

# JESSICA GONZALEZ

Student in GCN 601 Principles & Methods of Counseling  
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## Intake Report

### CONFIDENTIAL

Client Name:	Sharina Wilmot	Supervisor's Name:	Dr. Azilde Sanchez
Address:	2875 Washington Street, #B2 New York, NY 10004	Ph.D., LPC., LCADCS., ACS	
Gender:	Female	Date of Interview:	March 2, 2023
DOB:	May 30, 1993	Date Report Written:	March 2, 2023
Highest Level of Education:	Masters	Date Report Submitted:	March 8, 2023
Current Employment Status:	Full-Time		
Current Marital Status:	Married		
Examiner's Name:	Jessica Gonzalez		

### **Referral and Purpose of Evaluation:**

Mrs. Wilmot came to the office independently seeking therapy for herself. She was in previous therapy in July 2020 and was diagnosed with Major Depressive Disorder as well as generalized anxiety disorder. She continued with therapy during that time for two years under psychotropic medication for depression. She seemed to have improved and discontinued her therapy at that time until recently where she expressed interest to seek Christian counseling at this time. this section, the writer should clearly state the referral source and important facts prompting the intake interview.

### **Description of Client/Behavioral Observations:**

Mrs. Wilmot is a 29-year-old female young lady of Dominican descent. She has natural citizenship and is married. She is currently finishing her master's degree and lives in a one-bedroom apartment with her husband. Mrs. Wilmot holds the position of middle child between two brothers and two sisters from separate fathers. During the interview, the client's presentation appeared to be neat, appropriate, and casual attire. Initially, I observed tension in the shoulders with some stiffness and slight resistance due to short answers given at onset of interview. Mrs. Wilmot appeared a bit shy as well however she relaxed as the interview continued and exhibited good eye contact throughout. Sources of information will include Mrs. Wilmot's husband, mother, sisters, and brothers as well as grandfather who are close social supports for her.

**Presenting Problem:**

Client states that she feels she is frustrated with things that are outside of her control such as conflict at work with a co-worker, being estranged from her father and somatic symptoms of insomnia and persistent headaches that interfere with her quality of life. Client expressed much fatigue, insomnia, headaches, anxiety, fear, worry and brain fog. On a scale of one to ten, client expresses an eight when having anxiety daily. She mentions that fatigue, insomnia headaches and brain fog are continuous and says she feels that these somatic and affective symptoms are at a range between 7 and 8 on a scale as well. Mrs. Wilmot stated that her symptoms last for entire days but that her fatigue shifts into adrenaline at night when trying to go to sleep leading into insomnia. She feels “energized and hyper” which is consistent for more than four days at a time. This leads to her shifting into exhaustion and lack of concentration throughout the day. She stated that all her symptoms increased when she started her new job which was one year ago. She has physical pain when the headaches start and feels stressed every day. She is appreciative that she has an immediate support system of her husband but that she does not feel she is doing her all to be present with him. In her previous therapy, Mrs. Wilmot received psychotherapy along with an anti-depressant that she took (Wellbutrin 150 mg: Once a day).

**History of the Illness and Other Relevant History:**

She is currently employed as a teacher at Brilla Carita charter elementary school in the Bronx. Onset of problem stemmed from the age of 12 and continuous with periods of dormancy. Affective behaviors and symptoms started again once Mrs. Wilmot started her new job of teacher position. Anxiety and manic-depressive disorder diagnosed in previous therapy from July 2020 – June 2022. She has a cousin diagnosed with bipolar disorder, a sister with ADHD and her mother is diagnosed with depression. She is the middle child in between two younger brothers and two older sisters from mother’s previous relationships. Mother did not work but biological father was the provider in the ten years her mother and father were living together. The socioeconomic status was low income. Older sister took care of Mrs. Wilmot at times. Mother was frequently out of the home. Minimal structure at home, unstable environment due to mother constantly leaving the father and having to physical move frequently from state to state. Father was domestically violent towards her mother, and she witnessed the abuse most of the time along with her siblings. Infidelity between father and mother and vice versa. In middle childhood, Mrs. Wilmot missed school frequently because of lack of structure in the home and constantly moving from place to place. Mrs. Wilmot witnessed the severe trauma of her father putting a gun to her mother’s head when she was a child. She also experienced abuse from her older sister as the older sister introduced her to pornography at the age of ten. Additionally, she was in a severe car accident in young adulthood, resulting in slipped disks and considerable back pain from the years of 2005 through 2015. Sharina became engaged and married to her husband in June of 2021. She does not have a history of substance or drug abuse and is estranged from her father. She was introduced to Santeria as a young adult and converted to Christianity at the age of 25.

