

Jeanette S. Farias

Student in GCN 601 NLS Principles & Methods of Counseling Livestream

Adjunct Professor: Denise Varela, LMHC, LPC, NCC

Masters in Mental Health Counseling Program

Alliance Graduate School of Counseling

2 Washington Street, New York, NY 10004

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Client Name: Patricia Lorenzo

Address: 263 Hart St.

Brooklyn NY, 11221

Gender: Female

DOB: May 26, 1995

Highest Level of Education: Bachelors

Current Employment Status: Employed

Current Marital Status: Single

Examiner's Name: Jeanette Farias

Supervisor's Name: Denise Varela, LMHC,
LPC, NCC

Date of Interview: 10/10/2020

Date Report Written: 10/11/2020

Date Report Submitted: 10/20/2020

Referral and Purpose of Evaluation:

Ms.Lorenzo desired to start counseling after her cousin mentioned how much it has helped her. She decided to take this step when she noticed her communication with her partner had been failing. She loves her partner and wants to work things out with him. Ms.Lorenzo recognized that in a relationship it's about two people so instead of changing him, she wants to change.

Description of Client/Behavioral Observations:

Patricia Lorenzo is a 25 year old Hispanic female born and raised in Brooklyn NY. Her parents are both from the Dominican Republic and although she was born in the U.S , she states she's closer to her dominican roots. She recently moved out of her parents home and is now living in a studio apartment. Ms.Lorenzo is currently in a relationship with her partner Kevin who she has been with for over a year. She got her bachelor's degree in biology from the college of Staten Island. The client was dressed in appropriate clothing. She came straight from work and was dressed in business casual attire. Ms.Lorenzo was neatly dressed in a light blue top with black bottoms and flats with her hair up in a ponytail. Ms.Lorenzo seemed nervous, playing with her nails throughout the interview and not making direct eye contact when speaking about herself. She apologized many times after taking some time to answer the questions. Other than her boyfriend and parents Ms.Lorenzo states she doesn't have anyone else. She has acquaintances at work but no one she would call a friend. She wishes things were different but needs help navigating through this area.

Presenting Problem:

The client initially came in reporting that she is having trouble expressing herself in her current relationship with her boyfriend but further into the conversation she stated experiencing fear in social settings. Client says she wants to tell her boyfriend to not go out all the time. However, the client states she doesn't want to come off as controlling or not sound smart when she says it. Client seems to be concerned about how he will perceive her if she opens up. Similarly, the client has a difficult time opening up to people because she fears they will judge her or think she isn't smart. This has caused problems within her relationship because when her partner wants to hang out with his friends, she doesn't want to go. Apart from this she also reports having difficulty showing emotions. Client admitted to loving her boyfriend but isn't sure how to express it. Overall she states her communication problems have been around for as long as she can remember but it worsened once she entered high school. Ms.Lorenzo reports she has a low confidence level, always criticizing the way she looks, talks or behaves. The client tends to compare herself to others. Client states all of this has affected her relationship with her boyfriend. No psychiatric illness was mentioned.

History of the Illness and Other Relevant History:

Ms.Lorenzo stated that her social anxiety was prevalent during her high school years. The client stated having fear when speaking to others or when she was called on. The client says she was afraid that she would be humiliated for what she said. As time went on it became harder for the client to interact with other individuals because of this. Ms.Lorenzo mentioned that although she went to college, she doesn't think she is smart enough so she'd rather keep to herself. The client currently works in a big company doing database work for a research facility where she's always around people but she says she tries her best to avoid social interactions. However it was at work where Ms.Lorenzo met her boyfriend. The client states it took time for her to feel comfortable talking to him, but he was persistent. Ms.Lorenzo reports one of the things she loves about Kevin is his protection towards her. The client states she's also wanted to feel protected and safe and Kevin makes her feel that. Ms.Lorenzo grew up with her mom, dad and was the only child. The client states she loved this because she would get everything she wanted and eventually learned how to be alone because of it. When talking about her relationship with her parents the client stated she has a pretty good relationship with dad and a good relationship with mom. She says she is more open with mom about things and although dad was there at times physically, he wasn't there emotionally. Ms.Lorenzo states that dad was more of the provider not the caretaker, and although she hardly saw him, she always felt safe and protected with him. Currently Ms.Lorenzo states she doesn't have many friends and has only been with one guy before Kevin, whom she lost her virginity too. The client and her boyfriend are currently sexually active. Ms.Lorenzo describes her current relationship as good. The client states she has never loved anyone other than now and feels closer to him than anyone else. Ms.Lorenzo states she has no criminal, medical, psychiatric or substance use/abuse history. The client says she drinks

