

Elaine Samuels

Assessment and Evaluation

Confidential Mental Health Evaluation

March 22, 2020

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Client Name: Robert Thompson

Date of Evaluation: January 7, 2020

Date of Birth: August 7, 1994

Date of Report: January 8, 2020

Age: 26 years old

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 Thompson is a Black/African American 26 years old student in a Master's engineer program. Robert, an A student, is in his second year of college and in recent months his grades have been under the threshold of his GPA requirement. On registering for his third year Spring semester, he received an email of dismissal from the program. Mr. Thompson called his advisor to talk to her about the discharged letter and she enquired of him "why his grades have been falling"? He revealed that he has been going through some problems and it has caused him to lose focus with his school and work. Mr. Thompson's advisor recommended that he goes to see a therapist of which he did and she will work with him to re-instating back in the program as he seeks counseling, "encouraging him that she knew that he had the potential to finish the program and go on to greater things". He took her advice and went to see a therapist. During his first intake session, Mr. Thompson revealed that for the past couple of weeks he has been feeling disconsolate. He has called out sick a number of times dew to the overwhelming feeling of sadness and fatigue also he had missed some crucial deadlines at work. He detailed an incident at the job where he failed a presentation that should have gotten him a promotion because he did

not turned up for work. Mr. Thompson stated, that for an extended period he has ignored his parents calls, they were so worried about him that they came to visit him finding days of unwashed dishes in the sink and a filthy apartment. His girlfriend who he met in college broke up with him because of his social fears stating “she is an overt type person who likes socializing”. He told the therapist after his relationship ended the depression started. In conjunction to his girlfriend’s departure, he does not feel like going to the gym, playing basketball or doing anything for that matter. He also told the counselor that his mother suffers from depression and anxiety periodically. Mr. Thompson indicated to the therapist he does not have a history of depression but since all of this have happened he cannot function properly, he has a fluctuating appetite, he is not sleeping properly, and feels like a failure, also it has affected his schooling to the point of being terminated. He reported he has a problem concentrating on everything and he was referred by his college advisor to get therapy. Robert said he started feeling down and deserted for the past two weeks.

Mental Status Examination

Mr. Thompson, is a 26 year old, 6 ft .2 inches, Black/African American, thin built, college young man. Mr. Thompson presented himself to the evaluation finely dressed and well clad. He wore a black pant, plaid shirt, a black shoe, clean and shiny, his hair was locked but looked unkept and his hygiene satisfactorily appropriated with a male fragrance. Mr. Thompson as he sat down appeared teary eyed as he maintained eye contact, however, his eyes looked distended. He seemed poised but his feet began to shake slightly as he spoke. It was his first time being in a therapy session and he said he felt anxious. His countenance was of a sad affect. He expressed to the counselor he was dismissed from college and that he could not function effectively at work. His tone was of normalcy half of the session and the other half a bit shaky as he seems to

hold back the tears. Mr. Thompson behavior seemed fatigued and his cognitive reasoning and concentration seems incoherent as he provided the information needed, he did so with a flair of politeness and irritability for this evaluation. Mr. Thompson could reminiscence of the words (Dave, Mark, Michael, Troy and Huge), count from 1-10 in reverse and spell the word “world” back way and forward in an instant but given two 5 minutes apart fumbled on the names. Mr. Thompson calculated mathematical questions correctly. He did not appear delusional or psychotic. His intellectual perception did not detect hallucination. His feet tapping continued throughout the evaluation. Asked about suicidal and homicidal ideation, did not have a plan but have considered it.

Presenting Symptoms

Mr. Thompson described his stressors of presenting problems of failing grades and poor work ethics. Robert said the feeling of sadness overwhelms him every day, most times he just sits and cries. He stated the sensations of emptiness or hopelessness consistently plagues his mind. He said he feels upset and he gets these angry outbursts especially with his siblings, even petulance and frustration, over insignificant matters. He described a loss of interest and pleasure in all the normal activities he usually does such as his painting, engaging his siblings, watching television, drawings and listening to music. He stated because of how he feels, sleeping has been a past time, he sleeps longer than regular, he has missed a few classes at college and multiple days at work. Robert said, he experience reduced appetite and weight loss even tiredness and lack of energy, also minor responsibilities take additional effort to get done. He specified, he gets anxious a few times. Mr. Thompson quantified, trouble thinking, focusing, making decisions, feelings of insignificance and fixated on past failures also self-blame. He explicated, lately he

had trouble remembering things and have frequent thoughts of death and suicide but have not planned out the operation of executing it.

