

**Karen D. Bowser**

Student in GCN 601 OA Principles & Methods of Counseling Online  
Adjunct Professor: Dr. Azilde Sanchez, PhD., LPC., LCADC., ACS  
Masters in Mental Health Counseling Program  
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**Intake Report**

**CONFIDENTIAL**

Client Name:	Sheila Buff	Supervisor’s Name:	Dr. Azilde Sanchez, PhD., LPC, LCADC., ACS
Address:	234 Main Way Milan, NY 00000	Date of Interview:	02/25/2023
Gender:	Female	Date Report Written:	03/05/2023
DOB:	March 5, 1955	Date Report Submitted:	03/08/2023
Highest Level of Education:	Bachelor’s		
Current Employment Status:	Employed		
Current Marital Status:	Married		
Examiner’s Name:	Karen D. Bowser		

**Referral and Purpose of Evaluation:**

The client was referred by a friend acquainted with this counseling practice based on client-initiated inquiry into therapeutic services to address anxiety over possible recurrence of cancer.

**Description of Client/Behavioral Observations:**

The client, Sheila Buff, is a middle class (according to Pew Research Center), 68-year-old, United States born, Jewish female with a Bachelor of Arts in English. She was born in New Jersey and raised on Long Island where she moved when 8 years old. The client owns a home in Milan, New York with her husband, Joe, a former actuary who is now a writer, of almost forty years. They have no children.

Regarding family of origin, the client indicated the absence of extended family but being close to her siblings, sister-in-law, and niece who has a child. The client’s parents were married until her father passed away when 66 years old due to a heart attack; the client was 40 years old at the time. Sheila’s mother subsequently remarried, and the client had a close relationship with her stepfather, Saul, and his two daughters from a prior marriage which had ended in divorce. Saul and the client’s mother were married for twelve years until Saul passed away. The client’s mother passed away in 2017 from heart failure; she was 87 years old. The client’s mother had been a teacher of students who were deaf and both the client’s father and stepfather were engineers. The client is the oldest of the offspring which include a biological sister, biological brother, and adopted brother in addition to the two stepsisters.

With respect to presentation, the client was dressed casually and neat, was relatively relaxed with increased animation when speaking on topics of particular interest such as her current book project. The client was cooperative and maintained appropriate eye contact throughout the interview.

**Presenting Problem:**

Ms. Buff reported that she is experiencing anxiety over the thought of a recurrence of ovarian cancer which is symptomized by interrupted sleep and jumpiness.

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

The client is working with physicians on book about integrative and holistic treatments for cancer which is tapping into her experience of ovarian cancer in 2005. The client did not experience thoughts of the cancer recurring, interrupted sleep, or jumpiness prior to working on the book project about cancer treatments. Ms. Buff indicated that there is no logical reason to think that there will be a recurrence of ovarian cancer. Exercise has been helpful in addressing the problem/symptoms. Abstaining from caffeine after 4 p.m. was also tried however it did not positively affect the problem/symptoms.

Sheila Buff reported any history of domestic violence or abuse and indicated that there were no issues in her family of origin such as alcoholism, infidelity, or abuse. She denied any financial or legal issues.

With respect to her health, Ms. Buff has been under the care of Dr. Dietrich in Kingston, New York for the past 20 years as her primary care physician. She last saw Dr. Dietrich a week before the interview regarding her cholesterol level to determine if medication was necessary and explore options that do not include statins if medication is needed as they cause Sheila to experience leg cramps.

The client has taken medication for high blood pressure for 10 years and believes that the condition is hereditary. Ms. Buff indicated that while her mother died of heart failure, diabetes was a comorbidity. In 2005 Sheila was treated for ovarian cancer. The client indicated that she does not consider herself disabled and has a drop foot with a limp as a result of undergoing back surgery approximately 18 months ago. Ms. Buff is no longer being treated for her back. When she was 12 years old, Ms. Buff experienced a breakage in her right arm. The client denied any car accidents, natural disasters, or serious falls resulting in injury. She also indicated that she has not be diagnosed with anorexia, bulimia, or any other eating disorder, and denied eating strange food items such as flour or cornstarch.

