

<b>Psychosocial Assessment for Individuals</b>	<b>Client (s) (Last Name, First Name):</b> Thompson, Malika	<b>Source of Referral and type of treatment:</b> Short Term Counseling
	<b>Date of Admission:</b> 12/18/20	<b>Date Form Completed:</b> 10/20/21

1) **Limits of Confidentiality Explained?** Yes

2) **Source of Information:** Client reached out for behavioral health services.

3) **Reason for Referral and Presenting Problem as stated by the client:**

- On 12/18/20 Ms. Thompson reached out to the Employee Assistance Program initially stating that her chief complaint was due to work related stress. She reports that in 2012 she was paralyzed after a car accident and returned to work 3 years ago. At that time, she was placed on Reasonable Accommodations. Ms. Thompson states that she has had at least 13 surgeries and sees an Oncologist because she has cancerous cells.
- Ms. Thompson reports that she is diabetic and has been advised by her doctor to refrain from having client contact. After her supervisor continued to have her work with clients Ms. Thompson filed a grievance with the Equal Employment Opportunity Commission stating that the office is not cleaned or disinfected properly and the clients are not consistently wearing their mask when visiting. Ms. Thompson now feels that she is being retaliated against as her employer now states that her Reasonable Accommodations has expired and are now no longer available. While her grievance is pending, Ms. Thompson is working only one day a week in the office due to the pandemic but this will change eventually.
- Ms. Thompson has received an email stating that her Reasonable Accommodations request has been denied. Due to her health issues, she is concerned about returning to her regular position as a Child Protective Specialist.
- Ms. Thompson was crying and very emotional as she referred to her treatment by her Superiors. She reports that she has considered taking a leave of absence but states that this action would cause her medical insurance to be discontinued.
- Ms. Thompson had been advised by her previous psychiatrist that she may be suffering from Bipolar Disorder however, she states that after she gave push back and disagreed with the Psychiatrist, he informed her that she is not Bipolar. However, the Psychiatrist did prescribe Ms. Thompson medication which she states is for Anxiety but because she states that she doesn't know what the medication is actually for, she has decided against taking the medication.

4) **Language**

**Primary Language:** English

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If Child, Primary language spoken at home: N/A

Secondary Language: None

Ability to communicate in English: Good

### 5) Identification

Ethnicity: African American	Race: African American
Age: 53	Date of Birth: 8/9/68
Sex: Female	Occupational Status: Child Protection
Marital Status: Single	Parental Status: 4 adult children
Height: 5'6	Weight: 222lbs

### 6) Referral Diagnosis

Diagnostic Codes	Diagnosis
F43.10	PTSD
F41.1	Generalized Anxiety Disorder

### 7) History of Presenting Problem (Onset of symptoms; How long has the problem been present? Describe a brief description of the presenting problem. How are your current stressors and triggers?

- Since the onset of the Covid 19 Pandemic Client has been experiencing significant traumatic events such as losses due to death. This is causing her to recall incidents that had taken place when she was 8 years old. At that time, she states that many of her family members had died. She has been thinking of the past deaths more often with her father's death being most

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prevalent as she now believes that her lack of sleep is attributed to her feeling guilty because he and other family members had died while she was asleep.

- According to Ms. Thompson every time she considers returning to her regular position as a Child Protective specialist or going into the office she becomes sick to her stomach and unable to sleep or stop crying. She reports that this occurs more often on Sundays as she becomes aware of the fact that the work week will soon begin and her life could be placed in danger due to Covid 19 and her underlying health issues.

**8) Current Living Arrangements** (Current Residence. Include a description of the composition of the household. If homeless, length of time homeless and development of homelessness)

- Although she has 4 adult children, Ms. Thompson currently resides with her two youngest daughters. She has stable housing and does not report any issues of rental arrears.

**9) Psychiatric History:**

(Inpatient History) Have you ever been hospitalized? No	
If yes, how many times? N/A	
When and where was your first psychiatric hospitalization and what age were you? How long? N/A	
History, in chronological order, of hospitalizations: N/A	
In your own words, what has been your mood in the last few days?	Ms. Thompson reports that she feels hurt and frustrated by her Superiors lack of support. She further states that she has always been good to her superiors and now they are lying to her regarding the lack of Reasonable accommodation openings citing there is no administrative work that she could do. However, Ms. Thompson states that at the time of admission, her supervisors were continuing to give her administrative work.