Validity Statement

Mr. Thompson attention span was lucid for the most part and his awareness throughout the assessment and appraisal process gives the impression that he understands the innards of the valuation procedures administered to him. This psychological outcome is from the validity instruments of psychological testing used on Mr. Thompson for his mental well-being.

Beck Depression Inventory-II (BDI-II)

On the BDI-II score Mr. Thompson attained equals to 47, that specifies signs of depression on a severity scale. Score of 0 to 13: no depression, score of 14 to 19: mild depression, score of, 20 to 28: moderate depression, score of 29 to 63: severe depression (America Psychological Association).

Beck Anxiety Inventory (BAI)

Mr. Thompson T- score of 11 on the Beck Anxiety Inventory (BAI) which confers he has a mild anxiety symptoms. A score of 0 to 7 is minimal anxiety, a score of 8 to 15 is mild anxiety, a score of 16 to 25 is moderate anxiety, and a score of 30 to 63 is severe anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Mr. Thompson results of the PDSQ indicated that he endorsed psychological affects that parallel that of a diagnoses of Major Depressive Disorder/ Suicidality scoring a 11 on the subscale and exceeding the cut off score 9^c. On the Social Phobia Mr. Thompson subscale

score of 10 and cut off 4¹. Mr. Thompson total raw score was 42 which corresponds to a T-Score of 43, indicating “middling symptoms”.

Spiritual Well-Being Scale (SWB)

Mr. Thompson scored a 26 on the Spiritual Well-Being scale indicating a “low overall spiritual well-being”.

A score in the range of 20 – 40 reflects a sense of low overall spiritual well-being.
 A score in the range of 41 – 99 reflects a sense of moderate spiritual well-being.
 A score in the range of 100 – 120 reflects a sense of high spiritual well-being.

Religious Well-being Scale (RWS)

Mr. Thompson scored 28 on the Religious Well-Being subscale indicating a “moderate” relationship with God”.

A score in the range of 10 – 20 reflects a sense of unsatisfactory relationship
 A score in the range of 21 – 49 reflect a moderate sense of religious well-being with God
 A score in the range of 50 – 60 reflects a positive view of one’s relationship with God.

Existential Well-Being (EWB)

Mr. Thompson scored a 34 indicating a “ a moderate level of purpose and life satisfaction for his purpose in life.”

A score in the range of 10 – 20 suggests a low satisfaction with one’s life and possible lack of clarity about one’s purpose in life.
 A score in the range of 21 – 49 suggests a moderate level of life satisfaction and purpose.
 A score in the range of 50 – 60 suggests a high level of life satisfaction with one’s life and a clear sense of purpose.

Diagnosis

Ms. G. meets diagnostic criteria for the following DSM 5 disorders:

(300.23) Social Phobia Disorder

296.32 (F33.1) Major Depressive Disorder\ Suicidal - Severe

Episode Treatment Recommendations

In treating to Mr. Thompson, the recommended treatment would be Cognitive Behavioral Therapy (CBT) to address his stressors that caused his depressive, suicidal and social phobia symptoms. CBT sessions would consist of psychoeducation to help Mr. Thompson understand how maladaptive thought patterns contribute to his symptoms, also desensitization to assist with his phobia. CBT interventions is a form of psychotherapy that treats psychological problems by modifying Mr. Thompson's dysfunctional emotions, behaviors, and thoughts also incorporating relaxation exercises and meditations also Interpersonal Psychotherapy (IPT). A psychiatric evaluation would best serve Mr. Thompson. If there is a persistency with his symptoms psychotropic drugs should be administered.

Conclusion

Mr. Thompson, a 26-year old Black/African America college male student was referred by his college advisor. He started having relationship issues with his girlfriend then work related afterwards presented with symptoms of depression, suicide ideation and social phobia 2 weeks ago. Mr. Thompson exhibited discrepancies academically, socially and professional functioning and is currently faces dismissal from college due to falling grades. Results of the BDI-II indicate depressive symptomology at the higher end of the scale range. Results of the BAI indicate social

phobia symptoms at the mild end of the spectrum range. The PDSQ characteristic of a diagnosis of Major Depressive Disorder and Social Phobia Disorder for Mr. Thompson was severe depression. The Mental Status Examination clinical evaluation, communicative annotations of Mr. Thompson, and the outcomes of the assessments administered, Mr. Thompson. meets analytic criteria for Major Depressive Disorder\Suicidality and Social Phobia Disorder. The psychotherapeutic treatment of CBT interventions would be the recommended modality to address his symptoms. A psychiatric evaluation is recommended for further treatment.