

Xelena Y. Santiago

Student in GCN 601 OA Principles & Methods of Counseling
Adjunct Professor: Michele Hernandez, MA, LPC, NCC, ACS
Masters in Mental Health Counseling Program
Alliance Graduate School of Counseling

2 Washington Street, New York, NY 10004

(646) 378-6000

Intake Report

CONFIDENTIAL

Client Name:	Michelle Smith	Examiner's Name:	Xelena Santiago
Address:	150 Bay St. Jersey City, NJ 07302	Supervisor's Name:	Michele Hernandez, MA, LPC, NCC, ACS
Gender:	Female	Date of Interview:	02/20/2020
DOB:	7/26/1995	Date Report Written:	02/21/2020
Highest Level of Education:	Bachelors	Date Report Submitted:	02/22/2020
Current Employment Status:	Barista at Hidden Grounds Coffee Shop		
Current Marital Status:	Single		

Referral and Purpose of Evaluation:

At the beginning of the intake session, Miss Smith stated, "I have decided to come to counseling because am anxious and I would just like to make it through the day without feeling so overwhelmed." Miss Smith explained that her co-workers recommended that she speak to a counselor after noticing frequent situations where she was unable to assist customers or complete tasks without becoming anxious by it. The client states, "I tend to prefer working behind the counter and getting all the preparations for the shop done. If I don't have to take customer orders, I feel more relaxed throughout the day. I just don't want to mess anything up." Miss Smith expresses feeling uncomfortable at times that others may notice her becoming overwhelmed. The client has had and continues to have difficulty making friends since High School. Although, it has gotten better once she left to college.

Description of Client/Behavioral Observations:

Miss Smith identifies as a single, 25-year-old, female of mixed European decent. Miss Smith completed grade school and graduated from Grand Canyon University with a Bachelors in Sociology. Miss Smith is the oldest sibling of 6 children in her nuclear family. She is currently living on her own, in an apartment in Jersey City, where she opened a local Coffee Shop with some friends from college.

The client's presentation during the interview was casual and appropriate for the session. Miss Smith was groomed neatly and appeared to be clean for the meeting. The client presented relaxed mannerisms, often spoke with accompanied hand gestures. During the intake when Miss Smith felt comfortable, she used fluid hand motions. When sharing more uncomfortable information

Miss Smith would place her hands under her thighs. Miss Smith mentioned that when she becomes nervous, she sweats excessively and made sure to put on a lot of deodorant before coming in to meet with the counselor. I observed behaviors such as good eye contact, and good posture during the session. Miss Smith was open and receptive to the flow of the session.

Miss Smith gave information of her parents Mrs. Katherine and Mr. Jim Smith, second oldest sibling Ashley Smith, co-workers Jasmine Brooks & Adrianna Jacobs at Hidden Grounds Coffee Shop, as well as previous psychiatrist Dr. Lee and Primary Care Physician Dr. Klein. Additionally, Miss Smith provided information of medications and vitamins she is currently taking.

Presenting Problem:

The presenting problem that the client has shown are symptoms of social anxiety, including a felt and observed marked fear of messing up, letting people down or doing things incorrectly in front of others. The client expressed elevated levels of anxiety when her co-workers and customers made notice of her becoming overwhelmed and she feared she would be judged due to those circumstances. The client disclosed that these feelings began in adolescence through the conflict she had with her sister, then continued on through high school which made it difficult to find or initiate friendships with others. The client described feelings of anxiety through psychically perspiring, having a noticeable reddish complexion and increased negative self-talk. These symptoms cause the client to have moderate levels of stress and disappointment because she wants to do things well to the best of her ability and instead is unable to complete the tasks at hand or use her voice to make her position/stance on certain issues known. The client referred to herself as a “People-Pleaser” or the “Yes-Man” in order to cope with any feelings of insecurity. This has also impacted her significant relationships and job performance as well.

History of the Illness and Other Relevant History:

Miss Smith identified that one of her strengths is that she loves to learn, so school was always something she enjoyed and looked forward to. In contrast, Miss Smith shared that she never had a strong friend group and had difficulty making friends. The client noted that she often struggled with how other females who identified as “Christian” would still mistreat her. As a result, Miss Smith became more of an introvert and expressed a lack of vulnerability with others. The client disclosed that she had never been hospitalized. However, in high school she was referred to a psychiatrist, Dr. Lee who prescribed Effexor, 150 mg, once a day for anxiety treatment. Miss Smith also shared that she was taking a Women’s Multivitamin, Vitamin C and Iron supplements. Miss Smith also expressed trouble falling asleep due to her mind being unable to shut off and periodically takes Melatonin to aid in better sleeping patterns.

