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2 Washington Street, New York, NY 10004 (646) 378-6000

Intake Report

CONFIDENTIAL

Client Name: Ms. Beverly Black
Address: 2 Washington Street
New York, NY 10004
Gender: Female
DOB: October 10, 1982
Highest Level of Education: Bachelors
Current employment Status: Para-Legal
Current Marital Status: Divorced
Examiner's Name: Ms. Gertrude Nelson

Supervisor's Name: Denise Varela, LMHC, LPC, NCC
Date of Interview: 4/15/20
Date Report Written: 4/22/20
Date Report Submitted: 4/22/20

Beverly Black was referred to my office from Violated Victims Outreach for an evaluation based on the following observations by the therapist. Client appeared to be experiencing increased restlessness during weekly sessions and increased giggling without prompting. Her behavior was becoming a distraction for others in attendance.

Prior to our meeting, the client was informed that this interview would be conducted by Zoom which was acceptable to the client. Prior to our intake, I presented her with informed consent and went over it with her and asked if she had any questions and her response was no. I explained what was going to take place during the interview and told her, she could answer questions as she felt comfortable. Beverly arrived casually dressed, and neat in appearance with hair nicely done. After our introduction, she took a seat across from me in a high back chair.

Description of client/Behavioral Observations

Beverly is a 37-year-old divorced female with two children from her marriage. Her parents are from Haiti but reside in New York. She was born in our local hospital as the oldest of three siblings. Her two younger brothers reside near-by. She was raised Catholic-Baptist and attended Catholic school during her elementary years and then went to public high schools. She attended a local college in the county and then furthered her education in Westchester County. During her college years she worked to help support her education. She's been employed as an IP Paralegal for the past 17 years in the county.

Presenting Problem:

During the interview it was noted the client appears to be unable to sit still, placing her foot in the chair, giggling all the time and not maintaining eye contact when answering some questions, looking up at the ceiling or side to side. At times, she would look into the screen. When asked if she was alright, she responded yes, and the interview continued. At this time of the interview, I am unable to obtain outside information in reference to the client's history.

History of the Illness and Other relevant History:

Childhood Trauma

As the interview continued, she was asked if she experienced any childhood trauma that might have had or have an impact on her life into adulthood. She was asked if there was anything else, she would like to share, she responded with "she didn't know." When asked if she ever experienced physical or sexual abuse, her immediate response was "you never ask me that." As we preceded with the inquiry of psychical and sexual abuse, she didn't wish to elaborate on either. I assured her that she can talk about these issues because everything spoken between us is confidential. In her conversation, she stated sexual and physical abuse were a challenge in her adolescent years but not in adulthood. As we continued the interview, her reflection of if she experienced any child sexual abuse her response was, "I might have had." She was asked to elaborate on "I might have had." Her response was that she was not raised in the best environment and comes from a very tumultuous family home where both parents were the disciplinarians.

Giving her time to regroup, I asked if she would like to share. It was mentioned when she was 8 years old, she was sexually abused. The consequences of this action lead to what she described as a tormented adolescence, but no effects in adulthood. Her father physically abused her from childhood up to about seventeen. She didn't elaborate in what fashion or further address the incident of sexual abuse. She was asked if she ever confronted her father in reference to the physical abuse over the years and her response was no, and she accepted that was who he was in that era of his life. She's forgiven him and moved on with the determination that these incidents do not define her as a person.

Beverly as the oldest did not view her relationship between her siblings as a challenge. As a child, she felt the home atmosphere was a caring one and felt she was the favorite of both parents. Her younger brother was her father's favorite and the oldest brother was her mother's favorite child. She felt comfortable in her position in the family cycle as the oldest and only girl. She stated it balances itself out, so they can each have their favorites.

Ms. Beverly was married for 20 years to her high school sweetheart of American-Puerto-Rican descent and this union produced two children, a son and daughter with a nine-year age difference. Her husband is one year older than her. Within their 20 years of marriage, the couple was separated for five years due to infidelity on behalf of the husband. At the time of this interview, she has been divorced for less than two years. She stated their relationship wasn't bad and would not be bad if he didn't commit adultery and remained faithful to the marriage.

At the time of her divorce, Ms. Beverly expressed being sad because it wasn't something she wanted. She desired her family to remain as a family unit. She didn't want her children to think they came from a broken home, or the children being neglected by one or the other parent and didn't want the children to have to choose between their parents. At the time of their legal separation, her daughter was 6 or 7 years old and her son was about 15 /16 years old. She stated she accepted the divorce and moved on.

Single Parenting

When I asked the client how she felt in the role as a single parent, her response was "that's a loaded question**",** stating it's tough but she's okay with it-they are her babies. She recognized that discipline could be a challenge because she does not want to be the bad guy. If the other parent is unavailable, they miss the children's milestones in life. When her children are hurting, she feels at times she can't soothe their hurt. When the children experience challenges, they try talking through it. Her younger brothers act as a mentor for her son and her daughter confides in her mother and grandmother for guidance. When asked who she confides in, her response was "that's a good question" and proceeded to say, God is her first source and then comes godmother and mother.

