

CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Robert Thompson

Date of Evaluation: March 2, 2022

Date of Birth:

Date of Report: March 7, 2022

Age: 26

Tests Administered: Clinical Evaluation, Mental Status Examination (MSE), Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), Spiritual Well-Being Scale (SWBS) & Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Client History

Robert Thompson is a single, Black African American, 26-year-old male who presented to the evaluation stating that he is seeking counseling because he has been under a lot of stress lately due to school and work responsibilities but also because his parents are concerned about him. Mr. Thompson is an only child, was born at normal gestation. He stated that he lives alone and periodically attends a non-denominational church in his neighborhood. He is currently employed by the government and has worked for them as an Engineer for the last 4 years, since he completed his undergraduate studies in Engineering. In addition, Mr. Thompson is pursuing his master's degree in Engineering. Mr. Thompson reported that for the last two weeks he has had difficulty sleeping, trouble concentrating, suffering from a "nervous stomach", loss of interest in interacting with others, and cannot "pretend to be animated and friendly, like everything is fine". Mr. Thompson mentioned that about a month ago at work he was asked to give a presentation to a group of 12 colleagues and supervisor but canceled it at the last minute due to extreme nervousness and fear of not being knowledgeable enough. As a result, he felt "humiliated" and afraid to face his peers after the incident. Mr. Thompson stated immediately after the event, "I wasn't the same. My body felt off. My mind was somewhere else" and that his

confidence in becoming an engineer had greatly diminished. Mr. Thompson stated that according to his mother, he received counseling when he was 12 years old due to having issues adjusting to middle school in a new district, but since then has not received mental health counseling services. Mr. Thompson denied taking any current or past medications, and denied the existence any medical conditions, illnesses, or past surgeries. He reported that his last physical was performed six months ago, and the blood results were normal. He stated he was allergic to shellfish. Mr. Thompson said he was not aware of any family history of medical or mental illnesses. He denied having any current or previous legal problems.

Mental Status Examination

Mr. Thompson presented as an appropriately groomed 26-year-old male with a downcast disposition. He demonstrated appropriate hygiene, but he was unshaven, and his hair was unkempt. Mr. Thompson arrived 15 minutes late to the evaluation dressed in casual clothing (jeans, t-shirt, and sneakers) and a coat that was appropriate for the winter weather. Mr. Thompson did not maintain consistent eye contact, his eyes moved down to the floor and from side to side for most of the evaluation but was cooperative in answering questions. Mr. Thompson's mood was sad and tearful when describing his symptoms and relationship with his parents but became agitated when discussing topic about his career. His affect was constricted, and he appeared lethargic which was congruent with his mood. Mr. Thompson's speech was of normal rate and tone, but some responses seemed pressured, as he closed his eyes while thinking about how to answer some of the questions. Mr. Thompson's thought process was logical and coherent. He was able to name 5 major cities and the current President of the United States. His thought content was appropriate, showing no signs of psychosis, and he denied having any hallucinations, delusions, or obsessive compulsions. Mr. Thompson was aware of the date, time,

and place he was as well as the reason for his visit. Mr. Thompson said he has “been preoccupied lately” and noted that his concerns were centered around his career and his purpose in life.

Which led to him to think a lot about death and ask himself if he was gone whether it would matter, and that life felt like an effort, and he wondered if it was worth it. He was overall a good historian and was able to describe his emotional state and symptoms in addition to background information. Mr. Thompson’s insight, judgment, and impulse control were good. He was asked to describe differences between two items and asked to explain the meaning of the phrase “Don’t cry over spilled milk”. Mr. Thompson was able to accurately describe and report his situation, recognizing that the stress and symptoms he was experiencing were related to his negative experience at work but did not think he had a phobia of any kind (even of presenting in front of others prior to that day). Overall, he was engaged and attentive throughout the interview. Yet he had difficulty recalling recent events such as dates of work incidents and total days he missed work. He was able to recall three out of three words immediately (i.e., chair, pencil, broom) but could only recall one word out of the three after a five-minute delay. He was able to spell the word “world” forward and backwards but slowly. Mr. Thompson was also able to accurately complete simple math equations but did so carefully. He immediately corrected his mistakes, twice. Mr. Thompson was able to complete serial 3’s without errors but taking a significant amount of time to provide numbers.

