mainly measurement error.

Test Scores and Interpretation

Beck Depression Inventory-II

The multiple-choice formatted test, Beck Depression Inventory-II, was given to Robert to measure the severity of his mental health condition. The questions posed in the questionnaire asked him, Robert, to circle the most appropriate response that matches his mood and behavior in the past two weeks. The resulted score, 47, in the Beck Depression Inventory-II test implied that Robert is battling severe depression.

Beck Anxiety Inventory

Besides the Beck Depression Inventory-II test, the Beck Anxiety test was introduced to him. The provided Beck Anxiety test aimed to measure the anxiety-related symptoms that he

exhibited in the past two weeks. His score was calculated for the 21 checked items. He obtained a total score of 22, which is symptomatic for moderate anxiety.

Spiritual Well-Being Scale (SWB)

Robert's spiritual well-being was measured. The test is composed of 20 questions. In the psychometric test, he was tested on the following criteria: spiritual well-being, religious wellbeing, and existential well-being. In the Spiritual Well-being subscale, his accumulated score falls in the range of 50-60. His graded score (53) indicates that he has moderate spiritual well-being.

His total score of 24 in the Religious Well-being subscale, on the other hand, placed him in the range of 21-49, which indicates that he has a moderate view concerning his relationship with God. Similarly, his graded score in the Existential Well-being subscale, 29, indicates that he is moderately satisfied with his life and purpose.

Psychiatric Diagnosis Screening Questionnaire (PDSQ)

The result obtained in the Psychiatric Diagnosis Screening Questionnaires indicates that Robert's symptoms are indicative of major depressive disorder and social phobia. In the Major Depressive Disorder Suicidality subscale, he scored 11. It surpasses the cutoff score of 9, for the inventory tool's subscale. Similarly, his total score, 10, in the social phobia subscale surpasses the implemented cutoff score, in this case, 4. Plus, he obtained a raw score of 22 and a T-score 43 for all the items that he was tested on.

Diagnosis

Based on the DSM5, Roberts falls under the diagnostic criteria for the following mental health disorders:

- 1) (F32.0) Major Depressive Disorder, single episode, mild

2) (F41.1) Generalized Anxiety Disorder

Treatment options and Recommendations

Based on the severity of his condition, there are several treatment options that Robert could benefit from. However, to successfully target the cognitive distortions that led to his current state, Cognitive Behavior therapy (CBT) is recommended. For Robert's condition, CBT sessions would include cognitive restructuring, reading, homework completion, and relaxation activities. Besides, individual counseling or psychotherapy, antidepressants can be integrated into the treatment plan for better efficacy. However, it needs to be decided by his counselor or psychiatrist after further evaluation.

Conclusion

Robert Thomson is a 26-year old African American male. He reported to New York We Care for work and academic concerns. He reported an incident that occurred at his job last month that impacted his mood and overall functionality. He stated that at 12 years old he was treated briefly for adjustment related concern. His mental health was assessed via the following assessment inventory tools: Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (Beck Anxiety Inventory (BAI) and the Psychiatric Diagnostic Screening Questionnaire. Based on the criteria underscored in the DSM5, his symptomologies fall under the criteria of major depressive disorder, single episode, mild and generalized anxiety disorder. Cognitive behavior therapy as a treatment modality is recommended. However, Robert can benefit from a combined treatment which involves the integration of both, therapy and antidepressant.