Beverly denied any form of mental hospitalization but voiced she participated in therapy prior to her divorce proceedings. The husband attended for six weeks at first but didn't complete the sessions. Afterward, she stayed in therapy for about 2-3 months. She initiated the divorce. She consulted with a therapist because she wanted to make sure her decision was the right decision and comfortable with it.

When asking about her experience in therapy, she felt different after her husband left the sessions. There was not a third voice in the equation, and she described her personality as calm. Even though she likes her job because she knows what she is doing; learning about new inventions and how they function and the art of patents, it can be stressful at times, but she voiced that she has a sound mind. The client states she's in very good health. During the interview she was cognitive of her surroundings and events in life, past and present. The client is not taking any medications.

Family Mental Health History

When inquired about any history of family mental or psychiatric disorder, alcohol, or chemical abuse, she was surprised when I inquired. Her response was an immediate NO. No criminal history. She thinks she has a really good family since speaking to me. She responded that she has asked her family about general health but never inquired about family history in regard to mental/psychiatric; alcohol or chemical abuse. Her extended family to her knowledge never engages in such activities. She denies suicidal ideations, alcohol or chemical abuse. Expressed no desire to cause harm to self or children.

When asked if she experiences episodes of depression or anxiety, her response was no. The only time she experiences anxiety is when she's put on the spot. At the time of this interview, the world is experiencing a virus pandemic. During this time, she voices being uneasy when she has

to leave her house to go to the grocery store. At the beginning of this pandemic, it didn't bother her staying at home with her children. The last time she went to the grocery store was the first time she experienced the shortage. By not finding the things she normally purchases left her feeling a little uneasy. She has to provide for her family, and it was out of her control to meet the need and it left her uneasy but not anxious.

When asked about her future goals, she replied she's still working on balancing between work, children, and personal goals. Some of her goals are having something of her own like a career, where she's the boss. She will not have to answer to anyone else. A career that gives her a little more freedom with or without her children. In accomplishing her goals, it would allow her to do other things without the constraints of a job in reference to time.

Personal Relationship /Socialization Status

In relation to her personal life, she has been seeing a young man for a year. They are respectful of each other's goals and space. There is not much to say because it's still new. When asked if she had any expectations in regard to their relationship, her response was a quick no in regard to where their relationship would go. She's taking the time and leaving it up to God to lead her.

Clinical Formation

In reviewing the initial interview assessment in relation to her behavioral symptoms, it is a possibility the client's behavior is a result of unresolved childhood issues encountered in regard to sexual and physical abuse. Throughout the entire interview, she displayed the following symptoms: constantly giggling, unable to maintain eye contact, looking off, and inappropriate affect when asked certain questions. She kept using the word uneasy which implies anxiety. The client always stated that she "moved on" after an incident occurred in her life. Victims attempt to disassociate themselves from the experience or stress of the abuse, denying feelings of shame and anger as a coping mechanism.

These symptoms could indicate Acute Stress Disorder and Avoidance Symptoms. Literature has stated that victims of childhood sexual abuse or Post Traumatic Stress Disorder (PTSD) suffer in silence, because they do not talk about the incident. PTSD can develop when individuals are exposed to death, injury, or sexual violence, whether actual or threatened (Cormier, S., Nurius, P., 2017. p. 493). Childhood sexual abuse and its consequences is also linked with mental health disorders if not treated.

A preferred treatment plan for Ms. Beverly would be Exposed Therapy, which is recommended for many traumatic-related and stress-related disorders and obsessive-compulsive disorders. Exposed Therapy is an empirically supported treatment strategy, even though there's a question how treatment reduces distress and improves a person's functioning. Its goal is to resolve the core conflict that is the source of the anxiety. (The "root" of the trauma can be so embedded so deep in a person's spirit that their behavioral conduct is a reflection of the inner turmoil of abuse that without therapeutic intervention some survivors maintain an outward appearance of being unaffected by their abuse; NAASCA, 2011). In working with this client, as time passes, she will

be able to come face to face with the incidents that have taken place in her childhood and learn better coping mechanisms to handle the stressors in her life.

DSM-5 Diagnosis

- 309.81 (F43.10) Post-Traumatic Stress Disorder (PTSD)
  Criteria: A, B-4,5, C
- 308.3 (F43.0). Acute Stress Disorder (ASD)/Avoidance Symptoms
  Criteria: A, B

Tentative Treatment Plan

- Cognitive Therapy-Individual
- Exposed Therapy

Goals:

- Work successfully through the issue of sexual abuse with consequent understanding and control feeling and behavior.
- Develop appropriate relaxation and diversion activities to decrease level of anxiety

Objective:

- Health client develop healthy talk as a means of handling the anxiety.
- Explore, encourage, and support client in verbally expressing and clarifying feelings associated with the abuse.

Gertrude Nelson
Mental Health Counselor-Student
NYS License # 115013
Prof. Denise Varela, LMHC, LPC, NCC
Supervisor

Gertrude Nelson
April 22, 2020
Date

Reference

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https;//doi.org/10.1176/appi.books.9780890425596

National Association of Adult Survivors of Child Abuse. (2011). Adult manifestations of childhood sexual abuse. *American College of Obstetricians and Gynecologists*. Retrieved from naasca.org/2011-articles/081411

Cormier, S., Nurius, P., & Osborn, C., (2017). Interviewing and change strategies for helpers (8ed). Boston MA: Cengage Learning