

Monique Polanco

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

Intake Report

CONFIDENTIAL

Client Name: Taylor Bruno

Address:

Gender: Female

DOB: 1/16/97

Highest Level of Education: Bachelors

Current Employment Status: Student

Current Marital Status: Single

Examiner's Name: Monique Polanco

Supervisor's Name: Dr. Azilde Sanchez, PhD., LPC., LCADCS., ACS

Date of Interview: 3/3/2023

Date Report Written: 3/8/2023

Date Report Submitted: 3/8/2023

Referral and Purpose of Evaluation:

Taylor Bruno came in today as per the recommendation of a friend. She has been experiencing mild anxiety symptoms and homesickness following a move to a different country, intensified by her family visit three weeks ago.

Description of Client/Behavioral Observations:

Ms. Bruno is a 26 year old female. She identifies herself as Argentinian but was born and raised in the United States. She is a US citizen. She is currently single and has never been married. Ms. Bruno is the eldest in her family of four. She has a younger brother who is four years younger than her. Her parents are still happily married. Ms. Bruno is currently pursuing her Master's while living and working in Argentina. She has moved into a new apartment this week after being given a one month's notice of eviction from her last place of residence. She is living alone.

Ms. Bruno came to the evaluation in clean and neat clothing. Her hair was well kept and she had good overall hygiene. During the interview she seemed relaxed and kept appropriate eye contact for the duration of the evaluation.

Ms. Bruno shared that a close friend of hers recommended she come in for counseling since she has been experiencing some symptoms of anxiety and think about what she may be missing at home frequently. Her family visited her three weeks ago and did not notice anything out of the ordinary with Ms. Bruno other than noting she looked a little more restless than usual but wrote it off to the pressures of hosting her family during their visit.

Presenting Problem:

Ms. Bruno reported beginning to feel restless and having some difficulty sleeping, specifically falling asleep ever since she moved to Argentina over a year ago. She states that she worries about missing out of her life back home ever since her move. The severity of her symptoms and worries have increased the past three weeks. Consequently, she has had some problems with fatigue during her day. She mentioned that ever since her family left from their visit that she noticed herself starting to feel homesick. She also noted that she has been a bit more short on patience at her job than she usually is.

Overall, she described a generally positive work life balance and seems satisfied with how her life is going. She mentioned thinking about her potential life back home frequently. She does not have any mental health history and does not take any medication. She met with her primary care physician about eight months ago and was found to be healthy.

History of Illness and other relevant History:

Ms. Bruno moved from her home country the United States to Argentina about 15 months ago. She has expressed a general positive attitude towards this move. Ms. B states that ever since the move she has had more difficulty falling asleep, having slightly less patience, and feeling fatigued throughout her day. After her family visited her three weeks ago, these symptoms have increased in intensity, as well as adding a feeling of homesickness.

Mental Status Examination:

Ms. Bruno presented as a polite and well kept 26 year old female. She arrived to her evaluation early and was dressed casually and neatly. She showed good overall hygiene. Ms. Bruno kept appropriate eye contact throughout the length of the evaluation but was a bit restless, she began to shift more in her seat, as time wore on. She spoke at a normal speed and volume. Ms. Bruno was aware of the correct date and time, and was able to recall three out of three words both immediately and after a five minute delay. There were no symptoms of psychosis, her judgment seemed good, and her thoughts were coherent. She denied any thoughts of suicidal or homicidal ideation. She is not currently on any medication and was found to be healthy at her last primary care visit. Ms. Bruno is confident in her abilities to handle her schoolwork, her job, and her social life. She mentions having a healthy social life, good friends, and a good relationship with her family.

Clinical Formulation:

Ms. Bruno seems to be a well functioning young adult. Upon moving to a different country, she began to develop generalized anxiety disorder symptoms. These symptoms were amplified when her family came to visit her three weeks ago, as they reminded her of home. This visit sparked her feelings of homesickness and triggered her anxiety symptoms to increase and be bothersome enough that a close friend of hers recommended she come in for counseling. Her family did not notice any out of ordinary behavior during their visit other than her seeming a bit more restless than usual. They assumed the increase in restlessness was the added pressure of hosting both her parents and her younger brother. Due to Ms. Bruno's increase in restlessness, her

being fatigued and her difficulty falling asleep her most likely diagnosis would be Generalized Anxiety Disorder. There is no perceived risk to herself or others.