Miss Smith revealed that she is a Christian and has grown up in a Christian household her entire life. Just recently has she really become strong in her personal faith and walk with God. She remains true to a lot of Christian values as well as trust, loyalty, faith, human dignity, and equality. While difficult to describe her cultural background, Miss Smith said she identifies with German, British, Netherland and Italian backgrounds. Miss Smith described social and leisure activities as working out, painting, and reading. She did not disclose any social activities in this session. Miss Smith has no history of legal problems, and no military history. Miss Smith and

her nuclear family have no history of substance use. However, the client did share that her extended family has had issues of drug and alcohol abuse.

In regard to the client's familial history, Miss Smith shared that she currently has a good relationship with her parents and siblings. This, however, has not always been the case. Miss Smith expressed a lot of tension growing up, especially with the second oldest sibling, concerning dominance and birth order responsibility. Miss Smith also shared that communication and openness with her parents had been quite tense and distant during a traumatic period of her life. Miss Smith disclosed that she had been in a situation of date rape with a boyfriend she had her sophomore year of college. Miss Smith articulated that she felt unable to say "no." Thus, adding another layer to her feelings of anxiety and inability to connect with community, her family or her peers during this time. Miss Smith did disclose that she had gone to therapy before and disclosed this situation at great lengths with a professional counselor and feels as though she has put in the work to cope and find healing. Her relationship with her family has gotten much stronger with their support through the healing process. Her faith has played a major role in that as well.

Mental Status Examination:

The client was able to clearly identify where she was, who she was, the timing and reasoning for attending this therapy session. Miss Smith. As mentioned earlier spoke comfortably with hand gestures and seemed to have good organization of speech and thoughts. The client showed appropriate levels of memory and recollection of past and present events during the history taking section. The client displayed open and receptive body language. Miss Smith engaged the conversation with the counselor and displayed appropriate levels of cognitive processing for her developmental stage of life. The client denies any suicidal or homicidal ideations. Client also denied any substance use or presence of hallucinations. Miss Smith did disclose that she often has irrational beliefs about her capabilities or ability to make meaningful connections with peers.

Strengths exhibited by Miss Smith are the love of learning, athleticism, independence, intelligence, creativity, faith and spirituality, ambition, and self-awareness. The client seems to have a good family support system and firmly holds on to her Christian faith for comfort, strength and peace in order to cope with life circumstances. Miss Smith reports a lower level of self-confidence and self-esteem, although she is open and receptive to learning new ways of thinking positively and valuing herself through counseling.

Clinical Formulation:

This clinician has taken multiple factors into consideration for the case of Miss Smith. Relevant behaviors that may conclude a diagnosis of social anxiety include feeling "overwhelmed" in public settings, trouble falling or staying asleep, and inability to complete certain tasks at work when helping customers. Miss Smith's strengths include seeking support from her co-workers and a counselor. Miss Smith's anxiety regarding helping customers at work include her inability to adequately express her genuine, caring self because of mistreatment and bullying from peers during high school and college. Miss Smith has retracted and refrained from vocalizing her thoughts and opinions that she believes she will be judged for. Miss Smith's anxiety is maintained by avoidance of social interaction with peers, introverted and withdrawal tendencies

when placed in social situations. Miss Smith's history of tension with lack of authority and respect from her younger sister has also played a role in maintaining this anxious behavior.

According to the DSM V (American Psychiatric Association, 2013) these are the characteristics/symptoms that this clinician has made note of for this client:

1. "Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others" (American Psychiatric Association, 2013).
2. "The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated" (American Psychiatric Association, 2013).
3. "The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning" (American Psychiatric Association, 2013).
4. "The individual finds it difficult to control the worry" (American Psychiatric Association, 2013).

There is no perceived risk of danger to self or others. The client should continue to progress in sessions with the counselor in order to help achieve more self-confidence, identify negative cognitions, develop a strength-based, cognitive and behavioral mindset and identify coping mechanisms for anxious feelings in social settings.

DSM-5 Diagnosis:

- F40.10 Social Anxiety Disorder (Social Phobia)
- F41.1 Generalized Anxiety Disorder

Tentative Treatment Plan and Goals:

In light of the tentative diagnosis and clinical data, the clinician recommends the use of exposure therapy in conjunction with Cognitive-Behavioral and Acceptance and Commitment Therapy in order to help the client to reframe their negative cognitions into strengths and coping mechanisms that will benefit their social and interpersonal relationships with peers and others in the community. The client would benefit from 1-hour sessions with the clinician once a week for 12-16 weeks. The client identified goals for therapy that include addressing the negative self-talk, changing mindset, increasing self-confidence and using appropriate coping mechanisms for intrusive thoughts that constantly revolve about what others are thinking about her whether negatively or positively.

Signature and Title:



Xelena Santiago (Counselor Trainee)
Supervisor: Michele Hernandez, MA, LPC, NCC, ACS

Appendix:

References

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