Presenting Symptoms

Mr. Thompson reported that for the past two weeks he has had difficulty falling asleep most nights, making it difficult for him to get ready for work the next day. He shared that he has lost interest in interacting with other people including family and friends, he also reported a loss of interest in activities he used to enjoy like working, attending school, or going to the gym. In

the last two weeks he has approximately called out sick four times from work and he has not attended classes for approximately three weeks. Mr. Thompson mentioned that he is experiencing nausea that causes him to lose his appetite for most of the day. He shared that his parents noticed a significant weight loss, although on the BDI-II assessment he did not indicate a change in appetite. This may be due to his lack of concentration that could cause him to become forgetful or that he does not perceive it as an issue. Mr. Thompson stated that he cries almost every day and the BDI-II indicated that he had thoughts of killing himself but would not make plans to carry them out. Mr. Thompson's BAI results included symptoms of a panic attack, such as difficulty breathing, dizziness and lightheadedness, heart racing, feeling of choking, trembling hands, fear of losing control, as well as indigestion or abdominal discomfort. Mr. Thompson's PDSQ results indicated he worried a lot about embarrassing himself in front of others and avoiding situations that involved public speaking, saying something in front of a group, and business meetings. Mr. Thompson reported that his symptoms of anxiety began about a month ago after not being able to give a presentation at work but that the last two weeks have been a "nightmare". However, on the SWBS assessment indicated he has a moderate level of life satisfaction and purpose in life, which is incongruent with his complaints.

Test Results & Interpretation

Validity Statement

Mr. Thompson demonstrated some difficulty in concentration throughout the evaluation and assessment process but was able to successfully complete them and appeared to understand the contents of the assessment measures administered to him. All results are considered a valid assessment of his present emotional functioning.

Beck Depression Inventory-II (BDI-II)

Mr. Thompson obtained a score of 47 on the BDI-II, which indicates that he endorsed symptoms of extreme depression. A score over 40 is indicative of extreme depression.

Beck Anxiety Inventory (BAI)

Mr. Thompson obtained a score of 22 on the BAI, which indicates that he endorsed symptoms of anxiety on the higher end of the moderate range. A score between 16 and 25 is indicative of moderate anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Results of the PDSQ indicated that Mr. Thompson endorsed items that correspond with the diagnosis of Major Depressive Disorder scoring an 11 on the subscale and exceeding the cut off of 9. Results also showed that Mr. Thompson endorsed items that correspond with the diagnosis of Social Phobia Disorder, scoring a 10 on the subscale that exceeded the cut off of 4. In addition, Mr. Thompson scored a 1 in the Panic Disorder subscale. Mr. Thompson's total raw score was 22 which corresponds to a T-Score of 43, indicating "average" symptoms.

Spiritual Well-Being Scale (SWBS)

Mr. Thompson scored a 53 on the Spiritual Well-Being scale indicating an overall "moderate sense of spiritual well-being". He scored a 24 on the Religious Well-Being subscale indicating a "moderate sense of satisfaction and positive connection with God". His Existential Well Being subscale score was 29, indicating a "moderate level of life satisfaction and purpose in life".

Diagnosis

Mr. Thompson meets diagnostic criteria for the following DSM 5 disorders:

(296.23) Major Depressive Disorder, Severe, Single Episode, with mild anxious distress and melancholic features.

(300.09) Other Specified Anxiety Disorder, Social Anxiety Disorder with Performance only specifier, not occurring for at least 6 months.

Treatment Recommendations

Mr. Thompson would benefit from receiving Cognitive Behavioral Therapy (CBT) to address his depressive and anxious symptoms. CBT therapy should include psychoeducation to help him understand how his self-defeating thoughts or negative perceptions may be contributing to his symptoms. CBT interventions would include cognitive restructuring, ABC analysis, fact checking, and relaxation exercises. Mr. Thompson may also benefit from receiving psychodynamic therapy to explore if there is a family history of depression and anxiety, to determine if a childhood event occurred that predisposed him to the depressive episode, or triggered the panic attack, and if his relationship with his parents may be connected to his current stress regarding his career. If symptoms continue despite CBT and psychotherapeutic interventions, Mr. Thompson may benefit from being referred to a psychiatric evaluation, to consider the option of taking antidepressant medication to assist with symptoms.

Conclusion

Mr. Thompson is a 26-year-old male, who presents with symptoms of depression and anxiety. His symptoms began a month ago immediately after a failed presentation at the workplace and have intensified within the last 2 weeks. Mr. Thompson has demonstrated a significant impairment in both social, academic, and occupational functioning due to his symptoms. Results of the BDI-II indicate depressive symptomatology beyond the excessive range. Results of the BAI indicate anxiety symptoms at the higher end of the moderate range. Mr. Thompson's results for the PDSQ indicative of a diagnosis of Major Depressive Disorder and Social Phobia.

According to the clinical interview, the Mental Status Examination, the clinician observations of Mr. Thompson's behavior, and the results of the administered assessments, Mr. Thompson meets diagnostic criteria for Major Depressive Disorder, Sever, Single Episode, with mild anxious distress and melancholic features in addition to the diagnosis of Other Specified Anxiety Disorder, Social Anxiety Disorder with Performance only specifier, not occurring for at least 6 months.

Clinician Name and Credential

Matilde Salazar, LMHC