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PRACTICE ASSESSMENT MEASUREMENTS

Practice assessment Measurements

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CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Robert Antigua

Date of Birth: June 5, 1993 Age:

26

Date of Report: March 24, 2020.

Date of Evaluation: March 23, 2020

Tests Administered: *Clinical Evaluation, Mental Status Examination (MSE), Beck Depression Inventory-2 (BDI-2), Beck Anxiety Inventory, Spiritual Well-Being Scale & Psychiatric Diagnostic Screening Questionnaire (PDSQ)*

Client History

Robert is a 26-year old male student in finance at Baruch who arrived to the evaluation stating that he is under a lot of stress due to his current work and academic demands. Robert holds a government job as a financial advisor and has held this position since he graduated from college almost 5 years ago.

He initially reported denied receiving mental health treatment, but then stated that his mother took him to see a counselor for a brief period when he was 12-years old due to Robert having difficulty adjusting to a middle school in a new district. He has called in sick for work four times within the past two weeks and has not attended any of his classes for nearly three weeks. He hasn't been doing his school work; however, he doesn't reply to his supervisor since last week, Robert stated that it is likely that his supervisor will be asking about his absences and about the fact that he has missed two report deadlines within the past month. Robert described that he cannot bring himself to sit and get work done, as he cannot focus and constantly has to reread his

notes due to forgetfulness and his mind “going blank”. He was referred by his mother after she notice the change in his behavior and that he has been sad for the past 5 months.

Presenting Symptoms

Robert shared his symptoms of concern one of them is that he had been losing weight, and described having a nervous stomach and has difficulty eating due to loss of appetite and feels nausea during the day. He feels he doesn’t have a purpose has not wanted to speak to anyone has stopped going to the gym, no longer meets with his friends on weekends, and only steps outside to walk his doing approximately four times daily.

For the past week he didn’t communicate with his family or friends, stating that he has no interest in talking to anyone and cannot manage to “pretend to be animated and friendly, like everything is fine”. He states that he shared with his parents, who Robert described as being “very supportive”, that he had been questioning his purpose in life. Robert explained that he has been listening to “self-development Podcasts,” which have helped him when he feels “sad & down”, but have also led him to think a lot about dead. He stated, “I think about my own death all the time now, I know it sounds morbid. But I feel like if I was gone, would it really matter? Life feels like an effort and I wonder if this is all worth it.” Robert became tearful again when making this statement and stated that he cries “almost every day lately”.

Robert stated that last month, there was an incident at work where he was “humiliated.”. Robert stated that after that day,” I wasn’t the same. My body felt off. My mind was somewhere else.” He had been feeling really depressed and is worried that it will continue and that gives him more anxiety. He has been feeling like this for the past 5 months. Lately is been getting worst.

Mental Status Examination

Mr. Antigua medium height, skinny, African- American male. Appearing his stated of age. He presented to the section clean, formally dressed but complaining about the way his beard look. No psychomotor retardation or psychomotor abnormalities were observed. Poor eye contact. Speech within the normal range in rhythm, speech rate and volume. Attitude friendly and cooperative. Mr. Antigua was alert and oriented to person, place and time. Mood thoughtful and anxious. Affect consistent and appropriate. Thought processes was logical yet irrational. Amy denied visual hallucinations, auditory hallucinations, paranoid ideas, ideas of reference. Robert denied current suicidal ideation, and homicidal ideation. Attention and concentration adequate. Memory and perception grossly intact. Expressive and receptive language grossly intact. Insight and Judgement good. MMSE score 28/30.

Test Results & Interpretation Validity Statement

Mr. Antigua was able to sustain attention and concentration throughout the evaluation and assessment process and appeared to understand the contents of the assessment measures administered to her. All results are considered a valid assessment of her present emotional functioning.

Beck Depression Inventory-II (BDI-II)

Mr. Robert obtained a score of 47 on the BDI-II, which indicates that she endorsed symptoms of depression are severe. A score above 40 is indicative of severe depression.

Beck Anxiety Inventory (BAI)

Mr. Robert obtained a score of 22 on the BAI, which indicates that she endorsed symptoms of anxiety on the higher end of the moderate range. A score between 22 and 35 is indicative of moderate anxiety.

Spiritual Well-Being Scale (SWB)

Mr. Thompson scored 46 on his SWB scale indicating a moderate sense of spiritual well being.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Results of the PDSQ indicated that Robert endorsed items that correspond with the diagnoses of Major Depressive Disorder scoring 11 and 10. Mr. Robert total raw score was 22 which corresponds to a T-Score of 43, indicating “average” symptoms.

Diagnosis

Mr. Robert meets diagnostic criteria for the following DSM 5 disorders: (296.21) Major Depressive Disorder, severe and (300.23) Social Anxiety Disorder.

Treatment Recommendations

Mr. Robert would benefit from receiving Cognitive Behavioral Therapy (CBT) to address his anxiety, worrying, and depressive symptoms. CBT sessions should consist of psychoeducation to help Mr. Robert understand how maladaptive thought patterns contribute to his symptoms. CBT interventions would include cognitive restructuring, problem-solving skills, and relaxation exercises. Initiation of weekly Psychodynamic/Existential psychotherapy to address identity-related issues in order to help increase self-awareness. Referral to psychiatrist, for diagnostic evaluation and possible psychopharmacological treatment to address depressed mood, insomnia, low energy and appetite disturbance.

Conclusion

Mr. Antigua is a 26-year old male referred by his mother. He presents with symptoms of anxiety, loss of appetite and depression which began 5 months ago, followed by a depressive

episode, which began 4 weeks ago. Mr. Antigua has displayed deficits in social and occupational functioning and is currently unemployed due to his symptoms. Results of the BDI-II indicate major depressive symptomology. Results of the BAI indicate anxiety symptoms at the higher end of the moderate range. Mr. Antigua endorsed items on the PDSQ indicative of a diagnosis of Major Depressive Disorder and Social Anxiety Disorder.

According to the clinical evaluation, the Mental Status Examination, behavioral observations of Robert, and the results of the tests administered, Mr. Antigua meets diagnostic criteria for Major Depressive Disorder, severe and Social Anxiety Disorder. It is recommended that he receive psychotherapy, applying CBT interventions to address her symptoms. He will also be referred to a psychiatric evaluation.