DSM-5-TR Diagnosis:

F41.1 Generalized Anxiety Disorder

Tentative Plan and Goals:

Ms. Bruno would likely benefit from Cognitive Behavioral Therapy (CBT). This would be to help her with her worrying, anxiety, and difficulty sleeping. Her CBT treatment should include psychoeducation to help her identify her maladaptive thoughts which lead to her worrying about missing out on a potential life back in the US. It should also include relaxation exercises to help her fall asleep easier and therefore help her fatigue throughout her day to day.

Signature and Title:

Monique Polanco

INTAKE

Client Name__ Arianna Kohan 3/3/23

PRESENTING PROBLEM

What made you decide to come for services at this time?

I feel that everyone should go through therapy and moving to a new country it will be helpful to talk to a therapist. I dont sleep as well here as I did back home plus ive been feeling a bit more homesick than usual recently.

SYMPTOMS

What kind of symptoms are you having?

No major symptoms, a little homesick, a little trouble sleeping so im tired during the day and can lose my patience a bit because of it

How have these symptoms changed from how you were previously feeling or how you were functioning?

More confident

HISTORY of PROBLEM

Tell me about the history of your problem. Please include onset, how it has changed, how you have been affected by this problem.

2 months ago onset, in fall of 2017 she experienced homesickness a little

What things have you tried to do to make this problem better? What worked for you and what didn't work for you?

Talk to family and friends on the phone frequently

RECENT TRIGGER

What has happened recently that caused this situation to be a problem for you today?

My parents came to visit, when they left i realized how much i missed them. When the US holidays came around i was sad because i wasnt with friends and family to celebrate with them

FAMILY HISTORY

Where were you born and raised?

Long Island NY

Are your parents still married, divorced or deceased? If remarried, how many marriages and divorces for each parent. If divorced, what was the reason for their divorce?

MArried

What kind of work did your parents do?

Dad - architect

Mom - PR work

Do you have brothers or sisters? How many of each? What number child are you?

Brother, 4 years younger

Tell me about your family as a child. Were there any problems or circumstances that you feel may contribute to your current circumstances?

All pretty close, dad and I very similar so we butted heads a lot as a teenager. I think moving out of the house helped that a ;pt

Do you recall being told that you had developmental problems as a child, such as delayed walking or talking, or extended bedwetting?

None

Did you have to attend special education or IEP classes? If so, why?

None - Gifted program actually

Did you have any learning disabilities? If so, please describe.

None

Did you have any emotional or behavioral problems in school? Please describe.

None

STRENGTHS AND RESOURCES IN THE FAMILY

What strengths do you think exist in your family of origin? Please describe.

So close, a lot of activities that we do together and enjoy time with one another

Do you have extended family or other friends that might be supportive of you during this time? (Use relationship, not proper names, i.e., cousin, coworker, etc.)?

Yes, family and friends

MARITAL/RELATIONSHIP HISTORY

Not currently romantically involved. Never married

Describe each marriage. Include age at marriage, how long it lasted and why it ended.

How many children do you have from each marriage?

If never married, please describe your significant relationships. Include age at the beginning of the relationship, how long it lasted and why it ended.

How many children do you have from each relationship?

DOMESTIC VIOLENCE (use only if applicable to your client's issues and always for END) Describe the event that resulted in your arrest and being ordered to attend the END program.

Who called the police in this incident?

What is your relationship to the victim?

How long have you been involved with your victim?

If this is an intimate relationship, how and where did you meet?

Please describe your first abusive relationship, where you were the victimizer.

Please describe your first relationship where you were the victim.

What is the most violent thing that has occurred between you and anyone else?

How many times have the police been called to your location for a domestic violence event that you were either involved in or that you witnessed? Please explain each situation in detail.

What issues do you and your victim argue about or fight about most?

How do you typically end a romantic relationship?

Have family, friends, coworkers, or neighbors expressed concern about you being in this relationship, or expressed concern to your victim about being in a relationship with you. Please explain.

What is your response to their concern?

Are you ever afraid of your partner? Please explain.

Is your partner ever afraid of you? Please explain.

