

## CONFIDENTIAL

### MENTAL HEALTH EVALUATION

**Client Name:** Robert Thompson

**Date of Birth:** July 13, 1994

**Age:** 26

**Date of Evaluation:** March 9, 2020

**Date of Report:** March 13, 2023

**Tests Administered:** Clinical Evaluation, 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-years old male graduate student studying Engineering at his local graduate school. He also works full-time at a government agency as an Engineer for the last four years since graduating from college. He stated at the evaluation that he is under a lot of stress due to his government job and school workload. He shared that he has difficulty falling asleep, waking up in the mornings has been “tough,” and getting ready for work has felt “like I’m dragging my feet in the mud.”

Robert shared that he has called in sick from work four times within the last two weeks and has been absent from school for almost three weeks. He stated that his supervisor most likely will notice his absences and how he has missed two report deadlines based on a voicemail he has received from him but has been responded to. He shared the difficulties of focusing, being forgetful, and not being able to sit still while doing his work.

In addition, he shared about a recent stressor regarding giving a presentation at work, where he felt he was “humiliated.” Unfortunately, Robert became so nervous with self-doubt that he could not conduct the presentation and canceled minutes before his scheduled time. He mentioned, “I wasn’t the same after that day, my body felt off, and my mind was somewhere

else. I felt like a loser, and I started questioning why I was pursuing a graduate degree if I don't have a chance of succeeding in Engineering. All of life's plans started to crumble”.

### **Mental Status Examination**

Mr. Thompson disclosed at the beginning of the evaluation he never received mental health treatment but later shared that for a brief time, his mother took him to see a counselor when he was 12 years old concerning his difficulties adapting to a new middle school.

He arrived at the evaluation dressed casually in jeans, a t-shirt, and sneakers. He was appropriately dressed for the weather and demonstrated good hygiene. However, his hair was ungroomed and had the appearance of facial hair. He had difficulty maintaining eye contact and was tearful while answering questions or recalling events during the examination.

Robert's mood was compliant, and his speech was at average speed. He conveys his overall symptoms with accuracy. His awareness of current events, phases, and common knowledge was average for his age range. However, he had difficulty recalling three of the three words immediately after it was spoken to him and only one out of the three words after a five-minute delay, which might demonstrate a decline in his short-term memory. In addition, he was able to complete simple calculations accurately. However, his concentration was delayed based on how he solved the calculations slowly, which might indicate a delay in executive functioning.

### **Presenting Symptoms**

Mr. Thompson has had difficulty falling asleep, waking up, and getting ready for work for the past two weeks. He has difficulty focusing and remembering specific details, his mind “going blank,” and he cannot sit still while doing his work. He describes losing appetite because of his “nervous stomach” in the mornings, and he can only eat during dinnertime.

He shared that he is no longer interested in talking to family and friends because he can no longer “pretend to be animated and friendly like everything’s fine.” Recently, when his parents came to visit him, they were concerned about his health, especially his weight loss. Robert shared with them his doubts about his purpose in life; when he’s been “sad and down,” he listens to self-development podcasts, which sometimes helps, but he has been thinking about death a lot.

In addition, Robert shared how he gets emotional and has been crying “almost every day lately” when he thinks about his own death. “I think about my own death all the time now. I know it sounds morbid, but I feel like if I was gone, would it really matter? Life feels like an effort, and I wonder if this is all worth it.”

As Robert mentioned at the beginning of the evaluation, he canceled his presentation at work because of his nervousness. Within the last two weeks, after the incident at work, his symptoms became worse. He stopped attending classes, going to the gym, and interacting with his friends, and no longer calls or texts a girl he recently started dating because he does not want anyone to see him “in this pathetic state.” The only time he goes outside is to walk his dog, about four times a day. “The last two weeks have been a nightmare,” Robert mentioned.

## **Test Results & Interpretation**

### ***Validity Statement***

Mr. Thompson was compliant and could understand the contents of the assessment measures administered to him. All results are considered concurrent validity and a valid assessment of his present emotional functioning.

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

Mr. Thompson scored 47 on the Beck Depression Inventory-II (BDI-II), indicating his symptoms of depression are in the extreme range. A score over 40 indicates extreme depression.

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

Mr. Thompson scored 22 on the Beck Anxiety Inventory (BAI), indicating his anxiety symptoms are in the moderate range. A score between 16-25 indicates moderate anxiety.

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

Mr. Thompson obtained a total raw score of 22 and a T-score of 43 on the Psychiatric Diagnostic Screening Questionnaire (PDSQ). This indicates average symptoms, but he exceeded the two subscales cut-off. Scoring an 11 for Major Depressive Disorder Suicidality and a score of 10 for Social Phobia.

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

Mr. Thompson scored a 76 on the Spiritual Well-Being Scale (SWB), indicating a moderate sense of religious well-being. He scored a 42 on the Religious Well-Being subscale, indicating a moderate sense of religious well-being. Lastly, he scored a 34 on the Existential Well-Being subscale, indicating a moderate level of life satisfaction and purpose.

### **Diagnosis**

Mr. Thompson meets the diagnostic criteria for the following DSM 5 disorders:

- (296.22) Major Depressive Disorder, Moderate, Single Episode
- (300.23) Social Phobia

### **Treatment Recommendations**

Mr. Thompson would benefit from Cognitive Behavioral Therapy (CBT) to address and replace negative thinking, emotional, and behavioral patterns with positive ones. CBT is one of the leading treatments for individuals with phobias, anxiety, depression, ADHD, and many more.

Mr. Thompson's sessions should consist of some techniques related to CBT, such as identifying negative thinking, emotional, and behavior patterns and becoming aware of what, who, and why they are triggered.

In addition, helping with creating coping skills to maintain or resolve situations in daily life and setting goals to improve the areas in your life, such as health, relationships, and career. Mr. Thompson can benefit from a psychiatric evaluation with medication management that can be combined with CBT if his symptoms do not improve with therapy alone.

### **Conclusion**

Robert Thompson is a 26-years old male graduate student studying Engineering at his local graduate school. He also works full-time at a government agency as an Engineer for the last four years since graduating from college. He stated at the evaluation that he is under a lot of stress due to his government job and school workload.

Results of the BDI-II indicate depression symptoms at the extreme range. The BAI results indicate anxiety symptoms are in the moderate range. Lastly, the results of the PDSQ indicate, based on his raw scores, t-scores, and the two cut-off subscales, indicative of a diagnosis of Major Depressive Disorder with Suicidality and Social Phobia.

According to the clinical evaluation, the Mental Status Examination, and the tests' results, Mr. Thompson meets the diagnostic criteria for Major Depressive Disorder and Social Phobia. It is recommended that he receive psychotherapy, Cognitive Behavioral Therapy to address his symptoms. He will also be referred for a psychiatric evaluation.

Clinician Name and Credential: Lea Smith MHC-Intern

Signature: *Lea Smith*