

**Hiyori Nishimura**

Student in GCN 601 NLS Principles & Methods of Counseling Livestream  
Adjunct Professor: Dr. Azilde Sanchez, PhD., LPC., LCADC., ACS  
Masters in Mental Health Counseling Program  
Alliance Graduate School of Counseling

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**Intake Report**

**CONFIDENTIAL**

Client Name: Sarah Kondo  
Address: 2 Washington Street New York, NY  
10004  
Gender: Female  
DOB: 12/14/1981  
Highest Level of Education: Bachelors  
Current Employment Status: Full time minister /  
missionary  
Current Marital Status: Married

Examiner's Name: Hiyori Nishimura  
Supervisor's Name: Dr. Azilde Sanchez, PhD.,  
LPC., LCADCS., ACS  
Date of Interview: 03/06/2023  
Date Report Written: 03/06/2023  
Date Report Submitted: 03/07/2023

**Referral and Purpose of Evaluation:**

The client, Sarah, decided to come to the session by her own decision. When she heard that the examiner was looking for a client to have practice counseling sessions, she thought that it would be a great opportunity and help for processing her grief which she has currently been struggling with.

**Description of Client/Behavioral Observations:**

Sarah is a 41-year-old, married, and heterosexual female. She was born in Southern California as a Caucassian American in 1981, and grew up and lived there until she graduated from an art school in 2013. After graduating from the art school, she moved to New York City to take a ministry training and look for job opportunities for 6 months then found an English teaching job in Sendai, Japan, so moved to Japan in 2014. She had lived in Sendai for 4 years as an English teacher, she returned to California but got a job as a missionary to serve in Japan again in 2018. Since then, she has lived in Japan and currently lives in Nagoya city, Aichi, with her husband who is a Japanese pastor. She met her husband through a dating service (Eharmony) and got married last year's March.

She belongs to A.C.T. Intl, the missionary organization which collaborates art with missionary works. She makes art pieces, especially paintings, to express her prayers and worship to God, then sometimes has exhibitions. While she works in the art ministry, she teaches English to Japanese people as a part-time job, helps her husband's church, and hosts kid's ministry events and prayer groups.

Her relationship with her husband is good and she enjoys and appreciates having a very supportive husband. She described her marriage as beautiful since she has experienced “be one in Christ” and working together for the ministry. Because they married in their 40s, each of them had already built their ways to live as an independent adult, they have been through some compromise process to live together. Even though that is sometimes hard for them, she enjoys learning from her husband. In fact, she appreciates her husband’s healthy life routine that brought some benefits to her own physical health such as a quality of sleep.

She came to the session with her husband but he was in a different room during the session. In the beginning of the session, she seemed to be nervous but when she talked about some miraculous events that she recently experienced through her missionary work, she looked very joyful and excited about it. However, when the session entered into her recent problem, her face changed to gloomy and tears came down from her eyes. Her appearance looks very neat. She wears simple and calm-colored clothes (blue color) with appropriate makeup. She describes herself as a highly sensitive person (HSP). Her speaking is very calm and peaceful but articulated in answering questions.

### **Presenting Problem:**

Sarah experienced miscarriages two times within a year last year (the first time in August, and the second time in November). Since then, she said that she has been in the “creative block” which causes her difficulty to create art pieces. Even though she could express her grief into art pieces when her grandmother passed away, she cannot put her sorrows and griefs into her artworks this time, so she felt it is very different from her past lost experiences. Usually she can switch to “work-mode” from a depressive feeling when she engages herself in her missionary jobs. However, she thought that she did not want to go to her work on the way to her workplace last week. She also gets overwhelmed by her busyness of being in charge of various projects and ministries. She felt acute pain when someone who got to know her pregnant but not heard about her miscarriage asked her “how was your baby?” She often feels numb and gets scared by being pregnant again because she does not want to go through the same pains of losing her baby. She used to run as part of her exercise routine, but she has not run for a month recently. During last year, she had been through lots of significant events, such as marriage, moving, changing her jobs, house renovation, and miscarriages, and she felt that it was too much. Because of her strong faith in Christianity, she believed that God will heal her wounds and guide her to a better place at some point in the future, but she is just overwhelmed by all the things that have happened to her in sequence during the short period of time and faces difficulties to find a hope. Her husband and boss from her missionary organization have supported her to go through the grieving process. Besides, listening from a person who also had experienced miscarriage gave her comfort because she could find some expectations to overcome this pain. While she has some support from those people, she felt being not connected well with her current church people. Since she is not a Japanese, not a native Japanese speaker, and the wife of the pastor, her church people (mostly Japanese) seem to be distanced from her. That causes her to feel a lack of supporting community.

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

She does not have significant medical histories but she got surgeries to take her baby away from her womb when she miscarried last year. She takes vitamin supplements for her mental health but not any

other medications. She used to have difficulty falling asleep even with taking melatonin, but she can sleep well recently after she married and learned healthier habits from her husband. Even though her sleep quality improved, she still takes melatonin every night.