Sheila denied having a problem with alcohol or drugs. With respect to past drug use, she indicated that she first used alcohol around the age of 16 and stopped consuming alcohol since having had ovarian cancer as alcohol consumption results in hot flashes. The client reported cannabis use at the age of 16 and in college; additionally, the client consumed a cannabis elixir while undergoing chemotherapy for ovarian cancer. The client denied use of any other substances and indicated that she does not currently live with anyone who is actively using alcohol or drugs.

Ms. Buff denied any inappropriate sexual behaviors such as excessive porn, internet porn, or excessive masturbation. She indicated that no one has complained to her about her sexual behaviors. The client denied being engaged in multiple sexual relationships at this time. She also denied ever engaging in sexual behaviors for money. Sheila described herself as a straight, female.

On the topic of gambling, the client denied that anyone ever expressed concern that she might have a gambling problem and indicated that she has not spent excessive money on gambling behaviors.

In terms of psychological history, Sheila and Joe, her spouse, engaged in couples counseling in approximately 1982 before marrying due to “different approaches to things.” The client indicated that her spouse grew up in a dysfunctional family while she was close to her family and that Joe did not want to see her family. Sheila described her and Joe as having “different family cultures.” The couple completed treatment, attending seven or eight sessions of couples’ therapy.

The client denied having a family member who has been diagnosed with a mental illness or having been hospitalized for any kind of emotional or behavioral problem. She also denied having ever thought about or attempted suicide or homicide.

Sheila Buff denied having ever taken any kind of psychotropic medications. With respect to sleep, she reported that she is sleeping about the same as is normal for her as she typically falls asleep immediately. The client also indicated that she is eating about the same as is normal for her.

The client reported that her father’s unexpected death was a traumatic life experience. She denied having been physically, emotionally, or sexually abused. Sheila indicated that she does not think she is presently experiencing, or has ever experienced, any flashbacks, nightmares, extreme irritability, being hypervigilant, or jumpy more than usual. The client did indicate that her dreams seem more vivid presently. She denied feeling disconnected from her surroundings, having difficulty trusting others, or feelings of having been betrayed in such a way that she has been detrimentally affected by the betrayal.

### **Mental Status Examination:**

Ms. Buff’s appearance was neat and appropriate for the season and setting. Her speech was normal; she engaged well, was open, and expressed feelings and thoughts without hesitation. The client’s eye contact was appropriate, motor activity was normal, and her affect was full. With respect to mood, the Ms. Buff was euthymic. In terms of cognition, the client was oriented with respect to place, object, person, and time. She denied any type of hallucinations, derealization or depersonalization. Ms. Buff also denied suicidal and homicidal ideations or plans as well as delusions. Her behavior was cooperative; her insight and judgment were good. Ms. Buff’s vocabulary and speech were consistent with a United States-based college education and a career grounded in written and verbal communication.

The client indicated that her family of origin has the strengths of being supportive, loving, and close even presently. While the client reported not really having extended family, she indicated that she is close to her siblings, sister-in-law, and niece. Her family of origin was “very observant.” They kept a kosher kitchen and held Passover seders. The client does not currently maintain these practices to the extent that they were maintained by her parents. The client has experience in managing career/workplace difficulties such as leaving a role prior to being terminated and having freelance projects which “blew up.” With respect to leaving the role prior to being terminated, the client indicated that the job was probably a “poor fit.” Sheila also indicated that in her capacity as a writer she must work with people with a high degree of subject matter expertise and translate the material into a form that is suitable for laypeople. She has had many books published, including national best sellers.

Ms. Buff indicated that her being resilient, knowledgeable, and logical are strengths that can assist in managing the presenting problem. With respect to being logical, she explained it as an ability to focus on understanding why the issue was occurring and what steps can be taken to address it. The following strengths were noted during the session: creativity, curiosity, open-mindedness, love of learning, vitality, citizenship, leadership, appreciation of beauty and excellence, and humor.