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Depression Screen (Check all that apply): N/A	<p>1) Depressed Mood? 2) Loss of Interest? 3) Significant Weight Loss?  4) Insomnia or hypersomnia? 5) Feeling restless? 6) Feeling slower?  7) Fatigue or loss of energy? 8) Feelings of worthlessness or excessive guilt?  9) Diminished ability to think or concentrate?  10) Thoughts of death or suicidal ideation? (Intent or plan?)  No.</p>
Bipolar Screen: N/A	<p>1) Experiencing more energy or goal directed activity than normal for more than one week? More irritable than you or others would say is normal?  2) During this time of excess energy, did you think more highly of yourself than even you would say was normal for you?  3) Decreased need for sleep?  4) More talkative than normal, pressure to keep talking?  5) Thoughts racing?  6) Easily distracted?  7) Increase in activity (socially, academically, sexually, at work?)  8) Risky behaviors? (Like what?)</p>
Do you have any concerns or fears that interfere with your life?	Client is fearful of returning to work and contracting Covid 19 as she has done previously.
Screen for PTSD: Present	<p>Exposure to actual or threatened death, injury, emotional distress, or sexual violence? In your own words, how would you describe the event?</p> <ul style="list-style-type: none"> <li>- Client states that when she was 8 years old she recalls being awakened each night by her parents talking or crying about family members and friends who had died or were dying.</li> <li>- At the age of 12 when she had awakened to the voice of an uncle telling her mother that her father had become ill, the client states that she asked her uncle if her father would die. Client states that she was told that her father would be fine and to return to bed. Client states that she awakened to her mother screaming that her father had died.</li> <li>- Client states that she had blamed herself for causing her father's death by sleeping. She resolved never to sleep again. Client believes that her current insomnia is due to the fact that she taught herself not to sleep after her father's death.</li> </ul>

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	<p>Has anyone you know been exposed to actual or threatened death, injury, emotional distress, or sexual violence?</p> <ul style="list-style-type: none"> <li>- Client states that she was almost raped by a 19 year old drunk neighborhood friend when she was 13 years old. Client states that the friend fell asleep and she was able to run. The friend was killed in his 20's. The client recalls attending his funeral and crying excessively hard but doesn't remember why.</li> </ul> <p>Are you regularly exposed to witnessing or listening to events of threatened or actual death, injury, or sexual violence?</p> <p>Client states that since the Pandemic, she has experienced a lot of loss.</p> <p>Do you have repeated, involuntary, and bothersome memories of the traumatic event?</p> <ul style="list-style-type: none"> <li>- Client states that when someone dies, she often recalls her childhood days.</li> </ul> <p>Distressing dreams related to the traumatic event? No</p> <p>Flashbacks? Sometimes</p> <p>Distress over events or objects (could also be persons) who remind you of the distressing event? No.</p> <p>Body changes that remind you of the event? No.</p> <p>Avoidance of any reminders of the events (whether thoughts, conversations, or physical locations)? No.</p> <p>Guilt over the event?</p> <ul style="list-style-type: none"> <li>- Client states that she sometimes feels guilty regarding her father's death.</li> </ul> <p>Abnormal reactions to things associated with the event? If yes, what reactions?</p> <ul style="list-style-type: none"> <li>- Client states that she has conditioned her body to avoid sleep after awakening to the news that her father had died. She currently suffers from Insomnia.</li> </ul>
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Screen for Panic Attacks: N/A	<p>Any abrupt surges of intense fear? Yes or No If yes, did you have,</p> <ol style="list-style-type: none"> <li>1. Palpitations</li> <li>2. Sweating</li> <li>3. Trembling</li> <li>4. Sensations of shortness of breath</li> <li>5. Feelings of choking</li> <li>6. Chest pain or discomfort</li> <li>7. Nausea or stomach ache</li> <li>8. Feeling dizzy, unsteady light-headed or faint</li> <li>9. Chills or heat sensations</li> <li>10. Tingling sensations</li> <li>11. Feelings of being detached from reality</li> <li>12. Fear of losing control or going crazy</li> <li>13. Fear of dying</li> </ol>
Screen for Generalized Anxiety Disorder: Present	<p>Excessive anxiety and worrying occurring more days than not for six months, over a number of events or activities?</p> <p>-Ms. Thompson states that she becomes anxious when she considers having to return to her regular position at work. Ms. Thompson reports crying excessively and having an upset stomach. Although she has had these feelings for some time, she states that they're more intense on Sunday nights when she is reminded that the work week will begin.</p> <p>Difficulty controlling worry?</p> <p>-Ms. Thompson states that she worries often about being returned to her regular position as a Child Protective Specialist. She states that she had contracted Covid and caused her grandchildren to contract it as well. She believes that if she or the children contract Covid 19 again they may die as she has underlying health conditions.</p> <p>Is the above anxiety associated with: <i>restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and/or difficulty falling or staying asleep, or unsatisfying sleep?</i></p>

