CONFIDENTIAL MENTAL HEALTH EVALUATION

Client Name: Robert T.
Date of Birth: June 2, 1988
Age: 33

Date of Evaluation: February 24, 2021
Date of Report: March 1, 2021

Tests Administered: Clinical Evaluation, Mental Status Examination (MSE), Psychiatric Diagnostic Screening Questionnaire (PDSQ), Spiritual Well-Being Scale (SWS), Beck Depression Inventory-2 (BDI-2) and Beck Anxiety Inventory

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Client History

The client, Robert Thompson, age 26, is single (but dating), an African American male who is undergoing a combined 5 year Bachelor's and Master's program for engineering and in the Master's phase of the program. He seems smart, as he graduated the B.A. phase of his competitive program with a GPA of a high B in engineering. He seemed focused and like a hard worker, as he majored in engineering and has been working in that field since graduating from his undergraduate program while attending night classes for graduate school.

Robert and his mother described Robert always being stressed about his school -- and all work-related situations -- since a young age. Although Robert may not have remembered, his mother mentioned that she took Robert to therapy throughout age 12 due to stress related issues adjusting to middle school. Robert denied he had mental health counseling in the past.

Robert confessed that he has insomnia thus has rough mornings. He is anxious, nervous, nauseous, and very depressed at the moment. He often thinks about the purpose of life and consistently tears up and does not have an appetite to eat starting a year ago.

Mental Status Examination

As mentioned, Robert Thompson, 26 years old is single and dating but recently paused due to his symptoms. He is an African American male, undergoing a dual 5 year Bachelor's and

Master's program for engineering. He is currently in the Master's portion of this program. His mother referred me to my practice by searching local anxiety and depression mental health professionals for university students, and I had a chance to speak to her briefly.

Robert entered my office for his first session alone and appeared to have good, casual outward appearance and hygiene, although his hair and facial hair did not seem groomed for weeks. He maintained good eye contact and had a respectful tone and demeanor throughout the evaluation, although he seemed fatigued, anxious, and sad. In fact, he admitted that he felt abnormally depressed. His mood changed throughout the session as he shared his story of what he's been going through. Overall, he seemed comforted as I empathized with him and gave him hope that our sessions may possibly help him.

He seemed to possess good focus and intellect throughout the evaluation, although he would occasionally look into space and forget my question at times. He recalled events from his childhood for the most part. I took note that he stated he never went to a mental health counselor before, although his mother shared with me that he went to counseling for a year when he was 12 years old when he had a hard time adjusting to middle school. Otherwise, he seemed to provide a good overview of his childhood, medical history, lifestyle, and symptoms: He has no history of taking medication for his mental health or for other health related issues. Until last year, he has maintained a healthy, social lifestyle. He described symptoms of sadness, loss of interest in hobbies and any social activities, insomnia, loss of appetite, spacing out or losing focus, and low self-esteem, and also having body and headaches recently. He was able to recall three out of three words (i.e., apple, desk, nickel) immediately and one out of three words after a 2-minute delay. Similarly, he was able to spell "world" forwards and backwards with a slight delay. Robert was able to complete the serial 3s quickly without errors. He seemed to be good at

numbers and with analytical and factual questions versus abstract concepts asked, such as what picture comes to mind when he thinks back to his best memories. No symptoms of psychosis was observed. Robert's insight, judgment, and impulse control were good. He seemed to have slight symptoms of possibly suicidal ideation but not homicidal ideation.

Presenting Symptoms

Robert described that his symptoms in the past year include symptoms of sadness and loss of pleasure of life. He feels confused and lost every day, increasingly so, starting a year ago, when he graduated from college and lost his undergraduate community of close friends. With sudden and increasing loneliness, he started to wonder what the point of life was. He even started doubting: If God is not real, what would be the purpose of living? While he has not attempted suicide, he began to contemplate the reason for life. Recently he also lost interest in any life activities and eating. He stopped engaging in his usual hobbies, such as working out, watching Indie films, reading, trying new restaurants, and meeting new friends. As he described, he lost notable weight and sleep in the past year. In fact, sometimes he has nightmares of people he cared about in his life stabbing him in the back.

In college, Robert cultivated a robust undergraduate college community of friends and even had a long-term Christian girlfriend. As college graduation neared, his college friends received jobs throughout the world and moved very far away. With different time zones and lifestyles, communicating live seemed increasingly impossible. Robert's girlfriend he dated for almost 3 years received a prestigious job in a different country, and she decided it was time to move on in her life, as the move made her realize that it would be too hard to continue a long-term relationship. He felt that his girlfriend realized that it was not worth the effort to stay

together to see how things would progress; and perhaps she was excited to move on and see if she would find a “better man” in her new world. He was confused by this decision, and it rattled his self-worth quite a bit. He wanted to start drinking a lot and even wondered if he should take up an acquaintance’s offer to do drugs but being a health nut, he decided to refrain, but the pain and loneliness took over and made him start to wonder constantly what the point of life was and if God was even real. If God was real, why would He allow Robert to go through such meaningless pain?

