

# Conceptualization Paper.pdf

*by* Felicita Ruiz

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## Felicita Marie Johnson

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

## CONFIDENTIAL

Client Name: Ande Can  
Address: 2 Washington Street  
New York, NY 1004

Gender: Female

Highest Level of Education: Associates Degree  
Current Employment Status: Tutor & Baby Sitter

Current Marital Status: Married

Examiner Name: Felicita Marie Johnson

Supervisor's Name: Michele Hernandez  
MA, LPC, NCC, ACS

Date of Interview: 2.17.21 & 2.19.21

Date Report Written: 2.20.21

Date Report Submitted: 2.21.21

### **Referral and Purpose of Evaluation:**

A colleague mentioned a girl by the name of Ande who has been struggling with waves of depression over the course of 2 years. In 2019, Ande's step father who was considered as a dad and the head of the household, passed away from an avoidable surgery. During this time Ande served as the primary care taker in her home. Her mother was not functioning and her family was struggling. Ande lost her job and never had the space to mourn the passing of her father. In 2020, Ande's oldest brother, who was given up for adoption as a newborn and was reunited 10 years prior, passed away from COVID 19. Ande expressed her relationship with her brother as the relationship, she and her sister always desired. Her brother was put up for adoption by force from the nuns who were raising Ande's mom. At the passing of her brother, Ande believed she was mourning both the death of her father and the death of her brother. She went into a state of deep depression. She developed an eating and sleeping disorder and could not visit her mother due to COVID restrictions. In August, Ande started seeing a therapist and has been seeing this therapist on a month to month basis. Ande expressed that the only reason why she had to snap herself out of the mourning and depressive state was for the sake of her family. During the mourning season for herself and the family, Ande shared that her mom was there to emotionally support her for the first time since Ande was a toddler. Ande expressed leaving behind friendships and finding her inner-circle of trust in people continues to decrease in number. As a teenager Ande suffered from suicidal tendencies, one of which she was on the verge of sticking a knife through her gut and

her step father woke up and startled her. Ande has a desire to become healthy holistically; mentally, physically, spiritually. Which seeking counseling is part of her process of becoming healthy.

**Description of Client/Behavioral Observations:**

Ande is a 27 year old female, Puerto-Rican and African American from Brooklyn. She is a US citizen, married for 3 years to a long time friend. Ande is finishing her Bachelors degree in education and graduates in May. Ande has always been regarded as the second mom in her mothers household, now that she is married and living with her husband she invests into two households. Ande was bright and casually dressed, she appeared as though she was comfortable to share her life with me. However, there appeared to be a lack of emotion connected to some of the tragic events in her life. After speaking with Ande, I had touched base with my colleague and simply mentioned that a conversation was held in the evening with Ande and my colleagues response to that statement was, "I am sure she needed that time with you." During our conversation Ande briefly mentioned the conversations with her therapist and suggestions made by the therapist. Some of which were, learning to say no and being present for her family.

**Presenting Problem:**

Ande expressed her withdrawal from friends and events being that she is in a state of holistic health and saying, "no," when she feels the need to. This has been happening for about 2-3 months now, where she has been withdrawing and ending friendships. She and her therapist came to a mutual agreement that when she starts noticing signs of depression and mood swings to alert her husband. This is for the sake of communication and support extended when it is needed. Ande expressed her reoccurring flashbacks from her past abusive relationship, along with moments and special memories with her deceased brother and father. Each flashback varies and occurs from 2 to 3 times a week. Often times Ande is able to snap out of the flashbacks on her own and other times she is in need to inform her husband for emotional support. For the past several years Ande has been taking on the lead of being a second mom to her younger siblings. Ande expressed her younger sisters birthday party coming up and how Ande is the one who planned it and made the preparations. Ande is aware of her waves of depression, however Ande is not undergoing a treatment of any sort. Instead she is making conscious decisions for a healthier and holistic mentality and body for the future.