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	Client states that she is experiencing all of the above.
History and present assessment of self-harm:	Have you had a history of causing physical harm to yourself (ex. cutting, excessively risky behaviors)? No If yes, when and how often? What were your triggers? N/A  Are you currently engaging in such behaviors? How often and what are your triggers? No  Do you have any past history of suicidal ideations and/or attempts? If so, please explain. N/A  Do you currently have any thoughts and/or plans of suicide? No
Have you ever experienced:	1) Hearing voices that others could not hear and or, may not have been there? No 2) Seeing objects that may not have been there? No 3) Feeling things on your skin but could not see the cause? No
Have you ever engaged in:	Fire setting, stealing, or fighting? No
Have you ever taken psychiatric medications? Which ones? For what and how long?	Client has been prescribed Escitalopram 5mg for Anxiety. Client has also been prescribed a medication that she states is to assist with sleep due to her Insomnia.

**10) Developmental History** (How was mother's pregnancy? Vaginal or C- section, breast or bottle fed, reached developing milestones on time? Best memory? Worst memory? How were you disciplined?)

\_ Client states that her mother delivered her vaginally but she is unsure whether she was breast fed or not. She reports that she met all of her milestones in a timely fashion. Client recalls that her best memories are of the holidays when she was growing up. She states that her mother was a stickler for holidays, cooking for Thanksgiving and decorating for Christmas.

When asked about her worst memory, the client began to cry as she recalled watching her mother slowly dying of breast cancer. Client states that although she was the youngest of her siblings, she was

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responsible for caring for her ailing mother as her siblings coped by turning to substances or getting arrested.

Client states that she felt a need to step up for her mother as her mother has always been there for her. When she would get into trouble as a child, her mother would ensure that she did not receive spankings like her siblings. Therefore, her parent's method of disciplining her was to place her in the corner for a short period.

It has been noted that Ms. Thompson admits that she used to get into trouble for taking her father's fish out of the tank and throwing them to the floor and watching them die when he would leave for work. Her reasoning for doing this is that her father would always come home and before saying hello, he would feed his fish. Ms. Thompson states that she was upset that she was not receiving her father's attention.

**11) Family History** (Mother and father's name and age at birth of client. Relationship with parents. Relationship with siblings. How was it growing up? Did you eat together? Did you have fun together? Is there any history of psychiatric illness in the family? Any history of substance abuse?)

Ms. Thompson was raised by her mother Delores Mckissich and her father James Mckissick. According to Ms. Thompson she did not have much time with her parents as her mother died of breast cancer when Ms. Thompson was 29 and her father died when she was just 12. Nonetheless, Ms. Thompson states that she felt loved by both her parents as well as her siblings.

Ms. Thompson states that as the youngest of her parents' 5 children, she can recall having dinner which included dessert, with her family each night as a child.

During her mother's illness, Ms. Thompson's elder sister began to abuse substances and her elder brother was incarcerated.

Although Ms. Thompson states that she is unaware of any psychiatric diagnosis in the family, she was informed after her mother's death that her mother had suffered from Depression as a result of being a victim of Domestic Violence in her first marriage. Ms. Thompson states that her elder sister had further informed her that her mother had a nervous breakdown shortly before meeting her second husband, Ms. Thompson's father. After her father's death, Ms. Thompson states that her mother fell into Depression again. At this time, Ms. Thompson states that she practically raised herself. Ms. Thompson recalls forging her mother's signature in order to attend highschool.