**Mental Status Examination:**

Client has come for therapy to receive support from psychological symptoms discussed. Client states that she needs to “vent”. Her appearance at interview was casual with clean attire. Her hair was neat as well. Her voice was hoarse and low at times when speaking about her problems in her past. On the onset of interview, client had short answers to the questions on the assessment with minimal talking showing some resistance. (rigid) Additionally, her posture was tense and

stiff with periods of fidgeting. Her tone was monotone initially but transitioned into normal speech as the interview went on. She answered questions in a timely manner. Open-ended questions were asked such as “What makes you feel tired?” Mrs. Wilmot’s mood appeared flat and tired. While she was guarded in her answer responses initially, she became more relaxed as the interview went on. She was comfortable with a zoom meeting for the interview and observance was made of a clean, tidy environment in the room she was in. Her overall mood was a little anxious and fatigued. Her affects and mood were flat at first and she kept resting her chin on her hand or rubbing her face however she became euthymic. Her orientation was times 4. Throughout the interview, Mrs. Wilmot was able to retrieve her short-term and long-term memory such as date of hire of her current place of employment. She was also able to specifically note what room she was in when asked about witnessing domestic violence on her mother at the age of ten. Her attention seemed to wane when asked to repeat the question that was asked of her. She did not show signs of illusions, hallucinations, personalization or derealization and her cognition did not show impairment and in fact her attention was normal. She does not display delusional or grandiose thinking processes. She connected her narrative well when questions were asked and did not show distractions or inattentiveness except when she asked to repeat the question. She appears to be of normal intelligence and is working on her master’s degree. Mrs. Wilmot expressed issues with suicidal ideation when in childhood. However, she does not have ideations and neither does she wish to harm herself or others currently. There was some spontaneity as the interview commenced in which she elaborated on being exposed to pornography by her older sister. No history of drug or substance abuse, and use/abuse of alcohol, prescription drugs, street drugs, and herbs. She shows insight/judgment when she stated, “I realize that what I feel is affecting me with my family and husband and I need some help.” Lastly, Mrs. Wilmot’s strengths are that she is persevering, she admits she needs help, she has shown courage and is honest. Her nuclear family are of a strong support for her as well as her spouse. She finds praying, reading, and going to church are all very helpful in her coping skills. Her recollection of events in her life appears accurate and reliable as she gave specifics of the rooms she was in and who she was with. Her behavior was guarded at first, but she was cooperative. She showed good insight and judgment throughout intake.

### **Clinical Formulation:**

Client expressed episodes of anxiety, stress and insomnia that appears to be consistent and effecting her job as well as relationship with husband. She presents with lack of concentration, worry and fatigue that affects her ability to perform well at work and be present with her spouse at home. The areas of social, interpersonal, and occupational roles the client is involved in have all been affected. A diagnosis of generalized anxiety disorder has been suggested as Mrs. Wilmot’s symptoms fit the overall criteria. Mrs. Wilmot also stated that although she presents with being very tired during the day, she becomes “filled with energy,” and excitability at night therefore not being able to sleep. Secondary diagnosis of bipolar disorder is most likely now. The DSM – 5 states that a person who falls under manic depressive disorder has “Fatigue or loss of energy throughout the day...as well as diminished ability to think or concentrate, daily insomnia and feelings of restlessness” (American Psychiatric Association, 2013). Additionally, Mrs. Wilmot has periods of hypomanic episodes in which she has a pattern of hyperness or energy at night which has been for over four nights in a row. Client’s symptoms may be due to unresolved trauma of violence in childhood, sexual abuse, and estranged relationship with her biological father as well as present triggers of stress at work. Although client may have a diagnosis of

Bipolar 1 disorder there is tentativeness because she does not fit all the criteria however further examination is imminent.

**DSM-5 Diagnosis:**

- **300.02** (F41.1) Generalized Anxiety Disorder
- **296.41** (F31.11) R/O Bipolar 1 Disorder unspecified

**Tentative Treatment Plan and Goals:**

Treatment recommendation will include four sessions of individual therapy to establish trust and congruency, five sessions of family therapy to address unresolved emotional trauma of client, mom, and siblings and three sessions of group therapy that can help to build her esteem, address anti-social deficits and her request for more support from others. Said therapies will include Gestalt two-chair work, systematic remediation through emotion-regulation in dialectic Behavior therapy to help stabilize her mood and modeling. Mrs. Wilmot will begin her short – term six-month goal in which there will be a follow-up. She will have completed treatment tentatively in one year. “For issues that are primarily symptom-based...and involve changes in altering behaviors and cognitions, recommended treatment strategies involve behavioral and cognitive interventions such as dialectical behavior therapy...” (Cormier, Nurius, Osborn, 2016).

**Signature and Title:**

Jessica A Gonzalez, February 28, 2023; Supervisor’s Name Dr. Azilde Sanchez Ph.D., LPC., LCADCS., ACS

**Appendix:**

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.).

Cormier, S., Nurius P., Osborn, C. (2016). *Interviewing and change strategies for helpers* (8th ed.). Cengage learning.