

## CONFIDENTIAL

### MENTAL HEALTH EVALUATION

**Client Name:** Robert Thompson.  
**Date of Birth:** 1994.  
**Age:** 26

**Date of Evaluation:** January 7, 2020.  
**Date of Report:** March 5, 2023.

**Tests Administered:** Mental Status Examination (MSE), Beck Depression Inventory-2 (BDI-2), Beck Anxiety Inventory, Spiritual Well-Being Scale & Psychiatric Diagnostic Screening Questionnaire (PDSQ)

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#### Client History

Robert Thompson is a 26-year old male who presented to the evaluation after experiencing severe symptoms of stress and discomfort that prevented him from performing at work and going to class. Robert is a graduate student in Engineering and currently holds a government job as an Engineer, he has held this position since he graduated from college almost four years ago. Robert reported a triggering incident at work two weeks ago, which led to impairment with his routine. He has missed all of his classes for the last three weeks, and called in sick for work four times within the past two weeks. Along with such disruptiveness to his routine, Robert also present severe symptoms of forgetfulness, lack of sleep, loss of appetite, and suicidal thoughts. All of these symptoms will be explored in depth later on in the evaluation. Robert shared that the only other time he had received mental health treatment happened when he was 12-years old, and was having trouble adjusting to a middle school in a new district. In behalf of relationships, Robert ensures he has a caring and supportive relationships with his parents, who also happen to be the only people he has seen in the past two weeks. He also reports having friends and a girl whom he is talking to, but that he hasn't responded to their messages for weeks.

## **Mental Status Examination**

Robert showed up to the counseling session casually dressed in jeans, a t-shirt, and sneakers. His clothing was appropriate according to the weather. His hygiene was good; however, his hair was ungroomed and it appeared as if he had not shaved for several days. In conversation, he admitted he had been preoccupied lately, as if he was trying to find an excuse for his appearance. At first appearance, he fitted the age he stated, and besides the beard there was not an apparent concern regarding his appearance. He was polite and pleasant, and his manners prevailed appropriately throughout the whole conversation. Although he at first was able to maintain eye contact, once the conversation furthered, he kept his head low and vision to his knees. As soon as conversation shifted into his feelings, he quickly became tearful and had difficulty expressing himself. Furthermore, he often lost focus and asked to repeat the questions several times. He seemed very forgetful. Robert appeared specially agitated and triggered after trying to recall the incident at work where he was “humiliated”. Although at first appearance did not seem so, he admitted to having had a significant weight loss. As mentioned, he had difficulty recalling recent events, but he was able to recall three out of the three words immediately, but only one of the three words after a 5-minute delay. He was able to complete simple mathematical computations accurately, but slowly and having to correct himself on two occasions. Most importantly, Robert admitted thinking a lot about death, crying almost every day, and wondering if it would really matter if he was gone.

## **Presenting Symptoms**

Robert Thompson presented severe symptoms of stress and sadness, which had been led by an incident at work last month. Robert stated that on the day that the incident happened, he was supposed to present in front of 12 coworkers. He, however, ended up canceling the presentation as he became too nervous and felt like he was not knowledgeable enough on the content. After such an incident, Robert has experienced severe symptoms of distress that have been preventing him from going to class and work.

Robert reports not being able to focus, forgetfulness, and incapability of getting work done. Besides not being able to perform at work and school, he also stopped taking care of his household chores. He is also suffering from nausea and loss of appetite, because of which he has suffered from significant weight loss. Robert is also experiencing difficulty falling asleep, which makes it very difficult in the morning. Although his hygiene in counseling wasn't worrying, his hair was ungroomed and it looked like he had not shaved for several days. Therefore, he showed no interest in taking care of his appearance. He has lost all interest in social activities, and has ignored every message from family and friends, including the girl he was talking to. The only people that he has seen are his parents, only because they stopped by his apartment. Afterwards, they both expressed concern for him. He also admitted that he cries almost every day. Furthermore, Robert admitted he had questioned his purpose in life. He had thought a lot about death, and wondered whether it mattered if he was gone.

## **Test Results & Interpretation**

### ***Beck Depression Inventory-II (BDI-II)***

This assessment was administered to Robert Thompson in the beginning of the first counseling session. This is a self-report inventory measuring the severity of depression in adolescents and adults. The BDI-II is scored by summing the ratings for the 21 questions. Each question is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63. Mr. Thomson obtained a score of 47, which suggests that he is suffering from extreme depression.

### ***Beck Anxiety Inventory (BAI)***

This assessment was administered to Robert Thomson in the beginning of the first counseling session. The Beck Anxiety Inventory (BAI) is a brief, self-report assessment for measuring anxiety severity and level. It is a 21-question multiple-choice self-report inventory that is used for measuring how the subject has been feeling in the last week, focusing primarily on somatic symptoms. Mr. Thompson obtained a score of 22, which suggests he is suffering from moderate anxiety.

### ***Psychiatric Diagnostic Screening Questionnaire (PDSQ)***

This assessment was administered to Robert Thomson in the beginning of the first counseling session. The Psychiatric Diagnostic Screening Questionnaire (PDSQ) is a screening tool used to assess the presence of common psychiatric disorders. The questionnaire consists of a series of questions designed to identify symptoms that are consistent with various mental health disorders. The results of this assessment indicated that Mr. Thompson endorsed items that correspond with the diagnosis of Major Depressive Disorder, scoring 11 on the

subscale and exceeding the cut off (9). Furthermore, he got a score of 10 in Social Phobia, exceeding the cut off (4). He also marked yes in questions 8 and 76, which are the critical items. Finally, Mr. Thompson's raw score was 22 which corresponds to a T-score of 43, indicating "average" symptoms.

### ***Spiritual Well-Being Scale (SWB)***

This assessment was administered to Robert Thomson in the beginning of the first counseling session. The Spiritual Well-Being Scale (SWBS) is a measure designed to assess an individual's overall sense of spiritual well-being. Mr. Thompson scored a 53, indicating a moderate view of one's relationship with God. He scored a 24 on the Religious Well-Being subscale indicating a moderate sense of religious well-being. Also, he scored a 29 indicating a moderate level of life satisfaction and purpose.

### **Diagnosis**

Robert Thompson meets diagnostic criteria for the following DSM 5 disorders:

(296.21) Major Depressive Disorder, Severe.

(F40.10) Social Anxiety.

### **Treatment Recommendations**

Cognitive-behavioral therapy (CBT) is a good counseling method for depression and social anxiety because it is based on the idea that our thoughts, feelings, and behaviors are interconnected and influence each other. The underlying assumption of CBT is that negative or distorted thinking patterns can contribute to the development and maintenance of depression and social anxiety. This process of cognitive restructuring can help individuals gain a more balanced

perspective on their thoughts and emotions, which can in turn improve their mood and reduce symptoms of depression and social anxiety. Additionally, CBT includes behavioral techniques that help individuals gradually confront and overcome their avoidance behaviors and fears related to social situations. This exposure therapy can help individuals develop more confidence in their ability to manage anxiety-provoking situations, and ultimately lead to a reduction in symptoms of social anxiety. Furthermore, if the symptoms don't persist, specially the suicidal thoughts, I would suggest Robert considering taking antidepressants.

## References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>