

CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Lisa Makawsky

Date of Evaluation: March 14, 2022

Date of Birth: December 13, 1987,

Date of Report: March 14, 2022

Age: 32

Tests Administered: Clinical Evaluation, Intake Form, Mental Status Examination (MSE), Mood Disorder Questionnaire, Beck Depression Inventory-2 (BDI-2), Beck's Hopelessness Scale, Beck Anxiety Inventory, Spiritual Well-Being Scale & Psychiatric Diagnostic Screening Questionnaire (PDSQ), SBQ-R Suicide Behaviors questionnaire – Revised.

Client History

Lisa Makawsky is a 32-year-old female who was referred to me by her psychiatrist for an evaluation. Ms. Makawsky visited the psychiatrist last week. During her first session, Ms. Makawsky stated that over the past one month, she had begun experiencing symptoms of depression and anxiety. This depression has created so much stress that it has affected her concentration and focus. She further shared that she cannot fall asleep most nights and whenever she does, waking up becomes challenging. Ms. Makawsky used to work as a manager at a grocery store until she was let go from her job one month ago. Ms. Makawsky described her job as being very stressful and found it hard to manage. This also demotivated her from going to work. Furthermore, after having been let go of her job, she is not motivated to get out of bed and get out of the house to search for another job. She also stated that two weeks before she lost her job, she had also lost her dog which she had for 4 years. She has stopped socializing and has started isolating herself. She has no interest in connecting with anyone either her friends or family. Ms. Makawsky stated that her family does not yet know that she has no job. Moreover, she has lost significant weight. Ms. Makawsky finds herself questioning her existence and

whether there is any meaning or purpose to her life. She feels worthless and useless. She has ultimately been crying herself to sleep every night for the past one month.

Ms. Makawsky further shared that her parents got divorced when she was 15 years old. She remembers feeling numb and sad because of the divorce. She remembers being at home a lot, watching TV all day and her teacher had suggested that she see a counselor. However, she did not see a counselor then. She also shared that she was a witness to the stabbing of her aunt by her uncle in broad daylight as an 11-year-old child. Soon after that incident, she remembers feeling worthless and like she was drowning all the time. She felt that she had gotten over the negative feelings of that distressing event. Ms. Makawsky stated that there is no history of mental illness in her family.

She stated that her psychiatrist asked her to seek psychotherapy in order to manage her episodes of sadness, loneliness, the feelings of worthlessness, hopelessness, the feelings of her constant worrying, and anxiousness about her future.

Mental Status Examination

Ms. Makawsky presented herself as a polite and pleasant 32-year-old female. She looked like her stated age. Ms. Makawsky arrived for the evaluation dressed in business casual attire. She was appropriately groomed and demonstrated adequate hygiene. She was finding it difficult to maintain appropriate eye contact throughout the evaluation. Her motor activity was restless at times as indicated by the way she sat and was constantly shaking her legs. Ms. Makawsky was finding it hard to pay attention and concentrate during the evaluation process. Ms. Makawsky's mood appeared sad, as well as somber at times. Her affect was reactive and mood congruent as evidenced by variation in facial expression, tone of voice, use of hands, and body movements. She became tearful intermittently throughout the evaluation when discussing her recent job loss and the loss of her dog. Her speech was slower than the normal rate; however, in the beginning of the evaluation, her voice appeared very soft as she spoke. She was able to organize her thoughts

as she shared about her problems and history. She was able to recall events from her recent and remote past, providing all necessary background information and symptoms. There was no visible impairment of her cognitive faculties nor any memory impairment. She was able to articulate her challenges and thoughts. She could recount without difficulty much of her childhood events and growing-up history. Other overt indications of a depressed mood were observed by how her hands were on her chin throughout the evaluation, and how she was slumping in the chair. She was able to identify the year, the month, the day, and the season. She was further able to identify the location where she was. She was able to recall three out of three words (i.e., pen, glasses, phone) immediately, and three out of three words after a 5-minute delay. She was able to spell the word “world” forward and backwards. Ms. Makawsky was able to complete serial 3s without errors. She stated that she has never abused alcohol in her life, nor has she smoked or taken any drugs. Ms. Makawsky denied any perception of hallucination or any type of auditory or visual hallucination. No symptoms indicative of psychosis were observed. Furthermore, she did not evidence any thought distortions neither did she evidence any delusional beliefs, obsessions, and compulsions. Her thought process was logical and coherent, and her thought content was appropriate. Ms. Makawsky’s insight into her problems, judgment of the issues facing her, and impulse control were good. She denied any current suicidal and homicidal ideation.

