

Robert Thompson

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Client Name: Robert Thompson
Date of Birth: April 2, 1989
Age 30

Date of Evaluation: March 10, 2020
Date of Report: March 11, 2020

Client History

Robert Thompson is a 30 -year old male of Caribbean decent, who is graduate in Accounting who has been referred by the Dean to go for counseling. This referral was due to the change in his attitude in his work performance at the job and the academic demands of taking additional courses at Mercy College. Robert stated at his evaluation that he is under a lot of stress, due to his current job position as a Professor of Accountant during the day and student in the evenings. Robert has been chosen for the position because of his academic background. He is a graduate student in Accounting with high honors and works as a Professor teaching several courses in accounting, since graduating 4 years ago. Lately he has not been meeting the mark for someone holding his position as a Professor of Accountant. When asked if he had ever gone for any mental health treatments, “He answered that his mother had taken him to see a counselor once, when he was 12 years old.” “The reason being, he was having a problem adjusting to a middle school, when they had moved into a new district.”

Robert now at the age of 30 has been referred by the Dean of the College to go for an evaluation because of the change in his attitude and work performance. The day of his evaluation, Robert comes dressed casually in jeans, a t-shirt, and sneakers. His hair unkept and he appears as if he had not shaved for several days, although there was no problem with his hygiene.

Robert commented on his appearance himself as he touched his face and stated that, “I’ve been kind of preoccupied lately.” “He continued saying, that for the past two weeks, he has

been having difficulty falling asleep, which has resulted in sleepless nights and rough mornings to get up.” Robert describes trying to get dressed for work in the mornings has made him feel as if he was “dragging his feet in the mud!” Within the past 2 weeks, Robert has called in sick four times and has not attended any of his meetings at the job for nearly three weeks.

Robert exclaims that, “He is allowed by his school to turn in his work despite not attending class because they are flexible.

His superior, the Dean from his job, on the other hand is not as flexible and has left him a voicemail yesterday, which Robert has not responded to. Robert stated and assumes that it is likely that the Dean will be asking about his absences, and his missing two report deadlines within the past month. Robert described or gave the following reasons for not being able to get his work done, which he contributes to his not being able to focus on his notes, which caused him to have to reread them, due to forgetfulness and his mind “going blank.”

Robert becomes emotionally upset when he speaks about his mom and how she will be concerned about his not mentioning his lack of sleeping. While, he continued talking about his feeling fatigued each day as well. “He stated that he thought his feelings about incident’s at work would pass, but the next two weeks have been a nightmare. Robert is concerned that he will be put on suspension or given a warning of having to “take a leave of absence from the job, to go for counseling.”

Mental Status Examination

When Robert went for the evaluation, he was casually dressed in jeans, a t-shirt, and sneakers. His hygiene was good and overall, Robert was neat.

However, Robert’s hair appeared ungroomed as well as his facial hair which also appeared not to have been shaven for several days, making him appear unkept. “Robert

indirectly commented on his grooming, by continuously touching his face and stating with a nervous grin, "I've been preoccupied lately." He was asked if he would like to share more about his being preoccupied lately? "He then indicated, that for the past two weeks, he's been having problems falling asleep during most nights and getting up late in the morning. He further explains that he has been preoccupied by being sick, not once but four times. During this period of being sick he then became preoccupied with trying to nurse himself back to health! His being sick has resulted in his not attending work for over three weeks. Not only missing work because he was sick, also caused him to miss turning in two deadlines for his reports. Robert continues to explain that he was unable to focus on notes that had to be reread over and over because of his not being able to retain what he had read and at times his mind going completely blank.

At times, Robert was not able to maintain appropriate eye contact during the counseling session as his mood periodically became anxious.

Robert spoke about feeling depressed more often during the day and having difficulties with falling asleep at nights. He described that getting ready for work made him "feel like he was dragging his feet in the mud." This expression showed that it was getting more difficult for Robert to go to work because of his depressed feelings.

Robert's attitude toward me in the beginning of the session was friendly and attentive, especially as he tried to be cooperative when answering questions addressed to him. But as the session continued, Robert began showing or expressing signs of anxiety as he spoke about a presentation that he is signed up to present in another day at his school. "He continued that he had this fear that he would be negatively evaluated by his peers." "He felt that in the minds of his peers, he would be judged as being anxious, stupid or boring while giving his presentation.

Before, I could ask Robert to share his feelings on why he feels this way, he blurted out to me that, he was afraid of “stumbling over his words” like he did in Middle School,” when giving his presentation. By this time the session was over and Robert wanted to leave immediately as I gave a few words of encouragement!

Presenting Symptoms

Robert refers to his symptoms in the morning as having a “nervous stomach” and his difficulty eating due to loss of appetite, which he stated that by dinnertime, he finally is able to eat “something light,” as his nausea subsides somewhat by the end of the day. He also speaks about losing interest in his job and worries about his own performance in school as he reiterates his constant feelings of being nervous, loss of appetite and some weight loss. He also expresses being tired of friends and colleagues constantly asking him, “If he is feeling alright?”

