Mental Health Evaluation

Client Name: Jenny Rivera
Date of Birth: March 25, 1977
Age: 43
Assessments Administered:

- Intake/Mental Status Exam
- Alcohol Use Disorder Identification Test (AUDIT)
- Psychiatric Diagnosis Screening Questioning (PDSQ)
- Beck Depression Inventory (BDI-II)
- Spiritual Well Being Scale (SWB)
- PTSD Checklist for DSM-V (PCL-5)

Client History/Precipitating Event

Jenny Rivera is a 43 year old female of Mexican Descent, who is seeking therapy due to a barrage of symptoms, which is most likely related to a traumatic event that occurred in her life roughly 7 months ago. The client acquired a degree in Accounting from Nyack College about 20 years ago. Her career in finance began as a teller in a local bank, from which she excelled to lead loan officer; she has maintained this position for 7 years.

7 months ago, Jenny witnessed a bank robbery in the branch where she works. The scenario is as follows: Two bank robbers, armed, masked and dangerous, rambunctiously entered the bank, demanding cash from tellers as they pointed/brandished their firearms. Terrified, Jenny hid under a desk in the waiting area. As she hid, she heard the robbers yelling at the tellers and intimidating them into dispersing money. She did hear a gunshot, but was unaware who fired the shot and where the bullet was aimed (though she did hear glass shattered). The robbers did flee the scene after said gunshot, and it seems they left with no money. This is all that Jenny recalls regarding the event, as she claims there are “holes in her memory”. Due to the major impact that this robbery had on Jenny/her symptoms, her husband brought her to therapy because he “wanted his wife back.”

Presenting Symptoms

Occupational Functioning

After the bank robbery, Jenny's occupation went from being an enjoyable work experience, to a continuous reminder of the terror she faced. She reported specific symptoms that transpire during her shift. For instance, every time someone enters the branch (from the same entrance the robbers entered), she experiences a rapid heartbeat, nausea, and stomach pains. Moreover, she reported feelings of irritability and agitation whenever she heard her colleagues discuss the robbery; they usually discussed it in a jovial tone and with a "matter of fact" attitude; this would often lead to Jenny isolating herself from colleagues, and in some cases making occupational collaboration difficult. Intrusive thoughts and memories often occur during her shift, which hinders concentration and productivity. She also reports difficulty engaging with customers due to her symptoms, which has obstructed her ability to reach her daily goals for the last 6 months.

Social/Personal Functioning

In regards to her personal/home life, Jenny reports feeling fidgety, fearful, and shaky; she refuses to go to locations that are widespread and without multiple exits (the bank only has one main exit). Jenny's interpersonal relationships have suffered, as her husband states that she's "cold as ice," per her report. Jenny also reports that her friends claim that "they don't see her anymore." When asked why she has trouble remaining connected to her loved ones, she stated that she was too "sad" and "anxious" to be around people. Along with her interpersonal disturbance is a disturbance of sleep; Jenny reports getting roughly 3 hours of sleep on workdays, as she is often plagued with nightmares; Jenny described these nightmares as "vivid," and they usually included scenes of her "getting kidnapped," or "held at gunpoint." These nightmares "make the memories worse," and makes it "hard for her to function," per her report. She reports

a decrease in appetite as reflected in some major weight loss (16 lbs); she states that the nausea she often feels makes it difficult to eat.

Substance Misuse

When asked how she was coping with her distress, Jenny reported that she "eases her stress with some wine." When asked how long she has been drinking alcohol, she stated that she usually has a "glass of wine here and there" on social occasions (ex. With friends, candlelight dinner with husband, etc.). However, since the robbery, Jenny reports drinking on a nightly basis, multiple drinks a night (sometimes a bottle of wine, or 6-9 beers), so that she can fall asleep more readily. "Sleep is hard with those dreams and all," is a comment that spoke volumes during the session

Assessments

Intake/Mental Status Exam

Jenny attended this counseling session with her husband, Jimmy. Necessary assessments were completed before the face-to-face intake transpired. Upon meeting, Jenny appeared somewhat withdrawn and guarded. She greeted the clinician with a handshake, however she maintained poor eye contact. Her mood was euthymic (normal), however she maintained a slightly constricted affect. Hygiene was intact (clothes and cleanliness was normal), however when she walked past the clinician to take a seat, there was a hint of beer scent on her person.