The client indicated that her leisure activities are bird watching, playing with her dog, reading, participating in a book club, and participating in the Sawkill Watership which is a local environmental education organization. Ms. Buff also shared that she is a Past President of the American Organization of Freelancers. As described by the client, typical day entails walking the dog, tending to email and volunteer activities, writing, eating, and ending the day watching television with her spouse and the dog.

### **Clinical Formulation:**

Based on information provided by the client, it seems possible that the client’s past experience with ovarian cancer resulted in some residual trauma that was activated by the exposure to information on integrative and holistic cancer treatments the client obtained while working on the recent writing project. The client had not experienced the anxiety, thoughts of a recurrence, sleep interruptions, and jumpiness prior to working on the project. The project deals with subject matter which the client has personally experienced, and which would be considered a major life event. Sheila has indicated an awareness that the concern that ovarian cancer could recur is unrealistic. Based on the information obtained, the client is typically logical in her response to events. Another consideration which bears further investigation is the impact of the global pandemic on the client’s ability to withstand reminders of her experience with cancer without it affecting her present life. The pandemic and concurrent social upheavals were in the backdrop of the writing project and did alter how the client interacted with the people and organizations that form her daily life. This is something that needs to be explored in session to be confirmed or ruled out as a factor.

A tentative diagnosis of adjustment disorder with anxiety 309.28 (F43.23) has been determined based on the development of behavioral symptoms (i.e., anxiety, disturbed sleep and jumpiness) that is out of proportion to the stressor (i.e., project detailing cancer treatments). The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an

exacerbation of a preexisting mental disorder. The client has not indicated an experience of recent bereavement. The stressor has not terminated yet.

The differential diagnoses of major depressive disorder, acute stress disorder, personality disorders, psychological factors affecting other medical conditions, and normative stress reactions were ruled out based on insufficient evidence to support their consideration and/or evidence contraindicating the diagnoses.

Anxiety Disorder was considered and ruled out as the symptoms are not physiologically caused by cancer which the client does not have as an active condition nor as a condition which has been clinically indicated as likely to recur. Post Traumatic Stress Disorder was considered and ruled out due to the absence of reports of intrusion symptoms, persistence avoidance of stimuli associated with the traumatic event, negative alterations in cognitions and mood associated with the traumatic event, and the other criteria. Also, a diagnosis of cancer does not in and of itself qualify as a traumatic event.

**DSM-5 Diagnosis:**

- F43.23 Adjustment Disorder with anxiety

**Tentative Treatment Plan and Goals:**

In light of the tentative diagnosis and clinical data, the short-term goals will be to decrease the occurrences of interrupted sleep and improve the client's ability to manage anxious thoughts of recurring illness and experiences of jumpiness. The Beck Anxiety Inventory will be used to baseline the client's current level of anxiety and track the effectiveness of interventions. CBT will be employed to empower the client to continue leveraging her logical orientation when encountering thoughts of recurring illness. Self-monitoring will be a key component as it will provide metrics for gauging the present severity of Sheila's symptoms and any improvement. Craske and Barlow's *Master Your Anxiety and Worry Workbook* will be suggested to the client as understanding the why plus the steps that can be taken to address the issue is a strength of hers. Relaxation exercises will be recommended so Sheila can employ them when she experiences interrupted sleep. Also, the client's permission will be sought to collaborate with her physician and a holistic practitioner, if she is interested, to identify medications and or natural remedies/supplements that can aid her in remaining asleep or returning to sleep. The client will be encouraged to journal her thoughts and to track the effects of the various interventions which we agree to implement so that we can assess their effectiveness and make any needed adjustments. An initial treatment period of 3 months is recommended, to be adjusted based on response and the confirmation of the end date of the work project which is serving as a stressor.

**Signature and Title:**

**Karen D. Bowser**, Counselor-in-Training

**Appendix:**

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

Bennett, J., Fry, R., & Kochhar R. (2020, July 23). *Are you in the American middle class? Find out with our income calculator*. Pew Research Center. Retrieved March 5, 2023, from <https://www.pewresearch.org/fact-tank/2020/07/23/are-you-in-the-american-middle-class/>