CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Robert Thompson
Date of Birth:
Age: 26

Date of Evaluation: January 7th, 2022
Date of Report: January 8th, 2022

Tests Administered: Beck Anxiety Inventory, Beck Depression Inventory 2, Spiritual Well Being Scale, Psychiatric Diagnostic Screening Questionnaire

---

Client History

Mr. Thompson is a 26 year old graduate student in Engineering. He has been employed by the U.S government as an engineer since graduating from college about 4 years ago. Mr. Thompson is the owner of a dog, an only child and mentioned that his parents have always been supportive throughout his life. In fact, his parents visited a few days ago and helped him clean his apartment. Prior to this visit, Mr. Thompson vaguely remembers his mother taking him to see a mental health practitioner at the age of 12 due to adjustment issues in a new school district.

Mr. Thompson does not suffer from any physical ailments, does not use drugs, is a social drinker, is in exclusive dating relationship, and has never been diagnosed with a mental illness. Mr. Thompson describes himself as moderately social when he says, “I’m not really the type to get embarrassed too easily, but I’m not the most outgoing person either”.

Mental Status Examination

When Mr. Thompson arrived for his interview, he was casually dressed in jeans, sneakers, and a T-shirt. His clothes were a little looser than what is typical of my male clients.

His hair was ungroomed, and it appeared as though he had not shaved in a quite some time. When referring to his grooming, Mr. Thompson said “I’ve been preoccupied lately”. Mr. Thompson did not have any offensive body odors.

Mr. Thompson’s voice shook as he spoke early in the interview. He also shifted in his seat and caressed his head and forehead quite often. He slowly moved one knee toward and away from the midline of his body throughout the interview. He also complained about being hot all the time. His posture was lethargic. This was congruent was his mood as he said he felt “sad and down”. Mr. Thompson often avoided eye contact by sitting in a hunched position, slightly titling his head towards the floor, and looking down.

Although Mr. Thompson demonstrated awareness of the date and time, Mr. Thompson closed his before answering any questions requiring dates and times of incidents, indicating he was having memory issues. He was able to repeat 3 out of 3 words immediately, but only 1 out of 3 words after a 5-minute delay. Mr. Thompson was able to complete mental mathematical computations correctly but did so slowly and often ask me to repeat the last number he said out loud. He also asked me to repeat a few questions, after he had already begun to answer them. Robert denies experiencing illusions and hallucinations. His insight is intact as he admits his condition is unusual and hinders his progress professionally, socially, and academically.

Presenting Symptoms

Mr. Thompson decided to seek mental health counseling after his parents visited a few days ago and urged him to seek professional help. Roberts admits that for the last 2-3 weeks, he’s been having difficulty falling asleep, and beginning his day in the morning has been rough. He describes going through his morning routine: “It feels like I’m dragging myself in mud”. In the morning, he is often nauseous and has a “nervous stomach”, which causes him to lose his

appetite, which doesn't return until the end of the day. As a result, he has lost a lot of weight. He has not been to class for almost 3 weeks, but says his professors are still allowing him to submit work despite his absence. Mr. Thompson has called out from work 4 times over the course of 2 weeks in addition to missing two important project deadlines. He admits not being able to get his work done, because he's unable to focus, and forgets. He says his mind just "goes blank."

Mr. Thompson was able to show text messages and missed calls from family and friends that he has not replied to because he says he is not able to "pretend to be animated and friendly, like everything is fine".