Evaluation Method. There were four assessments used to assess Robert:

a) *Psychiatric Diagnostic Screening Questionnaire (PDSQ)*. This is a test booklet by Dr. Mark Zimmerman, M.D. published in 2002 by Western Psychological Services which tests acting, feeling, and thinking. The PDSQ is administered and scored in the clinician's office prior to the initial diagnostic interview. This assessment takes about 15 to 20 minutes to complete (https://www.wpspublish.com/pdsq-psychiatric-diagnostic-screening-questionnaire). Comprised of 13 subscales, each subscale has a cut off of critical items score for each potential disorder. Also the total will get to a culmination of the total scores. There is no domain to detect response bias.

b) *Spiritual Wellbeing Scale* (SWS). The SWS is a 20 question scaled self-assessment of one’s spiritualty created by Dr. Craig W. Ellison and Raymond F. Paloutzian and published by Life Advance that assesses one’s Spiritual, Religious, and Existential Well Being.

c) *Beck Depression Inventory* (BDI-II). The BDI-II questionnaire consists of 21 group Feelings. For each of these, one must choose the statements that expresses the appropriate extent in which the patient feels them at this time. The BDI-II measures characteristics of attitudes and

symptoms of depression (https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/beck-depression).

d) Beck Anxiety Inventory (BAI) – Is a scaled self-assessment that measures the degree in which one feels anxiety through an assessment of the degrees of the symptoms.

Test Results & Interpretation

Validity Statement

Robert was able to focus and seamlessly complete all four assessments in one setting. He did not have questions and had no problems completing the assessment in a timely manner. All results are considered a valid assessment of his present emotional functioning:

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Results of the PDSQ indicated that Robert endorsed items that correspond with the diagnoses of Major Depressive Suicidality Disorder scoring a 11 on the subscale and exceeding the cut off by 2 points and scored a 10 on the Social Phobia Disorder subscale and exceeded the cut off by 6 points. Robert's total raw score was 22 which corresponds to a T-Score of 43, indicating "average" symptoms.

Spiritual Well-Being Scale (SWB)

Robert scored a 53 on the Spiritual Well-Being scale, indicating a moderate view of one's relationship with God. He scored a 24 on the Religious Well-Being subscale, reflecting a moderate sense of religious well being. He scored a 29 on the Existential Well-Being subscale, suggesting a moderate level of life satisfaction and purpose.

Beck Depression Inventory-II (BDI-II)

Robert obtained a score of 47 on the BDI-II, which indicates that he had extreme symptoms of depression. A score of 40 and above is indicative of extreme depression.

Beck Anxiety Inventory (BAI)

Robert obtained a score of 22 on the BAI, which indicates that Robert endorsed symptoms of moderate anxiety in the middle of the moderate range. A score between 16 and 25 is indicative of moderate anxiety.

Diagnosis

Although assessments may indicate that Robert may have social phobia and slight suicide ideation, given a holistic observation and assessment, Robert meets the diagnostic criteria for the following DSM-5 disorder:

(F33.42) Major Depressive Disorder, Recurrent, Moderate Remission

Treatment Recommendations

Robert benefited from receiving a combination of psychoanalytic therapy as it seems as some symptoms and need for counseling manifested from his youth. Additionally, Cognitive Behavioral Therapy (CBT) may help to address his anxious and depressive symptoms. CBT sessions should consist of psychoeducation to help Robert understand how maladaptive thought patterns contribute to his symptoms. CBT interventions would include cognitive restructuring, problem-solving skills, and relaxation exercises. Robert may also benefit from a group therapy to increase his social phobia disorder. A psychiatric evaluation may also open up the option of his

taking psychotropic medication if her symptoms, as his symptoms are severe and may not be enough to have weekly therapy sessions.

Conclusion

The client, Robert Thompson, age 26, is single (but dating), an African American male, who is undergoing a combined 5 year Bachelor's and Master's program for engineering but in the Master's phase of the program. He seems smart, as he graduated with an above average GPA for his B.A. phase of his competitive program. He seemed focused and hard working, as soon after graduating from college, he worked in the engineering field in addition to pursuing a full time graduate program during nights.

Similarly to when we was transitioning to middle school, he is struggling to cope with the transition from undergraduate to graduate school and is showing symptoms of anxiety, depression, suicidality, and social phobia disorders through observations, his story, his mother, and the four assessments used. Results of the PDSQ indicated that Robert had symptoms of Major Depressive Suicidality Disorder and Social Phobia Disorder:

Interestingly, the SWB scale indicated a "positive view of Robert's relationship with God, while a moderate sense of religious well being and life satisfaction and purpose, which aligned with what we were seeing through his sharing of his story. The BDI-II indicated that he had extreme symptoms of depression, and the BAI showed moderate anxiety.

Although through Robert's assessments, he meets the diagnostic criteria for anxiety, depression, suicidality, and social phobia disorders, in reviewing Robert's clinical evaluation, Mental Status Examination, behavioral observations of Robert, sharing from his mother, and assessments the highlighted disorder seems to be Major Depressive Disorder, Recurrent, Moderate Remission.

It is recommended that he receive psychotherapy and CBT in both individual and group therapy formats, and he should also be referred to a psychiatric evaluation for possible medication.

Hyojung Esther Jung and *Hyojung Esther Jung*