**History of the Illness and Other Relevant History:**

Ande expressed her "people pleasing" tendencies and her desire to put herself and her husband first. Now that Ande no longer works for the company she had worked for prior to the pandemic she mentioned focusing on learning to say "no" more often. Ande expressed the anger she once felt towards her dad for not paying his respects during the time that her step dad passed away. She shared the role of her step father in her life was far more significant than her own biological father. Then expressed how she believes that God took the wrong father home. Ande expressed how angry she was towards her biological father for about a year before she finally started walking out forgiveness towards him. There are moments she still thinks about the event and she grows angry at the idea of it. Ande also expresses the emotional neglect she received from her

mom growing up and encountering the domestic violent relationship between her mom and her biological father. She expressed her mom's lack of comfort for the death of her step father. Ande mentioned how her mother just recently played with her hair and it was the first time she has shown affection to Ande in that form after many years. During the time of our conversation Ande's husband was leaving to youth group, and Ande chose to stay home to drink wine and watch a movie by herself. Ande expressed her husband and sister wanting her to go to the Youth service however, she declined the invitation due to the mentality of wanting time for self care. She also expressed extreme mood changes of highs and lows. The mood swings and depression occurs in waves and 80% of the time she does not know what triggered her. After the death of her brother in 2020, almost a year to the date, she expressed going through a series of stages of grief. By April  was informed by a church member that she must pick herself up for the sake of her family.  with her family in mind she sought counseling in August of 2020. It has been a span of 6 months and approximately 4 - 5 sessions with her new found counselor. Ande has 2 older sisters and 2 younger brothers. Her older brother was 31 before he passed away. He was living in Puerto Rico and was reunited with his family in 2016. Ande's step sister from her step father's previous marriage is 30 years old. She lives in Maryland and does not really associate herself with the family due to drama that persisted from the death of her father and a law suit being made against the hospital. Ande's younger sister is 24 years old and still lives with Ande's mother in Brooklyn. Ande has another younger brother whose 20 years old also still living with his mother. At the age of 2 or 3 years old Ande witnessed her mother pouring boiling hot soup on her father as he slept. Ande mentioned the physical abuse inflicted upon her mother by her father that she witnessed all of her life. Until they decide to get a divorce. At the age of 5 or 6 years old Ande's mother met Ande's step father. At the age of 12 or 13 Ande became suicidal. Ande shared at the age of 13 she planned to stick a knife in her gut in her kitchen, when suddenly her step father woke up and startled Ande and prevented her from committing suicide. When Ande was in High school she slit her wrist just before school and one of her best friends saw the gash. Her friend decided to take Ande to the counselor of the school. Ande mentioned it being the last time she hurt herself and that she has not had suicidal thoughts since high school, which is almost 10 to 11 years ago. At the age of 16 Ande was in an emotional and verbally abusive relationship. She expressed how controlling and manipulative this partner was and she believed that the relationship was slowly approaching domestic violence and physical abuse. She believes she escaped in time before she found herself stuck in this relationship for the rest of her life.

### **Mental Status Examination:** 4

Ande had a fluency in her memory of all the events in her life that are traumatic. During the conversations and stories I noticed that Ande had a lack of emotional connection to the trauma. In some cases she laughed or made a joke about the events. She was confident and bright and very concentrated in her story telling. The information and events shared appeared reliable. She believes that with all that has happened in her life God will make a way for her to be a better mother, wife and friend. Ande expressed no longer being suicidal. Ande came across as very creative and original in her expression of love towards the people that surrounds her. She's fully aware that when she is well, she is able to love well. Ande is definitely a trailblazer. She is open-minded, wise, brave and persistent in the success of her future and her well being and the well

being of her family. I believe these strengths were developed through the traumatic events in her life as a child and as an adult. Through her stories she expressed a zest for her life and future. Ande seems to have so much love to offer everyone she comes into contact with. Her generosity and smile is so inviting and warm. Practicing grace and forgiveness is definitely a strength, which is expressed through her relationship with her biological father and her mother. I appreciated Ande's hope and optimism for the future and even in herself. Most of all I truly enjoyed Ande's humor.