occasionally when out with her boyfriend but has never been drunk. Ms.Lorenzo would describe herself as a Catholic but doesn't visit church frequently. The client works a 9-5 job, the days she has off she likes to go home read or do some shopping alone.

Mental Status Examination:

Ms.Lorenzo is a young white woman with blonde hair and green eyes. From her physical appearance it shows she exercises because of her physique. The client is well groomed, having her nails well polished and hair straightened. During the interview the client seemed nervous playing with her hands and nails and looking up at the ceiling. The client was compliant and well aware of the conversation, answering all questions and asking some questions about what I was doing. Ms.Lorenzo described her mood as good and calm. The client's affect was shown as nervous and fidgety. The client seemed to be aware of her orientation naming places she's been to with her partner and able to express emotional hardships she's endured. The client's speech was at a normal speed. Ms.Lorenzo's thought process was normal, providing the necessary details. At times the client would go off on a tangent but it was primarily when there was silence in the room. The client has no suicidal/homicidal tendencies. There was no report of her being a danger to herself or others. There is an absence of hallucinations or delusional beliefs.

Mrs.Lorenzo admitted to drinking occasionally with her partner when they go out but it has never left her without reasoning. The client reported having low self esteem, thinking her body wasn't in the best shape and wishing she could be prettier than the other girls at her job.

Ms.Lorenzo has goals of going back to school and becoming a nurse, but her social anxiety keeps getting in the way.

Clinical Formulation:

Ms. Lorenzo presents feeling anxious and fearful when in social settings since high school. It recently started affecting her relationship with her boyfriend. She feels fearful attending social settings where she would have to speak to others. Client believes she will make a fool of herself. In cases where she has had to speak in front of others she starts to feel shaky and gets sweaty. The client also presents with having extreme low self esteem and in her own words says she looks and feels ugly and fat. Client says she takes a long time getting dressed in the morning because she wants to look perfect. The client also reports lacking confidence to speak up in relationships. She wants to become more assertive. From what we have said above, the client presents signs of social anxiety and low self esteem. Client has said she doesn't feel depressed, just gets upset with herself at times. No signs of anger or suicidal/homicidal tendencies were presented.

DSM-5 Diagnosis:

- F40.10- Social Anxiety Disorder

Tentative Treatment Plan and Goals:

It is encouraged that Ms. Lorenzo continues to meet for individual therapy weekly. As time progresses bringing in Ms.Lorenzo's boyfriend would allow for both parties to discuss what's bothering them. Before this the client and I can use role play techniques to prepare her. Cognitive Behavioral therapy is recommended to fix the negative beliefs she has about herself alongside exposure therapy which will help set attainable goals she can put in place when it comes to her social anxiety. Working on the client's self esteem can be looked at by working through what it means to be self compassionate to herself, helping her see her accomplishments. Homework will be given and assessments will be done during the session which will allow for Ms.Lorenzo to see how what she is saying about herself can sound unkind. The counselor and client will work together to come up with goals she will feel comfortable putting to action. The overall goal of treatment is for Ms.Lorenzo to get to a place where she feels confident speaking up in social settings and in personal relationships.

Signature and Title:

Jeanette S. Farias

AGSC Student

10/20/20

Denise Varela,

LMHC,LPC, NCC

Appendix: