

Peer Assessment Clinical Report

Jolly Charleston

Alliance University

Measurement and Assessment

A'tasha M. Christia

April 8, 2023

CONFIDENTIAL
MENTAL HEALTH EVALUATION

Client Name: Daniel Piple
Date of Birth: Dec 28, 1982
Age: 40 years
Education: college graduate
Current Medications: none

Date of Evaluation: April 1, 2023
Date of Report: March 6, 2023
Occupation: unemployed

Evaluation Completed by: Dr.Charleston, Licensed Psychologist
Evaluation Time: 1 hour diagnostic interview, 2 days test administration, scoring, interpretation, and report.

Tests Administered: Beck Anxiety Inventory, Beck Depression Inventory-2 (BDI-2), Clinical Evaluation, Mental Status Examination (MSE), Mood and Feelings Questionnaire (MFQ)

Reason for referral: Daniel was referred by his supervisor due to concerns about his poor work performance and the anxiety attack he experienced.

Client History

The client is named Daniel Piple, a Hispanic 40-year-old male and graduate student in mental health studies who spoke on the phone and stated that he was stressed due to his current work and academic demands. Also, he is married with four children and has been caring for his parents for over five years. He started experiencing anxiety and depression when he got married and started his second master's degree. Daniel is currently employed and working two jobs. He works as a counselor and has held this position since he graduated from college almost four years ago with his first master's degree.

He initially reported that he had never received mental health treatment. During the interview, Daniel stated that his childhood was typical. However, during the interview, he occasionally hinted at some abusive experiences but was reluctant to discuss them further. The

interview was on the phone. Daniel also mentioned that he was afraid of his father at a young age and again refused to elaborate. His parents often traveled with him for missionary work, sometimes making him fearful of moving. He believed that not having a permanent home was why he experienced anxiety and constant derealisation. In this interview, Daniel indicated that he has had difficulty falling asleep most nights for the past two weeks, and he described mornings as "an action movie." In other words, he felt terrorized every morning. Daniel said getting himself dressed and ready for work "feels scary and is a nightmare." He explained that he did not want to attend work multiple times this week and had not attended any of his classes for a week. He stated that his professors were very lenient and had accepted his late assignments from him despite his missing classes. However, his supervisor at work recently had a meeting with him that did not go well.

Moreover, In the interview, Daniel stated that his supervisor had questioned him about his work performance and that he had missed report deadlines within the past weeks. Daniel described that he could not concentrate and get work done, as he could not focus and constantly had to reread his notes due to forgetfulness. He stated, "I am aging fast." Upon further questioning about his symptoms, Daniel described losing his appetite and having a nervous breakdown in the morning. He mentioned that his family and children have been very concerned about him because of his strangeness. Daniel read a text from his wife complaining about his lack of communication and support with the children and the house. In addition, Daniel continued to state that he shared with his wife, whom he described as "very supportive and caring," that he had been questioning his purpose and goals in life. Daniel explained that what he had learned in school has helped him when he feels "sad and down" but has also led him to think a lot about life and his family.

Mental Status Examination

When the counselor called Daniel's phone, he picked up the phone on the first ring. He sounded reluctant to share information about his mental health, but he cooperated throughout the evaluation. Daniel seemed very anxious. However, Daniel sounded uncomfortable while answering the questionnaire, which he perceived as brutal. Daniel was sad, somewhat lazy, and dull throughout the evaluation. Also, he was tearful as he spoke and answered questions. He could describe his symptoms and stressors accurately. However, there would often be silence on the phone throughout the assessment. At the same time, he considered his responses, appearing to have difficulty recalling recent events, such as dates of unsuccessful therapy sessions.

Daniel showed he had a clear understanding of the question being asked. Daniel was able to communicate very satisfactorily. He was able to exchange information deeply. However, there were moments during the assessment when Daniel delayed his response. On the other hand, there were instances in the interview when his answer was prompt. He would correct himself if he made a mistake.

Presenting Symptoms

Daniel testified to different symptoms during the assessment, as he has shown signs of sadness and a loss of interest in his life. In addition, he is becoming overwhelmed. While at work, he can not focus and frequently misses assignments due to his brain fog.

Daniel has also reported additional symptoms. He has complained about having a loss of appetite. In addition, Daniel gained a significant amount of weight despite not eating much. Daniel has shared that he does not have the energy to socialize, and his head is loaded with responsibilities to do daily.

Daniel shared that he has good hygiene. Daniel said his wife had accomplished a great job keeping the house clean, but his office was a disaster. He cried when he spoke of his wife. Daniel said, "I feel horrible to see my wife like that." Upon questioning any recent stressors, Daniel stated that he had a panic attack at work last week. He was humiliated. Daniel said, "It is not like me to have a panic attack, which was embarrassing." Daniel explained that he had been the therapy facilitator for a group of 5 clients and with his supervisor for the last month. He said, "I was nervous for the first time and considered canceling the session. He mentioned, "I should have canceled the session, and I think I just cracked under pressure, and the whole session was just too unprofessional." Daniel makes it very clear in his interview that he fears having a panic attack again. He said he is not afraid of feeling overcome with anxiety as he is embarrassed about how his body reacts when undergoing a panic attack.

Daniel stated, "I was not the same person after that session. My body was shaking throughout the day." To make matters worse, Daniel reported that he learned that some of his clients were questioning his actions and knowledge and stating that his performance was not like him. Daniel said, "I felt like a loser, and I started questioning why I was even going to pursue a master's degree if I do not have a chance of succeeding as a counselor...my life is falling apart." Although Daniel continued doing his classwork out of fear of making impulsive decisions, he thought his feelings about the therapy session would pass, but the past few weeks have been the worst, and he can not stop thinking about it. Daniel has not wanted to speak to his wife about the issue that had happened at work. During that time, he questioned the purpose of his life and husband. Then he said sometimes, "I felt like I was no good anymore."

Test Results & Interpretation

The Mood and Feelings Questionnaire

The Mood and Feelings Questionnaire long version for the adult measures general anxiety and MDD through 33 items, with each item presenting three sentences that describe different severity levels of a symptom; respondents are asked to report which sentence describes their situation best. The severity levels per item are scored as (0)not true, (1)sometimes, and (2>true, which can be added up to a total score that ranges from 0 to 66; a higher total score indicates a more severe level of depression. However, Daniel scored 27 on the long version, which indicates the presence of depressive symptoms.

Beck Depression Inventory-II (BDI-II)

Another assessment tool the counselor chose is the Beck Depression Inventory (BDI). The Beck Depression Inventory is a self-rating scale for screening depression that measures the severity of depression. It can be used to evaluate progress as a treatment for depression proceeds. Concerning types of items, patients choose statements to describe themselves in terms of the following 21 areas: sadness, pessimism, past failure, loss of pleasure, guilty feelings, punishment feelings, self-dislike, self-critics, suicidal thoughts, crying, rage, loss of interest, indecisiveness, worthlessness, loss of energy, changes in sleeping pattern, irritability, changes in appetite, concentration difficulty, tiredness or fatigue, and loss of interest in sex. The patient response is rated on a 4-point Likert-type scale ranging from 0 to 3 based on the severity of each item. Score the questionnaire subscale score and total score. Each of the 21 items corresponds to a symptom of depression. Each set includes ten positive and ten negative statements. Individual scale items are scored with a total summed score range of 0–63. Higher scores indicate greater depressive severity. BDI total scores ranging from 0 to 13 are viewed to be "Minimal," those from 14 to 19 "Mild," from 20 to 30 "Moderate," and total scores from 31 to 40 are considered to be "Severe." However, the highest possible total for the whole test would be 63. This would mean the client

circled the number "3" on all twenty-one questions, and the lowest possible score for the test would be zero. This would mean the client circled zero on each question. Thus Daniel attained a score of 29 on the BDI-II. This concludes that Daniel has a moderate range of depression. The score for moderate anxiety is over 25.

Beck Anxiety Inventory (BAI)

Daniel reached a score of 25 on the BAI, which demonstrates that he has a moderate range. A score in the range of 16 and 25 suggests moderate anxiety.

Validity Statement

The counselor reviewed relevant investigations with the Beck Depression Inventory-II for measuring depression, and the BDI-II presented an improved performance on specificity to indicate DSM-based depression. In addition, the Beck Depression Inventory-II indicated high reliability and satisfactory correlation with measures of depression and anxiety. In other words, when comparing the version of the Beck Depression Inventory (BDI-II) and Beck Depression Inventory (BAI) in the same sample, and reported that the two measures performed equivalently.

Also, Daniel can sustain focus and responsiveness during an evaluation and assessment. He can comprehend and manage all exams given to him. Therefore, the assessment is considered valid. He is intelligent enough to manage.

Diagnosis

Daniel meets the diagnostic criteria for the following DSM 5 disorders:

(300.02) Generalized Anxiety Disorder

(296.22) Major Depressive Disorder, Single Episode, Moderate

Counseling Goals

The best short-term goal for Daniel would be to get him out of the environment that causes him stress and panic attacks. This short-term goal should allow Daniel to take time off work and be with his loved ones. Another short-term goal is to help Daniel develop the confidence to ride through all of his anxieties so that they do not develop into panic attacks. Moreover, the long-term goal for this disorder should be to eliminate panic attacks in Daniel's everyday life and activities. The counselor would advise Daniel to exercise a few times a week. Also, explain to him that exercising regularly can help his current depression but can also prevent depression from recurring.

Interventions

Cognitive behavioral therapy is one of the psychotherapeutic techniques the counselor would use for this case. It is one of the therapeutic approaches included in a group of cognitive behavioral therapies. The therapy illustrates distorted or harmful beliefs by applying techniques to explore and change maladaptive thinking and learning to concentrate attention from obsessive thinking while combining many approaches to bring about successful behavior change. The various methods used in Cognitive Behavior Therapy are applied relaxation, exposure through imagery, panic management, breathing retraining, and cognitive restructuring. Nevertheless, first, the counselor would use relaxation training. This therapy structure will cause the client to relax each muscle in their body, hoping they can better settle when confronting a stressful occurrence.

Moreover, panic control treatment is another appropriate therapeutic method in this specific case. This therapeutic approach was created to assist the client in maintaining control over their thoughts and bodily functions. In this approach, the therapist would use cognitive restructuring to help reduce the client's destructive thoughts. Also, the therapist will encourage

the clients to control their thoughts and body functions. The last step the therapist would utilize is teaching self-management skills to the client.

In addition, systematic desensitization is a skill that would help Daniel better his mental health. Systematic desensitization is established on ideas of classical conditioning, a technique used in behavioral therapy. This is also a form of exposure therapy. During this process, clients expose themselves to situations that cause anxiety to reduce anxiety.

Possible Barriers to Treatment

Mental illness is often challenging to manage on one's own, so access to mental health care is essential in helping individuals overcome the difficulties they face. While the U.S. faces shortages of doctors, mental health professionals are in high demand. It is often cited in mental health treatment research that a lack of resources is one of the main barriers to access. In addition, many people who are untreated or undertreated for mental health problems do not have access to mental health treatment due to insurance issues, socioeconomic status, or mental health stigma.

Insurance discrimination can also pose a barrier to accessing treatment for mental health conditions. The risk of bias in cultural, social, and professional circles also creates a massive barrier to seeking treatment. On the other hand, in this particular case, Daniel may fear that his family and friends will avoid him and treat him differently or that revealing a mental health condition will lead to adverse treatment and perceptions at work.

Recommendation for Collaboration

The counselor would recommend that Daniel see a counselor who specializes in depression. Also, during the interview, the client mentioned that his relationship with his wife is imperfect. Thus, the counselor would recommend that Daniel see a marriage counselor with his

wife to keep his marriage. Therefore, the counselor believes seeing a marriage counselor would also greatly help him with depression. Moreover, the counselor would recommend that Daniel discuss his upbringing.

In addition, the counselor would recommend group therapy that allows Daniel to connect with others dealing with similar health issues or wellness goals. Furthermore, in some instances, this type of therapy can be more effective than individual therapy. For example, sometimes group therapy members commonly discuss relationships, work, family, and stressful life events.

Clinical Summary

Daniel is a 40-year-old male referred to services due to his lack of work, poor performance, and the anxiety attack he underwent. Daniel has not been keeping up with work and school. He has also lost interest in socializing with his children and wife. In addition, Daniel had recently had unsuccessful therapy sessions. Daniel has since been very disappointed in himself, which caused him to be depressed and anxious.

Daniel scored a 29 on the BSI-II. This means that he has a range of moderate depression. In addition, the assessment suggests that Daniel's behaviors lead to two different diagnoses. They are Moderate Depressive Disorder and Generalized Anxiety Disorder. According to the information collected, it is recommended that various interventions, Cognitive Behavioral Therapy (CBT), can be used to help Daniel improve and advise him to better his mental health. He will also be referred for a psychiatric evaluation.

Clinician Name and Credential

Signature.

Jolly Charleston Ph.D., LMHC

Personal Reflection

I tended to agree with the participant on some issues. I would tell the participant, "I agree," which should not happen with the evaluation. In addition, though I was good at analyzing, I sometimes crossed a line that the participant did not like. Though exploring is essential, it should stay within the line set by the participant. For instance, I asked questions about the participant's childhood, but he refused to elaborate. Therefore, I stopped asking because he did not want to share that with me. Perhaps he sees me more as a classmate, not an actual counselor.

During this interview, I learned something new: I can be a good listener. Because the participant wanted to talk about things that were bothering him, I just sat on the phone and listened to him. I have never been very good at listening, especially over the phone. I talked very fast to end the call, but in this case, I had to be slow and professional to make the participant understand and have the time to understand and answer the inquiry. Nevertheless, the assessment went very well, and I even asked the participant to clarify a few things I had noted, although he was reluctant to share. Thus, I stated the main issues and asked to explain where needed. I wanted to question the participant more about his parents, but I was afraid to ask because I began to see myself. I was biased.

Furthermore, It would have been very informative if I had interviewed the participant virtually. Psychological Assessment Reports are constantly perplexed by how participants are ready to open up when asked to. To be an effective counselor, one has to interview participants to get their backgrounds and experiences. The assessment also provides a chance to observe verbal and nonverbal gestures in the interview, which is essential. For example, body language

can explain some phenomena just by observation. Unfortunately, I did not witness any body language. I failed to observe that. As a future counselor, I learned that interviewing a first-time client on the phone was not a good idea.

Last but not least, I did not trust myself with this assessment, and I felt like I was biased. Therefore, I did not do a satisfactory job with this, and I want to write more mental health evaluations in order for me to feel confident and trust myself.