### **Clinical Formulation:**

The theoretical analysis from the data collected and hypotheses about the etiology of problems are most likely other specified depressive disorders. According to Ande there is a concurrent depressed mood with a short duration of a depressive episode in which she and her husband agreed to communicate when symptoms and signs of this episode is revealing at its early state. This information is supported by the DSM-5 on page 791. There is a working diagnosis in the post traumatic stress disorder diagnosis. The patient directly experienced domestic violence as it occurred to another. Along with experiencing verbal and emotional abuse at the age of 16 in a romantic relationship. This information is supported by the DSM-5 on page 1,137. I believe another working diagnosis is acute stress disorder. This information is supported by the DSM-5 on page 1,177. The patient experienced a repeated traumatic event of 2 deaths in her life in a span of 1 year. There is a level of abandonment from her biological father and neglect from her mother during the most critical times in a Child's life. The patient is suffering from an ongoing grief and mourning of the deaths of her loved ones.

### **DSM-5 Diagnosis:**

- \* F 32.89 Other Specified Depressive Disorder
- \* F 43.10 Post Traumatic Stress Disorder
- \* F 43.0 Acute Stress Disorder

### **Tentative Treatment Plan and Goals:**

Outpatient treatment would be used for the tentative post traumatic stress disorder and acute stress disorder. Psychotherapy would be used to treat the client for the tentative acute stress disorder and PTSD diagnosis. "Target the distorted threat appraisal process in an effort to desensitize the patient to trauma-related triggers ( Michael B. First, 2004, p. 219)." Therapy will be provided for the patient for over a few sessions immediately to eliminate waves of depressive states. Medication would not be provided. Short term goals would be self care routines and supportive measures. Talk therapy would be provided for the client to modify the client's negative emotional behaviors and responses. Goals will be set to alleviate psychological distress, such as learning to say "yes" and "no," setting boundaries and asking for help.

### **Signature and Title:**

Student: *Felicita Marie Johnson* 2/20/21

## References

Michael B. First, & Laura J. Fochtmann, (Eds.). (2004). *TREATING PATIENTS WITH ACUTE STRESS DISORDER AND POSTTRAUMATIC STRESS DISORDER* A Quick Reference Guide. Psychiatry Online. [https://psychiatryonline.org/pb/assets/raw/sitewidepractice\\_guidelines/guidelines/acutestressdisorderptsd-guide.pdf](https://psychiatryonline.org/pb/assets/raw/sitewidepractice_guidelines/guidelines/acutestressdisorderptsd-guide.pdf)

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## GRADEMARK REPORT

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FINAL GRADE

GENERAL COMMENTS

20 /23

### Instructor

Felicita this was a well executed initial intake. We will continue to work on areas identified in the notes. Be sure to continue to familiarize yourself with mental status exams.

<https://www.therapistaid.com/worksheets/mental-status-exam.pdf>

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PAGE 1



### Comment 1

Be cautious when using terms like "her family was collapsing". Remember clients can obtain the reports we write therefore you may want to elaborate,

(ie: Clients states her family was unable to function in their day to day, or client identifies her family supports as poor)



### Comment 2

exclaims or claims?



### Comment 3

merge or verge?

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PAGE 2

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PAGE 3



### Sp.

Spelling error

***Additional Comment***

With

### Comment 4



Be sure to include in the future:

Client presents oriented x4, denies SI, HI, or A/V hallucinations. Then proceed with the remaining.

This is an assessment and requires consideration of her functioning at time of interview.

PAGE 4

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QM

**Sp.**

Spelling error

***Additional Comment***

supported



**Comment 5**

Excellent attempts. We will continue to review ruling out dx and differential dx. in psychopathology.

By virtue of the timelines she falls more into Post Traumatic Stress Disorder and we would be less likely to use Acute Stress at this time.

PAGE 5

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