Presenting Symptoms

Ms. Makawsky reported that her symptoms of concern include sadness and lack of motivation. She describes this lack of motivation in terms of forcing and dragging herself to get out of bed to do anything, loss of interest in activities she enjoys (watching movies, going out with friends, going to church). She also showed hypersensitivity to “sad things” followed by crying spells, waking up in the middle of the night and inability to fall back asleep, waking up tired and wanting to sleep a lot (her sleeping hours were increasing day by day), feeling horrible in the mornings,

decreased appetite and barely eating anything, weight loss, and feeling hopeless and worthless. Ms. Makawsky indicated that these symptoms began approximately 1 month ago. She reportedly saw her family's physician at the time, and no medical issues were found to explain her symptoms. Ms. Makawsky says that she feels hopeless about her future. She thinks that she can do nothing right. Ms. Makawsky does not take any medication or indulge in any kind of consumption of drugs. Even though during the intake interview Ms. Makawsky denied being suicidal, her Beck's hopelessness scale reveals severe hopelessness indicating that Ms. Makawsky is at a greater risk for suicide. Ms. Makawsky obtained a score of 16 on the Hopelessness scale- indicating "severity" level and greater risk for suicide. The results of Beck's Hopelessness scale were discussed with Ms. Makawsky. Specific questions were asked of her, like "have you ever thought or made plans to commit suicide? "Have you ever attempted to hurt / kill yourself?" I also enquired whether she had the capability of committing suicide. She replied in the negative to all these questions. Moreover Ms. Makawsky was asked to fill an SBQ- R suicide Behavior questionnaire to rule out suicidal ideation, which she did. She scored a 3 on the scale, way below the cut off score of 7. Therefore, suicidal ideation has been ruled out.

Test Results & Interpretation

Validity Statement

Ms. Makawsky was able to sustain attention and concentration intermittently throughout the evaluation and assessment process and appeared to understand the contents of the assessment measures administered to her. All results are considered a valid assessment of her present emotional functioning.

Beck Depression Inventory-II (BDI-II)

Ms. Makawsky obtained a score of 42 on the BDI-II, which indicates that she endorsed symptoms of depression on the higher end of the depression range. A score above 40 is indicative of extreme depression.

Beck Anxiety Inventory (BAI)

Ms. Makawsky obtained a score of 1 on the BAI, which indicates that she endorsed a minimal level of anxiety. A score between 0 and 7 is indicative of minimal levels of anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Results of the PDSQ indicated that Ms. Makawsky endorsed items that correspond with the diagnoses of Major Depressive Disorder. This was evidenced by scoring a 13 on the subscale which is above the cut off scale of 9. She answered yes to questions 8 & 9 which are considered critical items on the Major Depressive Disorder Scale. These answers reveal two of the five (or more) symptoms present during the same 2-week of a Major Depressive Disorder i.e hypersomnia and psychomotor agitation. She scored 3 on the posttraumatic stress disorder scale below the cutoff score of 5. However, she did answer yes to question no. 23 which falls under the critical items indicating that this meets criteria A of PTSD which is direct exposure and witness to actual or threatened death, serious injury, or sexual violence. Ms. Makawsky's total raw score was 20 which corresponds to a T-Score of 42, indicating "average" symptoms.

Mood Disorder Questionnaire

Ms. Makawsky answered "No" to all the three questions on the questionnaire thereby ruling out bipolar disorder.

Beck's Hopelessness scale

Ms. Makawsky obtained a score of 16 on the Hopelessness scale indicating "severity" level and greater risk for suicide. A score above 15-20 is indicative of severe hopelessness. Generally, scores above 8 or 9 are considered to be a clinical cutoff, implying this client is at a greater risk for suicide. However suicidal ideation was ruled out after discussing the score with the client.

SBQ-R Suicide Behaviors Questionnaire – Revised

Ms. Makawsky obtained a score of 3 on the SBQ-R Suicide Behaviors Questionnaire – Revised scale indicating that she is without the risk of suicidal ideation. The score of 3 was way

below the cut off score of 7.

Spiritual Well-Being Scale (SWB)

Ms. Makawsky scored an overall score of 63 on the Spiritual Well-Being scale- indicating a “moderate sense of spiritual well-being”. She scored a 37 on the Religious Well-Being subscale-indicating a “moderate sense of religious well-being with God”. She scored a 26 on existential well-being subscale and thereby indicating a “moderate sense of life satisfaction and purpose”.