As the clinician began to explain the guidelines of the therapeutic process (confidentiality and its limits, ethical boundaries, etc.), Jenny appeared somewhat jittery and unfocused (tapping her foot, absentmindedly massaging her hands, poor eye contact). This body language lasted for the majority of the session. When asked why they began the counseling process, Jenny stated that "Jimmy thinks I drink too much." Jimmy interjected by stating that "I want my wife back."

For the first 20 minutes, Jimmy monopolized the session; he raised concerns regarding Jenny's drinking, sleeplessness, and lack of eating since the robbery 7 months ago. Though his demeanor was one of concern and support, the clinician was increasingly interested in hearing from Jenny; when the clinician gently turned the conversation to the primary client (Jenny), Jenny retorted that her drinking is "not as bad as Jimmy is making it out to be." When asked why she consumes alcohol to this degree, she explained that "the only reason she drinks is to deal with this pain." It was at this point that Jenny began to grow more cooperative and dominate the session.

When asked to clarify what "pain" she is referring to, Jenny reported the "pain of watching those robbers point guns at everyone." Jenny then began to go into more detail regarding the incident, and the symptoms she has experienced as a result of the precipitating event. As she spoke, she grew increasingly teary-eyed and choked up; at some points, it seemed as if she struggled to articulate her thoughts, due to her "choking on her words." Her speech was normal (not underproductive nor overproductive). While she wasn't wailing uncontrollably, her eyes and face became reddened due to the emotions expressed through crying. These symptoms have greatly impacted her ability to function personally, socially, and occupationally; it was crucial to assess safety. Jenny reported that she has no thoughts or desires of harming/killing herself or someone else, from that point we were able to continue.

Towards the latter part of the session, the clinician explained the results of her assessments, and what they indicated; the clinician conveyed concerns regarding the alcohol intake, and how the symptoms are impacting Jenny's overall quality of life. When asked what she wanted to gain from these therapy sessions, it was at this point that Jenny's chief complaint

was ascertained: “I want to be normal again,” was her statement. We agreed to meet for a second session 3 days from the initial intake, with Jenny being the sole client.

Alcohol Use Disorder Identification Test (AUDIT)

Per the AUDIT assessment, Jenny Scored a 22; this is indicative of harmful drinking behavior. In regards to the duration, Jenny has been drinking daily within the 7-month period of being exposed to the traumatic event; she reports partaking in multiple drinks a day.

Psychiatric Diagnosis Screening Questionnaire (PDSQ)

Per the PDSQ, Jenny achieved a score 12 for Post-traumatic Stress Disorder; it's imperative to know that 9 is the cutoff score for this particular subscale, thus indicating that a PTSD diagnosis is upon clinical consideration. Her PDSQ raw score is 30, which corresponds with a T-score of 46. This is indicative of average overall symptoms.

Beck Depression Inventory (BDI-II)

Per the BDI-II, Jenny scored a 13, which indicated a “mild mood disturbance.” The scores reflecting changes in sleeping pattern and difficulty in concentration, are reflected in this assessment; they are also in conjunction with the scores reflected in the PCL-5. Moreover, a lessened appetite has also been reflected per this assessment (this being irrespective of the PCL-5).

PTSD Checklist for DSM-V (PCL-5)

Per the PCL-5, Jenny scored a 51, which is indicative of PTSD symptoms considering that 30-33 is the appropriate cutoff score.

Spiritual Well Being Scale (SWB)

Per the SWB, Jenny scored an 82, which indicates a sense of moderate Spiritual Well Being. She scored a 36 for Religious well-being; 36 suggesting moderate religious well being.

She scored a 46 for Existential well-being; 46 suggesting a moderate sense of life satisfaction and purpose.