FAMILY OF ORIGIN ISSUES

Were there any issues in your family of origin? (I.e., alcoholism, infidelity, abuse issues, etc.)

Not really

Did your family engage in any ethnic or cultural activities? If so, please explain.

Yes, we went to Boca Juniors games

EDUCATION and VOCATION

(Socioeconomic) Where do you currently work?

Hexagon: Remote job in Buenos Aires

Are you fulltime, part time or a contract worker?

Part time - loving it

How long have you been employed there?

Just over a year

What types of jobs have you held in the past?

Program coordinator for 3 years, had many internships mostly in public sector organizations, also worked at schools gym

Have you ever been fired from a job? If so, please explain.

Nope

What is current household income? Please include ALL sources of income, including child support, TANIFF, disability, trust funds, etc.

2500/month

What is your highest level of education?

Currently getting Masters - so bachelors until then

Have you ever attended college? (Include type of degree earned, major and if currently attending.)

Did you enjoy school? Please explain.

Yes, i enjoy a lot of readings and topics covered in class, i get along werll with my classmates. I dont always love prof or the way they teach

Are you renting or buying your home? If you are living with someone, who are you living with? How long have you lived at your current residence?

Currently renting, just myself here

Are you disabled? Please explain.

No

Are you currently in bankruptcy or a debt management program? If so, how long do you have remaining in the program?

No

Do you get food stamps, TANIF or any other government assistance? Please explain.

No

PERSONAL STRENGTHS

What strengths do you think you possess that might help you manage this problem? Please explain.

I think im stubborn and will tell myself to get over it. I am also good at communicating and will make efforts to talk to those I miss. Socially I make sure to fill my time and not sit around at home all day every day. I keep that to an occasion

What strengths are noted by the therapist? Creativity (originality, ingenuity) Curiosity (Interest, novelty-seeking, openness to new experiences) **Open-mindedness** (Judgment, critical thinking) Love of learning Perspective (Wisdom) Bravery (Valor) Persistence (Perseverance, industriousness) Integrity, (Authenticity, honesty) Vitality (Zest, enthusiasm, vigor, energy) Love Kindness (generosity, nurturance, care, compassion, altruistic love) Social intelligence (emotional intelligence, personal intelligence) Citizenship (social responsibility, **loyalty, teamwork**) Fairness Leadership Forgiveness and mercy Humility and modesty Prudence Self-regulation (self-control) Appreciation of beauty and excellence (Awe, wonder, elevation) Gratitude Hope (**Optimism, future-mindedness, future orientation**) Humor (playfulness) Spirituality (religiousness, faith, purpose) MILITARY HISTORY and VOCATIONAL CONCERNS

Have you ever been in the military? Please list branch, length of career, job duties.

Were you honorably discharged? If no, please explain.

Are there any job-related issues that you feel may be contributing to your current circumstances. If so, please explain.

LEISURE ACTIVITIES AND DAILY FUNCTIONING

What do you do for relaxation/recreation?

Ill play soccer, read and work out, watch tv, hang out with friends

Do you have any hobbies? If so, please explain.

Reading, I love fiction

Please describe a typical day when you are not working.

I'll wake up, watch a sports game in the morning, eat some breakfast, probably go to the gym. Come home and hang out by the pool with my book or go for a walk. I'll hang out with friends and make some dinner. I study and do all my school readings and write a lot of papers

Have you recreational/relaxation activities decreased? Please explain.

It has actually increased

LEGAL ISSUES

Have you ever been arrested for any charge at all? Please explain each charge and the outcome of the charge (probations, fines, jail time)

Do you have any current charges pending at this time? Please explain.

MEDICAL, HEALTH, NUTRITIONAL CONCERNS

Who is your primary care doctor, or what medical agency do you use?

Tiffany Stavil

When is the last time you were seen by any doctor and for what reason?

Last June, primary check up

Are you currently being treated for any medical conditions? If so, please list them.

None. I do have an IUD though

Have you had any surgeries? Please list them.

Yes, adenoids removed when I was little. ACL surgery in 2016 then a follow up a couple years after to remove scar tissue

Have you had any broken bones? Please list them and how they were broken.

Wrist - fell off monkey bars

Have you been involved in any car accidents, experienced a natural disaster, or a serious fall, resulting in injury. Please explain.

