

Mental Health Interview Write-Up

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GCN 602

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MENTAL HEALTH ASSESSMENT INTAKE

Name: Raul Fitzpatrick

Age: 33 years, 10 months

Date of Birth: 08/26/1986

Date Tested: 06/30/2020

Tester: C. Erica Thompson

Medications: Currently: None

Previously: Xanax 3mg daily (2005-2009), Lexapro 15mg daily (2013-2017).

Referred by: None. Practice found via Google search

Reason for Referral:

Mr. Fitzpatrick is seeking treatment for his symptoms consistent with previous diagnoses of depression and anxiety. He states that he is interested in resuming a prescription-based treatment.

Mental Status Examination

Mr. Raul Fitzpatrick, reported to the practice office for a counseling session. He was dressed business casual, wearing a black button-down shirt, with khaki pants and tennis shoes. He is wearing a wristwatch with a rainbow band and has no visible piercings. He appears well-groomed, has no body odor, and his clothes look clean. The client has a visible tattoo on the left forearm that reads "Remember to breathe." He appears a bit younger than his actual age. During the interview, he seemed a bit fidgety, but not agitated. He spoke in a calm manner, sometimes a

bit fast, with a strong, but gentle voice. The client spoke at a moderate volume, with occasional thoughtful pauses throughout the session. His affect matched the content of his speech and he had a pleasant demeanor throughout the session. His words and thoughts were logical and comprehensible. Occasionally the client switched topics somewhat abruptly, but nothing out of the flow of a normal conversation. The client seemed very friendly toward the counselor. The greetings were amiable, and he expressed his enthusiasm for embarking on the new therapeutic journey. Despite the socially-competent niceties, the client had a slight air of sadness and being overwhelmed. He would often sigh when talking about an especially stressful point. The client reported that he was feeling like life is challenging and disturbing. The client is over six feet tall and his posture was slightly hunched throughout the session. He appears to be of a normal weight, considering that he is very tall. The client makes appropriate eye-contact and his expressions match his affect and the tone of his speech. There were no points in the initial interview that raised any concerns regarding memory, intelligence, reliability, or perceptual disturbances.

Background Information

Mr. Fitzpatrick is a 33-year-old, single, Caucasian-American, cisgender male, who resides with his two cats in Manhattan, New York. He is in a long-term, exclusive, heterosexual relationship with his girlfriend, who resides in Brooklyn. She, his family, and friends have noticed that over the past few months he has seemed more down and is showing more signs of anxiety than usual. The client states that the symptoms have gotten more severe since the onset of the global Covid-19 pandemic and the subsequent quarantine. Mr. Fitzpatrick feels that the months of inactivity have had an adverse effect on his overall mental health.

In February 2020, the client ran a half-marathon after months of physical training. Since approximately mid-March 2020, Mr. Fitzpatrick has stopped the physical activity, 50% due to the quarantine and 50% due to the depression and anxiety symptoms. In addition to being more sedentary, he states that he has been eating more and less healthily, which is his primary coping mechanism when not feeling his best. He cites the lack of activity and additional concerns about keeping healthy from Coronavirus as the primary event that has triggered the changes. He has had several family members survive the disease, lost two patients to the disease, and several other patients lose loved ones to it. The issues have further been exacerbated by the recent sociopolitical unrest due to the issues surrounding police brutality and racial inequality. He specifically cited the challenge of understanding the position of being a white man, serving in a predominantly minority community. He is also less than satisfied with his current workplace, and the thoughts of whether or not to find a new job and the potential challenges of that are also often at the forefront of his mind. Most of Mr. Fitzpatrick's concerns are things outside of his locus of control, which he recognizes, but cannot prevent his mind from ruminating on the thoughts. While these thoughts preoccupy his mind, he often chooses not to discuss them with those in his inner-circle because he is aware that the issues are problems that are too big or complex for them to solve and he does not want to worry them. Mr. Fitzpatrick's concerns are that they will be worried for his emotional wellbeing, knowing that he has these pervasive, unsolvable concerns.

These often keep him awake at night and he reports that he has insomnia most nights. He struggles to get to sleep, but when he finally does sleep, he stays asleep. He also feels that he sleeps too much at inappropriate times. "When I want to sleep I can't sleep and when I don't want to sleep, I oversleep." The client reports feeling fatigued, but also on-edge and sometimes carries muscle tension. Mr. Fitzpatrick has slightly increased trouble concentrating on things, but

reports that he has always had that issue and is unsure if it is related to the anxiety or perhaps an undiagnosed condition, like ADHD. He states that he is not irritable, but he has felt down for about 50% of the days since the quarantine began. He has felt less interest in the things he normally enjoys and has been taking solace in food by eating less healthily than normal, and as a result has gained a bit of weight. He feels restless and fidgety, while also experiencing fatigue.

He has feelings of low self-esteem in general, but reports that he has felt worse than usual during this episode. He says that he does not feel like ending his life, as he always has hope that things will improve in the future. The symptoms have affected his relationships with others because he is enjoying social interactions less than usual. Mr. Fitzpatrick ranks his social level as medium to high and during these times he is slightly less likely to seek out his social supports. He was previously diagnosed with anxiety and depression as a teenager and has taken medication for it. He is feeling the symptoms resume and would like to restart prescription treatment, if applicable. His last treatment ended about a year ago when his therapist helped him gradually stop taking Lexapro.