He does state his appreciation of these friends and colleagues because they have been supportive by suggesting that he listens to the “self-development Podcasts,” which he has found to be helpful when he feels “sad and down,” although it has also led him to have thoughts about death. He expressed that, “He thinks about his own death more often.” He states that this must sound somewhat morbid, “but it only makes him wonder if anyone would really care?” Robert becomes tearful and states, “It seems as if I cry on a daily bases,” as he begins to give a nervous chuckle under his breath!

Upon questioning about any recent stressors, Robert declined in answering any other questions and suggested that perhaps next week he would feel better to engage in any other conversations.

Results & Interpretations

Validity Statement

Robert was able to sustain attention and was responsive for most of the evaluation and assessment process. He was able to answer with understanding and willingness to most of the questions asked of him. He has complied to the questions that his mother has taken him to see a counselor only because it was hard for Robert to adjust Middle school at in a New District when he was 12 years – old.

Robert is now 30 years old and a Professor at Mercy College, where he has been referred by the Dean to go for an evaluation because of the change in his attitude and work performance at the job.

This assessment has been valid and further appointments will be made for future evaluations to give an up-to – date evaluation on his emotional state.

Beck Depression Inventory-II (BDI-II)

Robert obtained a score of 47 on the BDI-II, which indicates Extreme depression, which causes a persistent feeling of hopelessness, despair, sadness, loss of interest and can interfere with you not being able to work, study, sleep, eat and enjoy friends. You might experience some fatigue or loss of energy and may have recurring thoughts of death and even suicide.

Beck Anxiety Inventory (BAI)

Robert obtain a score between 16-25, which on the DSM-5 means (moderate anxiety). The BAI, which indicates that he endorsed Anxiety Disorders, which that have features of fear a anxiety and related behavioral disturbances.

Spiritual Well-Being Scale

The spiritual wellbeing score is 53, that makes the view positive in one's relationship with God.

His Religious wellbeing score was 24. This reflected a moderate sense or understanding of religious wellbeing.

The Existential is Well-Being score is 29. This reflected a moderate level of life satisfaction and purpose.

The Psychiatric Diagnostic Screening Questionnaire pt. 1 (PDSQ)

Results of the PDSQ indicated that Robert endorsed items that correspond with the diagnoses of Major Depressive Disorder scoring a 11 on the subscale and exceeding the cut off scored which is 9 (the Generalized Disorder subscale and exceeded the cut off).

The Social Phobia score = 10, which is clinically significant. A clinical follow-up is needed for Robert, since he surpassed the cut off score which is 4. Robert's total raw score = 42, which his condition is average, which his score is between 40T – 60T resulting in the T Score being = to 43 indicating an "average" score.

The Psychiatric Diagnostic Screening questionnaire pt. 2 (PDSQ)

Spiritual Well-Being Scale (SWAB)

Robert scored the range between 10-20 on the Spiritual Well-Being scale indicating a "low overall spiritual well-being". He scored an 11 on the Religion Well-Being subscale indicating a unsatisfactory relationship with God," Robert scored a 10 which indicates a low satisfaction with one's life and possible lack of clarity for one's purpose in life.

Diagnosis

Robert meets diagnostic criteria from the following DSM 5 disorders:

(F32.0) Major Depressive Disorder, Mild, Single Episode

Robert meets diagnostic criteria for the following DSM 5 disorders: He is characterized by symptoms of major depressive episode. While depressed, at least two of the following conditions are manifest: lack of appetite or overeating, insomnia or hypersomnia, fatigue, low-self-esteem, difficulty in concentrating and indecisive, hopelessness.

Decreased interest in daily activities, significantly depressed mood, considerable anxiety and emotional agitation.

F41.1 [300.02] Generalized Anxiety Disorder

Robert meets the criteria for anxiety disorder (GAD) because Robert worries excessively about issues such as: health, work, school, problems from the job like restlessness, becoming easily irritable and tired, experiencing poor concentration, and trouble with insomnia.

Treatment Recommendations

I would recommend for both the Major Depression and the Generalized Anxiety Disorders, by recommending The Cognitive Behavioral Therapy because CBT treatment is a blend of cognitive and behavioral therapy.

Individuals whose criteria falls under Generalized Anxiety Disorders are characterized by persistent worrying about one thing or another, such as health issues, finances and always feeling that something is bad going to happen.

CBT addresses, both the Major Depression disorder and the Generalized Anxiety Disorder by addressing negative patterns and distortions in the way we look at the world and ourselves. Some of the advantages of CBT for treating anxiety is that it is a long or short-term treatment. It teaches the client skills that cannot be taken away from them.

Conclusion:

In conclusion:

Robert has been sick from the job several times and has been reprimanded by the Dean. Had the job, he has missed to report deadline. Because of the stress he has become very forgetful and his mind has become blank. He is referred to by the Dean to go to therapy. He has received several voicemails from his supervisor. He has been reprimanded for his absenteeism. Since he is been going to his therapist is better able to identify his problems. Although leaving the sessions, he was upset, however, he is willing to come back to complete his sessions with his therapist.