She had taken counseling sessions from a couple of different counselors in past years. She received pastoral counseling from a pastor who was licensed counselor for a half year in 2007. After that she was referred to another counselor by the pastor and took counseling sessions for another one year. During her study at the art school, she received counseling from the school counselor between 2008 and 2010. After moving to Japan, she also participated in group counseling sessions which were facilitated by an English-speaking-Japanese counselor in 2018. In addition, she and her husband took premarital counseling together. She mentioned that counseling was very helpful for her.

She has parents and a younger brother who live in America. She described her own family as “dysfunctional.” She said that her parents have NPD (Narcissistic Personality Disorder), and her mother and younger brother seemed to have Bipolar Disorder as well. The mother and the brother had a circulating pattern of manic episodes and depressive states. In addition, she thinks that her younger brother might have schizophrenia because he has some symptoms of delusion. These descriptions are based on her own observations and the family members were not diagnosed or hospitalized. Both her parents grew up in abusive families, so they tried their best to raise their own children without abuse but Sarah found many problems in the family. One of them is that her mother excessively sought Sarah’s father’s attention so Sarah was feeling that her mother was always jealous of her because she pulled the father’s attention more than the mother. The parents are passionate believers and followers of Seventh-day Adventist Church and forced Sarah and her younger brother to commit it. However, Sarah started to be skeptical about the belief so left the church then became a member of Saddleback church in 2006. At the time she decided to leave the church, her parents were very upset and got mad about it. Her younger brother is still single, unemployed, and lives with her parents. He has ADHD, which caused him to struggle with completing education. Currently, Sarah is no longer in contact with him. She commented that being physically distanced from her family helps her to keep her mental health now.

### **Mental Status Examination:**

Sarah is a cisgender and heterosexual female. She is clear in cognitive functions and organized in thoughts as well. Her speech sounds calm and does not have much inflection. However, when she talked about her ministry work, she looked very excited and impressed by how God worked in her ministry. Thus, she seemed quiet and peaceful most of the time, but she got excited when she talked about things that she was passionate about. Since she manages multiple roles in her missionary job very well, she seems capable of intelligence and judgment. Even though she is in intense grief for the series of miscarriages, she does not have a suicidal ideation and thoughts because of her solid faith as a Christian. She does not have any symptoms of hallucinations, delusional beliefs, and substance abuses. She mentioned that she used to have very low self-esteem because of her wounds in the family, but her faith in Christianity and the past counseling sessions helped to cope with that issue. She is still struggling with building good relationships with people at her church (which her husband serves as a pastor) due to language barrier and cultural difference, but she has good and trusting relationships with her boss from the missionary organization and her husband. In addition, her creativity and love for art seems to be a big part of her life as well.

**Clinical Formation:**

Her intense grief came from a clear and identifiable event of her miscarriages. She has experienced miscarriages not only once but twice in a row within the same year, which seems to give her heavy grief and fear of being pregnant again. The second miscarriage happened in November, 2022, and she mentioned her grief and “creative block” started right after that. These points meet the diagnostic criteria A of Adjustment Disorder that says “ the development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor (American Psychiatric Association, 2013). She mentioned that her grief for the miscarriages was much more severe than when she lost her grandmother. This exceeds severity and intensity meets criteria B1 (APA, 2013). Even though she can work without notable problems most of the time, she said that she was not able to engage in outside of her job, such as exercises and working art pieces. She also mentioned that she felt that she did not want to go to her work on the way to the workplace last week. These symptoms meet the criteria of B2 : “significant impairment in social, occupational, or other important areas of functioning” (APA, 2013). Her symptoms do not meet criteria for Major Depressive Disorder since she can sleep, eat, and work well most of the time, maintains good hygiene, and does not have suicidal ideations. Because her onset was immediate (not after 1 month) and the symptoms have lasted over 1 month, PTSD and Acute Stress Disorder are not able to be applied. Her symptoms might meet criterias of Persistent Complex Bereavement Disorder. However the criteria C states that the symptoms have to last at least more than 12 months (APA, 2013), but it has still been 4 months since the last miscarriage happened and the symptoms appeared, so further observation will be needed.

**DSM-5 Diagnosis:**

F43.21 Adjustment Disorder with depressed mood

**Tentative Treatment Plan and Goals:**

Treatment for Prolonged Grief Disorder (Persistent Complex Bereavement Disorder) seems helpful for Sarah since she is suffering especially from grief of losing her babies. Complicated grief treatment, which incorporates components of cognitive-behavioral therapy (CBT) and other approaches that are designed for helping clients to adapt the loss (Szuhany et al., 2021). In addition to this, joining an online support group for mothers who lost their babies due to miscarriage, stillbirth, or early infant death will be suggested. M.E.N.D (Mothers Enduring Neonatal Death) is a Christian, non-profit organization to provide online resources and support groups for mothers who suffer griefs of losing their babies. Since Sarah is a solid Christian, an English speaker living outside of America, and benefited from listening to other mother’s miscarriage stories, M.E.N.D seems a good option for her.

**Signature and Title:**

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**Appendix:**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

M.E.N.D. (n.d.). Retrieved March 8, 2023, from <https://www.mend.org/>

Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment. *Focus* (American Psychiatric Publishing), 19(2), 161–172. <https://doi.org/10.1176/appi.focus.20200052>