Alcohol and Substance Use

Mr. Fitzpatrick estimates that he drinks approximately 100mg of caffeine per day via coffee and soda and has been drinking that much since high school. He drinks the equivalent of two beers every one to two weeks, in social situations, which has been the case since he was an undergraduate student. He also uses non-medical marijuana via vaporizer once or twice, weekly, and has since the age of 16. He states that he is thankful that he does not turn to substances in times of stress, but instead tends to overindulge in foods.

Medical History

Mr. Fitzpatrick is medically healthy, overall. At his last check-up earlier this year, his general practitioner stated that his blood pressure and cholesterol were both slightly elevated, but neither of which was enough of a concern to warrant medication. He has had no significant medical events and has been physically healthy throughout his childhood. The client states that he does not know what his gestation was like, but he was born a few days after his due date and his mother has reported that he was a complication-free delivery. Mr. Fitzpatrick is not currently on any medications. He has had no major surgeries, although he did elect to have a vasectomy at age 23. He estimates that he is 75-100 pounds overweight and he has struggled with weight loss throughout much of his adult life. The client tries to be physically active and in February 2020 completed a half-marathon. He states that his heart is probably in the best condition of his life and that he has stopped running recently, partly due to the concerns of avoiding Covid-19 and partly due to the mental health concerns which have brought him to counseling.

Family Psychiatric History

Mr. Fitzpatrick's mother has been previously diagnosed with and treated for depression. She went to counseling and took a daily medication, but he does not recall which one or the dosage. She responded well to the course of treatment and it was her own experience that helped her recognize his symptoms in his early teenage years. She advocated for him to go to counseling and that is what began his foray into mental health treatment. Aside from his mother, Mr. Fitzpatrick's family has not been treated or referred to counseling for any mental health conditions.

Academic and Occupational History

Mr. Fitzpatrick was an average student throughout his childhood. He struggled a bit in high school and in his undergraduate career, as he is not naturally inclined toward academics. Mr.

Fitzpatrick graduated with a Master's degree in Social Work from SUNY Hunter in 2015. He reported that he was a poor student, who did well in-person, but did not do as well with studying and writing reports. He got through the program with the help of his social supports and counseling, which included medication for depression and anxiety. He is not anticipating any further educational pursuits, aside from the continuing education credits that are required for maintaining licensure.

The client has been working as a mental health counselor for the past two years. He enjoys being a therapist but is currently less than satisfied with the management at his current practice. He feels that the communication is lacking and that decisions are often made without consideration for the practitioners and/or clientele. Prior to this job he was working in a homeless shelter doing biopsychosocial reports on each client and offering social worker support, which was a rewarding aspect to his job. However, he was under a lot of pressure from the management and coworkers who made the environment inhospitable for sharing ideas and teamwork. Mr. Fitzpatrick has found that he enjoys the clinical aspects of his job, but it seems that the key to his job satisfaction will be finding a place where he feels comfortable with the management style and culture.

Interpersonal and Social History

Mr. Fitzpatrick's main social supports are his girlfriend, mother, brother, and a few close friends. While he is not always social, he maintains that he does not feel isolated and knows his social supports are accessible when he wants or needs them. He is three years older than his brother and while they were not close growing up, they now have a good relationship. Mr. Fitzpatrick states that his mother, a museum curator-turned-homemaker, and he have a close bond. He and his father, an attorney, are not really close due to idealistic differences, but their

relationship is better than it has been in the past. His parents are married to each other and have been for 37 years and both Mr. Fitzpatrick and his brother are their biological children. He has no children and has no plans to have any, although in the right circumstances, he might consider foster care. His family is of German and Irish descent and his grandmother was a Holocaust survivor. Mr. Fitzpatrick was raised in the Reform Jewish tradition, but since the age of 15 has been an atheist. He is an active member of the secular community, but that does not include any sort of scheduled gatherings or meetings. His view of religious experiences has shaped his desire to help counsel ex-cult members, such as those who have left Mormonism, Ultra-Orthodox Judaism, Scientology, and other strict religious sects. Mr. Fitzpatrick describes his hobbies and primary methods of self-care as spending time with his girlfriend, reading, drawing, and watching YouTube videos. He also enjoys physical fitness activities like running and has recently completed a half-marathon. The client states that he has not had any legal incidents.

Impression

Diagnosis deferred

According to the DSM-V, the client is presenting with symptoms of Generalized Anxiety Disorder, as listed below:

- Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities
 - The person finds it difficult to control the worry.
1. The anxiety and worry are associated the following six symptoms (with at least some symptoms present for more days than not for the past 6 months) Restlessness or feeling keyed up or on edge
 2. Being easily fatigued

3. Difficulty concentrating or mind going blank
4. Muscle tension
5. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
6. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).
7. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism)

According to the DSM-V, the client is presenting with symptoms of Major Depressive Disorder, as listed below:

- At least 5 of the following symptoms have to have been present during the same 2-week period (and at least 1 of the symptoms must be diminished interest/pleasure or depressed mood) [2] :
- Depressed mood: For children and adolescents, this can also be an irritable mood
- Diminished interest or loss of pleasure in almost all activities (anhedonia)
- Significant weight change or appetite disturbance: For children, this can be failure to achieve expected weight gain

- Sleep disturbance (insomnia or hypersomnia)
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness
- Diminished ability to think or concentrate; indecisiveness

References

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders:
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA:
American Psychiatric Association, 2013.