To deal with his feeling of being "sad and down", Mr. Thompson has been listening to "Self-Development podcast", but he says because of it "I think about my own death all the time now. I know it sounds morbid, but I feel like if I was gone, would it really matter? Life feels like an effort, and I wonder if it's all worth it". He also said "I cry almost every day lately". I asked Mr. Thompson if the has ever thought about taking his own life. He said he has never thought about it. He said not that sounds crazy. He has to find another way other than suicide to deal with his stress. Suicide has never been an option for him

When asked about any recent stressor that may have led to these issues, Mr. Thompson describes what he calls a "humiliating" experience at work. He said "I'm not really the type to get embarrassed too easily, but I'm not the most outgoing person either. I've done oral presentations many times in my life, but this time was different for some reason." He was required to give a presentation at work that could possibly qualify him for a promotion if it went well. He says "I was a little nervous and considered cancelling the whole thing. Looking back now, I wish I would have. I think I just cracked under the pressure and the whole thing was just

too premature." He cancelled the presentation a few minutes before he was to present stating that he was not competent in the content area. He did so because he was too nervous, and afterwards had trouble facing his colleagues and superiors. Mr. Thompson stated that since that day "I wasn't the same. My body felt off. My mind was somewhere else." Robert also learned the negative comments spoken about him by his colleagues, who expressed that he would never be promoted. To this he said "I felt like a loser and started questioning why I was even going into debt pursuing a graduate degree if I don't have a chance of succeeding in Engineering. All of my life plans started to crumble. This is when Mr. Thompson stopped attending his classes. He stated that he thought he would get over it, but the past two weeks shave been a "nightmare". He has stopped going to the gym, has stopped hanging out with his friends on the weekends, only goes out to walk his dog 4 times a day and he has not called or texted the girl he's been dating lately. He says he doesn't want anyone to see him in this "pathetic state."

Test Results and Interpretations

Validity Statement

Mr. Thompson was provided with an explanation of the reasoning for the following evaluation measures. He was also able to complete the evaluation and assessments process with mental breaks in between. All results are valid assessments of his personal functioning.

Beck Depression Inventory-II (BDI-II)

Mr. Thompson results yielded a score of 47 on the BDI-II. A score above 40 indicates extreme depression.

Beck Anxiety Inventory (BAI)

Mr. Thompson scored a 22 on the higher end of the moderate range. A score ranging from 16-25 indicates moderate anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Mr. Thompson's average raw score was 22, which is a T-Score of 43. This indicates average symptoms. Mr. Thompson selected yes for items consistent with Major Depressive Disorder Suicidality with a score of 11, which exceeds the cutoff of 9. He also selected items consistent with Social Phobia with a 10, which also exceeds the cut off rate off 4.

Spiritual Well Being (SWB)

Mr. Thompson scored a 52 on the Spiritual Well-Being Scale indicating moderate overall spiritual well-being. He scored 26 on the Religious Well-Being, indicating a moderate sense of religious well-being. He also scored 27 on the Existential Well-Being, indicating moderate level of life satisfaction and purpose.

Diagnosis

Mr. Thompson meets the DSM-5 Criteria for the following disorders:

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

Treatment Recommendations

Mr. Thompson would benefit from Cognitive Behavioral Therapy (CBT) to address his depressive, and social phobic symptoms. Mr. Thompson would first receive psychoeducation about Major Depressive Disorder, and anxiety. He would then continue on with cognitive restructuring to address his thoughts about his career, education, and life as a whole. Then, Mr. Thompson would learn and practice relaxation exercises he may use when is in social situations that make him uncomfortable. Last, Mr. Thompson would benefit from exposure therapy to address his fear of making presentations.

Conclusion

Mr. Thompson is a 26 year old male referred to mental health counseling by his parents. Mr. Thompson presents with symptoms of major depression and anxiety, which began about a month ago and was triggered by a "humiliating" experience at work. Mr. Thompson occupation, social, and academic functions have been severely impaired because of this incident. Results from his BDI-II indicates extreme depression. BAI results indicate moderate anxiety on the higher end of the moderate range. His PDSQ identifies symptoms consistent with Major Depressive Disorder. Mr. Thompsons meets most of the criteria for anxiety, expect the duration of 6-month criteria.

According to the Mental Status Examination, behavioral observations, and results from the assessments ministered, Mr. Thompson meets the diagnostic criteria for Major Depressive Disorder, Single Episode, Severe with anxious distress and melancholic features. Cognitive Behavioral Therapy is recommended as an intervention.

Clinician Name and Credential: Lisa Gay

Signature: Lisa Gay