

GCN601OA Intake2.docx

by Sheree Patterson

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Sheree Patterson

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: Jackie Rasberry
Address: 2 Washington Street
New York, NY 10004
Gender: Female
DOB: March 22, 1968
Highest Level of Education: Some college
Current Employment Status: Unemployed/
Disbliliy
Current Marital Status: Single

Examiner's Name: Sheree Patterson
Supervisor's Name: Michele Hernandez,
MA, LPC, NCC, ACS
Date of Interview: 03/22/2021
Date Report Written: 03/22/2021
Date Report Submitted: 03/22/2022

Referral and Purpose of Evaluation:

The client was referred by one of the staff workers at the facility she worked at as a mental health counselor. She started to be very combative with the other workers, constantly irritable, and verbally abusive to staff and clients. Wordy

Description of Client/Behavioral Observations:

Client X is a 53-year-old black woman. She was born in a women's prison in Connecticut and grew up living in Connecticut's suburbs. She was in foster care from 2-13, where her foster mother finally adopted her. She is the youngest of 11 kids by her mother and was also the youngest in the home with her adopted mother, but eventually grew up like the only child. She is currently divorced and lives with her two dogs. During the interview, she was dressed in causal/ comfortable clothing. She looked neat and relaxed. She used her hands when she spoke but never made much eye contact.

Presenting Problem:

The client showed signs of being very angry. She is not able to calm herself when she is in a state of rage. She becomes very irritable, combative, verbally abusive, which has to lead to some forms of physical abuse. Symptoms start when client X feelings rejected, neglected, or ignored. She remembers becoming very angry and combative when someone does not answer the phone with she needed to tell them something she thought was important. The behavior caused her to get written up at work because she seemed to be irritable most days. Supervisors made her take off and seek counseling, so her behaviors did not lead to termination. Client X had been in

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therapy for 12 years and is taking three different medications to help. She takes Xanax, Prozac treats her illness of bipolar disorder, anxiety, and PTSD.

History of the Illness and Other Relevant History:

Client X has bipolar disorder, anxiety, and PTSD. As a child, she was in the foster care system until 13, when her foster mother finally adopted her. By her biological mother is the youngest of 11 children. None of which she lived with, grew up with or knew. Her mother lost the permanent parental rights of all 11 of her children. Her biological mother never tried to get her parental rights back. She recalls visiting her mother, and her mother did not remember she had her. The client's mother thought she was her sister and was confused until she told the mother her name. As a baby or infant, Client X expressed she was left in a crib for hours at a time, which resulted in a lack of human touch. She has scars on her forehead from banging her head against the crib as a baby as a form of comfort because she was left to cry and never tended to. Client X remembers being mistreated as a child in specific foster homes, which resulted in her eating out of the garbage to have food. Once she moved to a new foster home with the woman who eventually adopted her, she had to be taught not to eat out of the garbage. As a child, Client X was in special ed classes and saw a counselor through grade school. Around the age of 13, her grandparents wanted to adopt her, but the court system thought it would be more harmful to uproot her from her foster mother's home, whom she had lived with from the age of 2 or 3 years old. The court thought she was too fragile to handle another drastic change in her life.

Her biological mother was diagnosed with schizophrenia, and 2 of her sisters suffer from depression and bipolar. She also has a host of nieces and nephews who also have a mental illness. She spoke about the impact losing her nephew to a drug overdose had on her life, as well as losing her adopted mother. Losing her mother made her feel more alone in the world. The failure of her marriage was also hard for her. She was married at 25 and the marriage only lasted for six years. The marriage ended because of the verbal abuse she would use towards her husband. There was never physical abuse during their marriage, except one big argument which she realized she needed to remove herself from the home before her behavior worsened.

Since therapy and medication, she relies heavily on sound advice from friends. She spends time reading and taking care of the dogs. She also uses her time shopping for her godson and finishing schoolwork. Her activities have slowed down due to covid.

Mental Status Examination:



As the questions became personal, client x's body language began to change. She seemed to be more uncomfortable with the questions. When seems uncomfortable, she was distracting herself with things around the house, like the dogs. During the interview, she took a drive to Walmart. She would stop her thoughts and get distracted by other things like the people. She had a remarkable memory of the events that occurred in her life. She was able to speak about traumatic experiences that happened in her life and were not triggered. She explained how that in itself was tremendous growth. Since her counseling sessions, client X knows when her behaviors seem erratic and takes managing her symptoms seriously. Client X mentioned a moment when she thought about killing herself but never attempted to do so. She saw how they treated people in the hospital who were there for attempted suicide, and she also saw how long they were in the

hospital and never wanted that to be her. She displays strength in being empathetic, kind-hearted, forgiving, honest, solid, and resilient. She has used cannabis for Pain, Xanax for PRN, oxycontin as prescribed by doctors for pain, and engages in alcohol from time to time.

Clinical Formulation:

Due to Client X's childhood, onsets trigger feelings of abandonment, neglect, and feeling alone. Once client X is triggered, her behaviors become irrational as erratic. Client X becomes irritable, verbally abusive, combative, impulsive, angry, and dismissive. She lacks concentration, starts to have feelings of worthlessness, retreats, and insomnia.



DSM-5 Diagnosis:

- 31.72 Bipolar Disorder, In full remission
- F41.1 Generalized Anxiety Disorder
- F43.10 Post-traumatic Stress Disorder

Tentative Treatment Plan and Goals:

I recommend that Client X continues using cognitive-behavioral individual psychotherapy. She has shown tremendous progress and should continue the sessions.

Short term goals:

- reduce the dosage for prescribed medication
- reduce the number of times Client X feels anxious a day
- reduce the behaviors or flashbacks of the trauma

Signature and Title:

Intern: Sheree Patterson

**Supervisor: Michele Hernandez
MA, LPC, NCC, ACS**

Appendix:

Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.). (2013).
American Psychiatric Association.

ORIGINALITY REPORT

10%	4%	1%	10%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to nyack college Student Paper	9%
2	Submitted to The Chicago School of Professional Psychology Student Paper	1%
3	www.icd10data.com Internet Source	1%

Exclude quotes Off
Exclude bibliography Off

Exclude matches Off

FINAL GRADE

21 /23

GENERAL COMMENTS

Instructor

Sheree you did a great job formulating the information collected. I would recommend to continue to review Mental Status:

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

Also consider use of a more detailed clinical formulation. We will review further in Psychopathology courses.

PAGE 1



Wordy

Wordy:

If you use too many words to describe a relatively minor point, your paper may seem wordy. In order to be as concise as possible, trim your sentences down and use longer, more meaningful words. Try to use fewer two- and three-letter words, passive constructions, and weak verbs such as "seem" and "appear."

Additional Comment

Reduce to 1 adverb.

PAGE 2



Comment 1

Consider identifying client is oriented to time, place, person, situation. Also clarify whether client is suicidal, homicidal or demonstrates A/V hallucinations.

These are elements to consider in Mental Status. Even if they dont' exist they need mentioning as : client denies SI, HI, or a/v hallucinations.

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Comment 2

This is an area that requires a bit more attention to justify your diagnosis. Usually one will review the symptoms, and connect them to Symptoms in DSM V.