Diagnostic Rulings

Code 309.81 (F43.10): Post Traumatic Stress Disorder

Criteria A1 & A2 (one or more):

- Direct experience of a traumatic event (Jenny was present in the branch as the robbery occurred).
- Witnessing traumatic event occur to others (Jenny witnessed the robbers point guns at the tellers)

Criteria B1 & B2 (one or more):

- Recurring, involuntary and intrusive memories of event (Jenny's memories that frequent the day)
- Distressing dreams related to event (nightmares of "being kidnaped" or "held at gunpoint."

Criteria C1 & C2 (one or both):

- Avoidance of places and conversations that point to the precipitating event (Jenny's avoidance of public places with limited exit points; this is directly linked to the infrastructure of the branch where the precipitating event occurred. Distancing from colleagues that discuss the precipitating event in a particularly jovial attitude.)
- Avoidance of memories (This is manifested in Jenny's heavy alcohol use, which is used to blot the memories and numb the symptoms).

Criteria D1 & D6 (two or more):

- Inability to recall certain aspects of traumatic event (Jenny not being able to recall certain aspects of the event; “holes in memory).
- Detachment and estrangement from others (Jenny’s withdrawal from her husband/family, friends and colleagues).

Criteria E3, E5 & E6 (two or more):

- Hypervigilance (Jenny rushing to her car in the parking lot and remaining vigilant for possible robbers).
- Problems concentration (Difficulty concentrating at work per Jenny’s assessment reports).
- Sleep Disturbance (Sleeping only 3 hours a night/difficulty falling asleep).

Criterion F: Considering that the duration of Jenny’s disturbance has exceeded the 1-month cutoff (Jenny has been experiencing these symptoms since the precipitating event 7 months ago), a PTSD diagnosis is indeed validated.

Criterion G: Social and Occupational Function (Isolation from family and friends, failure to meet goals at work/estrangement from colleagues).

Criterion H: Alcohol use seems to be a avoidance coping mechanism, not an attribution/causative factor.

- No psychotic/dissociative features are present. There are no differential/comorbid diagnoses.

Possible Treatment Modalities

- *Talk Therapy:* Providing Jenny with a safe and empathetic space to express her feelings, experience and symptoms may help assist her in confronting her trauma, instead of avoiding it. Clinician can also receive information relevant to gaining context.

- *Cognitive Behavioral Therapy*: Assessing and challenging any maladaptive thought patterns related to the traumatic experience is a crucial component in the possible lessening of symptoms.
- *Grounding/Relaxation Techniques:* Implementing breathing and relaxation techniques to minimize any stress that Jenny is experiencing; moreover, grounding techniques may help Jenny regain awareness of her surroundings in the midst of memories/possible flashbacks. These methods are to assist Jenny in regaining stabilization lost to the precipitating event.
- *Exposure Therapy:* Helping Jenny confront the stimuli/memories that she avoids may be necessary in lessening the physiological and psychological anguish they cause. This exposure can include verbal narration, written narration, or even visiting places/physical locations that causes Jenny distress.
- *Group Counseling:* Being in a group setting with individuals who understand the diagnosis of PTSD, can foster a sense of community for Jenny (this may be particularly helpful considering the isolation she has been experiencing). Moreover, hearing people's stories may help Jenny not feel alone.
- *EMDR (Eye Movement Desensitization and Reprocessing)*: This treatment may assist Jenny in re-experiencing/reprocessing the events and memories related to the precipitating event through conducting particular eye movements.
- *Psychiatric Medication:* If symptoms become unbearable/unresponsive to other methods of treatment, the topic of medication may be discussed per Jenny's comfort and willingness.

- *Continuous Safety Assessment*: Patients with a PTSD diagnosis pose a higher risk for suicidality; clinician bears the burden of assessing Jenny's personal safety, as well as her likelihood to pose harm to others.
- The duration of 12 months has not been met for an Alcohol Use Disorder. However, Jenny’s excessive alcohol consumption is a major cause of concern; continuous assessment/intervention for alcohol use is necessary to keep that diagnostic line from being crossed.

Signature: Berengere Howard, LMHC