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**12) Medical History:**

How would you say your medical health is? Please describe.

Client states that she sees a pulmonologist as well as an oncologist as she was recently informed that she has a mass on her lungs and she is suffering residual effects of having contracted Covid 19. Client states that she also suffers from Diabetes and has cancerous cells.

Do you have any medical conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Surgeries
<input type="checkbox"/> Head Injuries	<input type="checkbox"/> Thyroid problems	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Other: _Diabetes & Insomnia

Current Medications and Dosages, reason for prescription:

Client has been prescribed Escitalopram 5mg for Anxiety.

Client has also been prescribed a medication that she states is to assist with sleep due to her Insomnia. She admits that she isn't taking the medications.

OTC medicine? N/A

Allergies to medications? None.

Food Allergies? Lactose Intolerant, sensitivity to gluten

If female, age of first period: 12

Sexual History, age of first sexual experience: Raped at 15.

Are you sexually active, how many partners: One partner currently not sexually active due to her illnesses.

Tested for STD? Yes

Tested for HIV? Yes

Results? Negative

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### 13) Substance Use/Misuse History

Alcohol? No  
 How Often? N/A  
 Associated with problems? N/A  
 Did you stop? If so, when? N/A

Street drugs or prescription drugs (for purposes of intoxication or other than prescribed)? No  
 How Often? N/A  
 Associated with problems? N/A

Did you stop? If so, when? N/A

Cigarettes? No  
 How Often? N/A  
 Associated with problems? N/A

<b>14) Educational History</b>	<p>Did you graduate high school? Yes          If no, highest grade achieved: No          Ever repeated a grade? No          If yes, what happened during your life at that time? N/A          What is your highest level of education: Some Graduate courses.</p> <p>Ever been in special education?: No</p>
<b>15) Legal/ Forensic History</b>	<p>History of PINS warrants? No          Arrests? No          Currently on parole? No</p>
<b>16) Employment History</b>	<p>What is your current status of employment? Employed          What is your title and responsibilities? Child Protective Specialist. Investigate abuse and or neglect.</p> <p>What was your first job? Client states that her first job was caring for the elderly.</p>

<b>Psychosocial Assessment for Individuals</b>	<b>Client (s) (Last Name, First Name):</b> Thompson, Malika	<b>Source of Referral and type of treatment:</b> Short Term Counseling
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	List all of your past jobs in order: Client states that she has always worked with the elderly or young children.
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**17) Current Social Functioning/ Social Support/Strengths and Aspirations**

Do you have any friends? Name the top three.	Co-workers.
How do you spend your free time?	Client states that she looks for things that are out of place within the home and she cleans up. However, she also enjoys spending time with her grandchildren.
What is your best <b>social</b> support?	Client states that she has co-workers as well as adult children consisting of a police officer, an insurance rep and a college student who check in on her often. She also states that she has a current boyfriend who is very understanding.
How would you describe your spirituality or religious beliefs if any?	Client states that she was raised in a Christian household and now considers herself to be a Baptist.
Do you pray?	Client states that she prays daily.
How do you cope with your problems?	Client admits that she often worries and attempts to ignore or is avoidant in regards to her own problems.
Do you regularly congregate with like-minded people?	Client states that she believes that most of her friends believe that there is a God but she isn't certain of their religions.

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	<b>Date of Admission:</b> 12/18/20	<b>Date Form Completed:</b> 10/20/21

Do you believe that you live consistently with your convictions? Please explain.	Client states that she does live by her convictions as she prays daily and attends church virtually on Sundays.
What are your greatest strengths? What things do you do well?	Client states that although she isn't strong for herself, she is a strong advocate for her children and friends. Whenever they have a problem, she is able to give good advice.
What are your dreams or aspirations?	Client states that she wanted to be an interior decorator and even signed herself into a Fashion Highschool without her mother knowing.