Diagnosis

Ms. Makawsky meets diagnostic criteria for the following DSM-5 disorders:

Major Depressive Disorder with Anxious Distress and Melancholic Features, Severe, Single Episode (296.33)

Treatment Recommendations

Ms. Makawsky would benefit from receiving Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy treatment designed to alleviate and deal with her depression, grief, and anxiety. It is a psychotherapy treatment that enables patients to heal from the symptoms and emotional distress that are the results of disturbing life experiences which in the case of Ms. Lisa was witnessing her aunts murder, her parents’ divorce and her dog’s death. This therapy will help her uncover any unprocessed memories of conflict or pain from the past or present which could be causing her present symptoms of depression. Ms. Makawsky would also benefit from Cognitive Behavioral Therapy (CBT) and Relational Emotive Behavioral Therapy (REBT) administered simultaneously to address her depressive and anxiety symptoms by focusing on her emotions, conscious thoughts, and behaviors that perpetuate her depressive and anxiety symptoms. While CBT will help Ms. Makawsky to understand how her negative beliefs about herself not being able to do anything right, contribute to her symptoms, REBT will help her detect how the underlying

emotions of hopelessness, worthlessness and uselessness are fueled by her negative cognitive beliefs about herself. REBT will help Ms. Makawsky learn skills that will give her the tools to identify and dispute irrational beliefs. She will learn to replace such detrimental ways of thinking with effective and rational cognition, and as a result, improve her emotional reactions to her situations.

Because Ms. Makawsky's Beck's hopelessness scale reveals severe hopelessness thereby indicating a greater risk for suicide, Ms. Makawsky will continue to be closely monitored in this area.

Conclusion

Ms. Makawsky is a 32-year-old female referred by her psychiatrist. She appeared to be someone with depressive symptoms of sadness, loneliness, anxiety, and worry, which began after she was sacked from her job a month ago. Her dog also died two weeks prior to her job loss. Ms. Makawsky has displayed deficits in social and occupational functioning due to her symptoms. Results of the BDI-II indicate major depressive symptomatology at the extreme end of the higher range. Results of the BAI indicate anxiety symptoms of minimal levels of anxiety. Ms. Makawsky endorsed items on the PDSQ indicative of a diagnosis of a Major Depressive Disorder. According to the clinical evaluation, the Mental Status Examination, behavioral observations of Ms. Makawsky, the DSM – 5 criteria, and the results of the assessments administered, Ms. Makawsky meets the diagnostic criteria for Major Depressive Disorder, Severe, Single Episode with anxious distress and melancholic features. It is recommended that she receive psychotherapy, applying EMDR therapy, CBT and REBT interventions to address her symptoms.

Name - John Saldanha

Credentials - LMHC

Signature - JS

Personal Reflection

John Saldanha

The writing of an evaluation report and coming to a diagnosis was indeed a rich learning experience for me. The experience of interviewing for the purpose of the intake process, administering relevant assessments, the administration of the mini-mental- state exam, interpreting the assessments as well as the mental status exam were additional learning advantages for me. My peer kept up her acts of exhibiting symptoms till the end which made it easy for me to evaluate her. The process of administering and interpreting assessments for the peer assessment clinical report was a valuable exercise in view of its importance for my future practice as a mental health counselor. I learnt the importance of the data gathering from the intake interviews to get to the presenting problems and the client history. I also learned more about the importance of assessments that help to further evaluate the symptoms, and the importance of coming to a right diagnosis. This is an important process that cannot be taken lightly or done in a haphazard manner. Therefore, as a counselor, alertness, focus, and attentiveness are important traits during the initial process of evaluating a client. It is important for the counselor to grasp every word that is being spoken by the client, to observe every unspoken expression and body language that goes into concluding the final diagnosis. This is of paramount importance because the client's mental well-being and health depends on the correctness of the diagnosis. The accurate the diagnosis, the accurate will be the treatment planning and its eventual success.

Consequently, against the popular notion that the counselor is the expert, it is the client that does the most important work in helping the counselor reach the conclusion. The counselor's role therefore is to ask the right questions to help the client open up and discuss what their symptoms

are. If the counselor is not mindful, the whole interview and evaluation process has the possibility of becoming mechanical and a boring process. Alternatively, the counselor can use the initial intake process to build a therapeutic relationship, which will not only help in getting all the relevant information necessary for a correct diagnosis, but also help in future counseling session with the client.

The first challenge in this exercise was in visual observation during the mental health status exam. It was challenging to continuously focus on watching the patient's / peer's body language and expression and noting down both the observations of the posture and other visible emotions, as well as simultaneously writing down the answers provided to the questions. The second challenge was the number of assessments to be given before coming to a right conclusion of the diagnosis. For e.g. while assessing my peer verbally, she denied having any suicidal ideation. However, her assessment of the Beck Hopeless scale showed a very high score of hopelessness which also corresponds to a person being at a high risk of committing suicide. The challenge was in if to believe the assessment or the client who was very clear in denying suicidal ideation of any kind. Another challenge was how to conclude the diagnosis. The assessments are never a perfect source for diagnosis. The conclusion of the diagnosis is a holistic combination of the initial intake interview, the administration and the interpretation of the assessments, the presenting symptoms, and the assessing of the criteria as per the DSM-5 diagnosis.