Car accident which was very small, car was damaged but everyone was totally fine. I remember a hurricane about 2 weeks after I tore my ACL and we had to evacuate and stay in a hotel. The power went out when we were stuck downstairs and I had to crutch all the way up to the 8th floor

Have you ever been diagnosed with anorexia, bulimia, or any other eating disorder?

No

Do you eat strange food items, such as flour, cornstarch, etc? If so, how long have you been doing this?

No

SUBSTANCE ABUSE/COMPULSIVE BEHAVIOR HISTORY

Do you believe that you have a problem with alcohol or drugs? If so, why?

No

Has anyone ever complained to you of having a substance abuse problem or of your using behaviors? Please explain.

No

Substance abuse history. Please include age of first use, what was used, how much was used, when it was used, progression of use, last use, and withdrawal symptoms that have been experienced.

Alcohol: Maybe 14 or 15 but didnt start really drinking until college, still enjoy to drink. I drink mostly on weekends when I go out with friends

Cannabis: Senior year of high school

Where and where are you most likely to use drugs?

With friends

Have you ever been in a treatment program for substance abuse? Please list each one and how long you stayed in each one?

No

Have there been any inappropriate sexual behaviors, such as excessive porn, internet porn, or excessive masturbation? Please explain.

None

Has anyone complained to you about your sexual behaviors? Please explain.

Have you made efforts to limit your sexual behaviors by spending more time engaging in sexually risky behaviors, or recovering from sexual behaviors? Please explain.

Are you engaged in multiple sexual relationships at this time? Please explain.

No

Have you ever engaged in sexual behaviors for money? Please explain.

What is your sexual orientation? Has anyone ever expressed concern that you might have a gambling problem? Please explain.

Straight

Have you spent excessive money on gambling behaviors, including borrowing money, using payday loans or title loans to offset gambling behaviors? Please explain.

Has there been an effort to limit gambling behaviors, taking more risks when gambling, or spending excessive amounts of time gambling? Please explain.

MENTAL STATUS

Please assess general behavior, attire, gait, motor activity, stream of thought (productivity, progression, language), emotional tone and reactions (mood, affect), mental trend/content of thoughts (Orientation, memory general knowledge), insight, and intelligence and add any comments at the end of the history narrative. Otherwise, you will use check-off boxes in therapy charts.

PSYCHOLOGICAL HISTORY

Are you currently, or have you ever been in any kind of counseling or been engaged in any mental health treatment? Please explain.

No

Were you diagnosed with any disorder? Please explain.

Did you complete treatment with your provider? If no, please explain.

How long did you work with your therapist?

Do you think that your previous therapy helped you? Why or why not?

Has anyone in your family been diagnosed with a mental illness? Please explain.

Have you been hospitalized for any kind of emotional or behavioral problems? If so, please describe each admission, length of stay and the outcome of that stay.

Have you ever thought about or attempted suicide or homicide? Please describe each experience. Include precipitating factors, means, method, how the attempt was prevented from being successful.

None

If having thoughts of imminent harm, please respond to the following questions: What do you hope to achieve by your death?

Do you have the means to end your life? (PAY CLOSE ATTENTION TO DETAILS)

How do you feel now if death is obtained? (if client says peaceful or calm, pay close attention)

What would keep you from dying?

Have you ever taken any kind of psychotropic medications? Are you taking any now? Please state the name, dose, and how many times per day you take them.

Are you sleeping more, less, or about the same as is normal for you? Please explain. Normal, maybe a little less. Maybe 2 hours less than usual, because Ive been going to sleep later. I think people in this country eat later so i end up going to bed later than usual

Are you eating more, less or about the same as is normal for you? Please explain. Eating about the same

Have you had any traumatic experiences in your life, such as the death of someone important to you, someone you know committed suicide, you have raped or experienced any other abuse that has been traumatic for you? Have to been shot, stabbed, or in any other way felt your life has been in danger? Please explain.

Nope

Do you feel you have been physically, emotionally, or sexually abused? If so, how is this abuse affecting you today?

No

Are you now, or have you ever experienced any flashbacks, nightmares, extreme irritability, being hypervigilant, or being jumpy more than usual? Please explain. (be sure to get details to support your dx)

No

Do you feel disconnected from your surroundings? Please describe. (Be sure to get details)

In general, do you have difficulty trusting others? Please explain.