**18) Mental Status Examination**

<b>Appearance and Attitude</b>	Groomed   Disheveled   Unusual Clothing/Appearance   Appropriate Clothing   Looks Stated Age  <b>Notes:</b> Due to the pandemic, client is unable to visit the office. Currently servicing clients through telehealth.
<b>Behavior</b>	Hostile   Irritable   Agitated   Withdrawn   Calm   Friendly   Outgoing   Evasive   Manipulating   Ingratiating (seeking approval)  <b>Notes:</b> Client utilizes her time to vent. She reports feeling annoyed by how she is being treated by her superiors on the job. She's very friendly and open to speaking. She attributes this to this Social Work Intern being of African American Descent.
<b>Cooperation</b>	Superficially Cooperative   Cooperative   Uncooperative

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	<b>Date of Admission:</b> 12/18/20	<b>Date Form Completed:</b> 10/20/21

	<p><b>Notes:</b> Client appears to enjoy the attention that her possible illnesses bring. Therefore, she is very open to speaking about them. However, because she has had a therapist as well as a psychiatrist in the past who had given her a diagnosis it appears that she may be superficially cooperative as it has been noted that Client has been given referrals for long term therapy that she has not followed through with contacting. This is a possible attempt to avoid hearing that she does in fact have a diagnosis.</p>
<b>Speech</b>	<p>Loud   Barely Audible   Monotonous   Dysarthric   Well-Articulated   Slurred   Pressured   Relevant   Irrelevant   Coherent   Incoherent</p> <p><b>Notes:</b> Client is coherent with easily understood audible speech.</p>
<b>Thought Process</b>	<p>Logical   Illogical   Concrete   Impoverished   Loose Associations   Tangential   Circumstantial   Blocking   Others: _____</p> <p><b>Notes:</b> Client notably often reflects on her past experiences with trepidation.</p>
<b>Thought Content</b>	<p>No Evidence of Disorder   Ideas of Reference   Persecutory Delusions   Paranoid Delusions   Magical Thinking   Grandiose Delusion   Somatic   Delusion   Nihilistic   Other</p> <p><b>Notes:</b> Client displays somatic symptom disorder in that she appears to have a variety of illnesses that have not yet been confirmed by doctors but she is being adversely affected by them.</p>
<b>Mood</b>	<p>Anxious   Angry   Euphoric   Euthymic   Depressed</p>

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	<b>Date of Admission:</b> 12/18/20	<b>Date Form Completed:</b> 10/20/21

	<b>Notes:</b> Client admits that she experiences symptoms of anxiety when she considers returning to her regular position at work.
<b>Affect</b>	<p><b>Range:</b> Flat   Blunted   Intense   Full Range   Labile   Appropriate to Thought Content   Inappropriate to Thought Content</p> <p><b>Notes:</b> Flat at times with an appearance of hopelessness. Other times Client appears to have a labile affect as she cries then once her feelings are validated she quickly calms herself and moves on to the next topic.</p>
<b>Perception</b>	<p>No evidence of thought disorder   Auditory Hallucinations   Visual Hallucinations   Tactile Hallucinations   Olfactory Hallucinations   Experiences of Being Controlled   Thought Insertion   Derealization   Experiences Depersonalization   Thought Withdrawal   Thought Broadcasting</p> <p><b>Phobias:</b> None.</p> <p><b>Notes:</b> No evidence of thought disorder.</p>
<b>Level of Consciousness and Orientation</b>	<p>Alert   Inattentive</p> <p>Knows: Day/Date   Time   Place   Why Here</p> <p><b>Notes:</b> Client is conscious and aware of the reason for today's session.</p>
<b>Cognition</b>	<p><b>Attention and Concentration</b> (Can client spell <b>world</b> backwards, or come up with five words beginning with the same letter?) Yes.</p> <p><b>Very Short Term Memory: Ask to repeat a chosen name, address, and color immediately (chosen by interviewer)</b></p> <p>No. There are no concerns regarding the client's memory at this time.</p> <p><b>Short Term Memory: Ask to repeat the above in 3 minutes</b></p>

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	<b>Date of Admission:</b> 12/18/20	<b>Date Form Completed:</b> 10/20/21