No

Do you feel that you have been betrayed in such a way that you have been detrimentally affected by the betrayal? Please explain.

No

Mental Status Exam

Client Name Taylor Bruno	Date 3/3/23
OBSERVATIONS	
Appearance	<input checked="" type="checkbox"/> Neat <input type="checkbox"/> Disheveled <input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tangential <input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Intense <input type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Restless <input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments:	
MOOD	
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other	
Comments:	
COGNITION	
Orientation Impairment	<input checked="" type="checkbox"/> None <input type="checkbox"/> Place <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None <input type="checkbox"/> Short-Term <input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Distracted <input type="checkbox"/> Other
Comments:	
PERCEPTION	
Hallucinations	<input checked="" type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input checked="" type="checkbox"/> None <input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization
Comments:	
THOUGHTS	
Suicidality	<input checked="" type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None <input type="checkbox"/> Aggressive <input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input checked="" type="checkbox"/> None <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments:	
BEHAVIOR	
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded <input type="checkbox"/> Hyperactive <input type="checkbox"/> Agitated <input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive <input type="checkbox"/> Bizarre <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments:	
INSIGHT	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
JUDGMENT	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:

Consent for Participation in Role Play Intake and Session

I understand that Monique Polanco is taking a class titled GCN 601 OA: Principles and Methods of Counseling Online and is under the instruction of Professor Dr. Azilde Sanchez, PhD., LPC., LCADC., ACS. As a part of class instruction, it is required to conduct a role-played intake session that may (at your option) include some of your personal information. For instructional purposes, some portions of these sessions may be shared during the class discussion between the professor and GCN 601 OA students. I understand that the students have been trained in ethical conduct and that this session will be kept strictly confidential. This means that information is not released to outside persons or agencies regarding the content of this discussion or the fact that you participated in this exercise without your written consent. The purpose of these exercises is to provide "real-life" practice for the counseling skills they are learning.

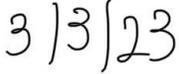
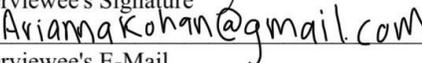
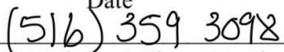
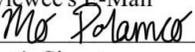
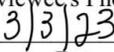
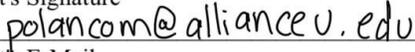
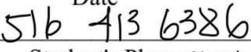
In order for you to participate, you must agree to the following:

1. You agree that you do not have a mental-health-related diagnosis or are under the treatment of a mental health professional at this time.
2. You may choose to make up facts about yourself, you may opt to use real aspects of your life, or you can choose to do both. You may also opt to use a fictitious name; however, the consent must be completed with your full legal (real) name.
3. You agree to include some or all of the following aspects in your role-play (be they real or fictitious):
 - a. Your age and any generational influences
 - b. Any developmental disabilities
 - c. Any disabilities acquired later in life
 - d. Your religion and/or spiritual orientation (if any)
 - e. Your ethnic and racial identity
 - f. Your socioeconomic status
 - g. Your sexual orientation
 - h. Any indigenous heritage
 - i. Your national origin
 - j. Your gender / gender expression / gender identification
4. You understand that you can choose to stop participation at any time.
5. You understand that the student is NOT providing REAL counseling or any other therapeutic intervention, and if you require or feel that you may be in need of mental health services, you should NOT participate and should seek referrals from your primary care physician.

7. You agree to hold blameless and/or indemnify the student / professor / school of any harm in relation to your participation in this activity and agree that your participation is completely voluntary and free from coercion. If you have any questions, you may contact Dr. Azilde Sanchez via email at azilde.Sanchez @nyack.edu or at her mobile number (973) 862-9262.

8. You agree and consent to be recorded in video to assist the student in this assignment and understand that its content will be reviewed for training purposes.

I have read the above statement, I understand my rights regarding confidentiality and the participation in this activity, and I agree to participate and abide by the terms and conditions as stated in this 2-page consent form, and I have been provided with the option for a copy of this consent form by the student at my request.

	
Interviewee's Signature	Date
	
Interviewee's E-Mail	Interviewee's Phone Number
	
Student's Signature	Date
	
Student's E-Mail	Student's Phone Number