	<p>No. There are no concerns regarding the client's memory at this time.</p> <p><b>Long Term Memory: Ask clients to recall events months or years ago.</b></p> <p>No. There are no concerns regarding the client's long term memory at this time.</p> <p><b>Understanding of Abstract Language (interpret proverbs):</b> Yes.</p> <p><b>Calculations (Such as serial 7s):</b> Yes.</p> <p><b>Capacity to Read and Write (read something out loud, write a specific sentence on paper- "A psychosocial report is necessary for good outcomes":</b> Yes. Client's employment consists of oral and written reports.</p> <p><b>Evidence of Apraxia?</b> (ideational, ideomotor, or constructional apraxia) No.</p> <p><b>Symptoms of Aphasia?</b> No</p>
<b>Judgement and Insight</b>	Fair

19) Are you interested in Christian Counseling? No

20) Are you interested in prayer during, before, and/or after sessions? No. Client states that she prays daily on her own.

**21) DSM V Diagnosis**

(Include subtypes, specifiers, severity, descriptive features and course if applicable. If mental disorder is due to a medical condition, list medical condition first)

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<b>Diagnostic Coding</b>	<b>Diagnosis</b>
F33.0	Depression
F43.10	PTSD
F41.1	Generalized Anxiety Disorder

**Biopsychosocial Formulation and Reason for Diagnosis**

CT is an African American woman who was raised by both her mother and father in what she describes as a happy household until she was 8yo and began to experience multiple deaths in a short period of time. CT recalls that each time that she would fall asleep, she would awaken to her parents crying or discussing another death. After the death of her father when she was 12yo CT correlated sleep with death. CT resolved to never sleep again in order to avoid having to experience another death. CT reports that since the death of her father she has not had a regular peaceful nights sleep and currently suffers from Insomnia for which, no medication or sleep study has worked.

Her mother fell into a deep depression after the death of CT’s father. This led CT to become parentified as she cared for her mother as well as herself. CT enrolled herself into Highschool at the age of 13 and at the age of 15 was raped by a neighborhood friend. Although she can not recall disclosing this information to anyone, she does recall attending her young rapist’s funeral and crying uncontrollably. CT was then married at a young age.

It appears that she was able to suppress past memories as she raised her own children and attended college. However, once in her twenties, CT’s mother was diagnosed with Breast Cancer. While she was taking on the responsibility of caring for her mother, her older sister died suddenly. CT made the funeral arrangements. CT’s mother died shortly afterwards when CT was 29.

CT admits that with everything that was happening at the time of her mother’s death, she had no time to grieve. It is believed that the recent Pandemic may have triggered CT’s memories of her past loss and the most traumatic times of her life, as she states that many of her friends and relatives have recently died of Covid related issues.

CT states that because of her own medical condition and diagnosis of diabetes she fought to refrain from working in person. However, during her union grievance she contracted Covid-19 while working

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on site. CT feels guilty recalling the day that she learned of her own diagnosis of covid and the fact that she passed it on to her children and grandchildren, one of which has an underlying medical condition.

CT states that although she has remained home since contracting Covid in January 2021, she has many coworkers who call to check in on her and to offer support. Along with the support of her coworkers as well as adult children and church family, CT feels that she has been maintaining a balanced life although she does everything online and only leaves her home for medical appointments.

**Diagnosis:**

Anxiety

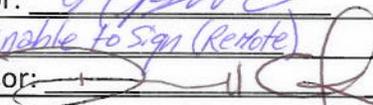
- CT is articulate and able to advocate for herself, however, she often cries when she speaks of her past as well as her thoughts on returning to her office.
- CT has many different somatic complaints when considering returning to the office, she may be suffering from Generalized Anxiety Disorder.

PTSD

- CT has reported that she feels guilty for the death of her father as well as nearly killing her grandchildren by infecting the family with Covid 19.
- CT has reported that she was raped when she was 15yo. Shortly afterwards, she recalls attending her rapist's funeral and crying uncontrollably. She states that she has never spoken about this event.
- CT states that she has never had the opportunity to grieve her mother's death along with multiple deaths over her lifetime.

**Recommendations:**

Referral for long term counseling once weekly with a CBT focus. Follow up treatment with a psychiatrist for possible medication management in order to treat CT's Insomnia and other underlying conditions.

Signature of Evaluator: 	Date: 10/27/21
Signature of Client: Unable to Sign (Remote)	Date:
Signature of Supervisor: 	Date: 10/27/21

