

CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Megan Paterson.

Date of Evaluation: April 14, 2023.

Date of Birth: 05/30/1989

Date of Report: April 23, 2023.

Age: 33.

Examiners Name: Maider Ruiz de Erenchun.

Tests Administered: Beck Depression Inventory-2 (BDI-2), Beck Anxiety Inventory (BAI-2), Spiritual Well-Being Scale (SWB) & Psychiatric Diagnostic Screening Questionnaire (PDSQ)

Reason for Referral

Megan Paterson reported having had extreme anxiety and panic attacks that had gotten worse recently. She also reported feeling depressed since the passing of her grandmother. Furthermore, she explained feeling emotionally dumb, an emphasized feeling like a failure as she hasn't met the expectations she had for herself. The counselor recommending assessment had concerns for her well-being and her incapacity to perform daily activities with normality. Further assessment was considered helpful for identifying mental health illnesses that were behind her disruptive thoughts and behaviors. Additionally, the counselor considered that the results of such assessments would help draft a path for treatment.

Description of the Client

Megan Paterson presented severe symptoms of stress, numbness, and exhaustion. She expressed that everything has felt like a lot recently, and she hasn't felt like herself since her grandmother passed away almost a year ago. Megan feels burned out after working non-stop as a nanny and waitress, she states she has no time for herself or others. She also explained that after the pandemic, it has been hard to pursue her career

dream which is acting. She feels like she hasn't had any options as an actor recently, and that has led into finding no motivation to keep pursuing that dream of hers.

Megan expressed feelings of dissatisfaction with her life, and mentioned multiple times how she hasn't met the expectations she had for herself. She expected to have been married and kids, and she also expected to have had a much more successful acting career by this age. She expressed continuously how she hasn't achieved any of those at the age of 33. She is not financially stable, and her boyfriend is unsure of marriage and kids. All these feelings of failure have made her become anxious and overwhelmed, and she reports going on thought spiraling. She feels tired all the time, and that has prevented her from self-taping which would open opportunities for her acting career. Recently she hasn't found any energy for doing things she enjoys such as drawing or going on walks. Furthermore, on Thursdays, which is her only day off, she barely leaves her bed.

Background Information

Megan Paterson is a 33-year-old female who presented to the evaluation after experiencing severe symptoms of sadness, anxious thoughts and discomfort that prevented her from finding motivation and ability to complete daily activities. Megan graduated with a bachelor in arts and currently works as an actress as a side hustle. Although she has been very successful in the past, having been part of an Amazon Prime TV show, after the pandemic she has struggled to establish in her dream career path. Therefore, she currently makes a living from being a part time babysitter during the week, and a bartender during the weekend. And she takes theater classes once a week. Megan currently resides in NYC with her boyfriend.

Megan presents a complicated mental health history, having received treatment/ counseling in two previous occasions. The first time it happened was when she was 13 years-old, when her mom suggested she should seek counseling. At that time, Megan was bullied at school and was also struggling with her father's emotional abusive behaviors. The second time she sought help she was 25 years old and fresh out of college. She received treatment from a psychiatrist and was on Zoloft medication, which provoked suicidal thoughts.

Over the last year, and following her grandmother's death, Megan has also suffered from severe physical illnesses. She has had COVID three times in the last two years, Last month, she was diagnosed with severe respiratory flu and was almost hospitalized.

Behavioral Observations

Megan showed up to the online counseling session casually dressed in a sweater. Her hygiene seemed well taken care of. At first appearance, she fitted the age she stated, and there was not an apparent concern regarding her appearance. She was very polite and pleasant, and she maintained good manners throughout the whole conversation. The conversation was fluid and was able to talk about her feelings openly and with vulnerability. As the questions from the counselor deepened, she quickly teared up and the pain in her words was undeniable. At times she had difficulty maintaining eye contact with the counselor, but she still had ability to deepen into her feelings and express her thoughts for a clear understanding of the counselor.

Megan was able to recall past and present events. She was detailed when the counselor asked her about events that happened when she was younger, as well as when she was a young adult.

Assessment Instruments and Procedures

Beck Depression Inventory-II (BDI-II)

This assessment was administered to Megan Petersen at the end of the first counseling session. This is a self-report inventory measuring the severity of depression in adolescents and adults. The BDI-II is scored by summing the ratings for the 21 questions. Each question is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63.

Beck Anxiety Inventory (BAI)

This assessment was administered to Megan Petersen at the end of the first counseling session. The Beck Anxiety Inventory (BAI) is a brief, self report assessment for measuring anxiety severity and level. It is a 21-question multiple-choice self-report inventory that is used for measuring how the subject has been feeling in the last week, focusing primarily on somatic symptoms.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

This assessment was administered to Megan Petersen at the end of the first counseling session. The Psychiatric Diagnostic Screening Questionnaire (PDSQ) is a screening tool used to assess the presence of common psychiatric disorders. The questionnaire consists of a series of questions designed to identify symptoms that are consistent with various mental health disorders.

Spiritual Well-Being Scale (SWB)

This assessment was administered to Megan Petersen at the end of the first counseling session. The Spiritual Well-Being Scale (SWBS) is a measure designed to assess an individual's overall sense of spiritual well-being, religious well-being, and existential well-being.

Assessment Results and Interpretation

Beck Depression Inventory-II (BDI-II)

Ms. Petersen obtained a score of 23, which suggest that she might be suffering from moderate depression.

Beck Anxiety Inventory (BAI)

Ms. Petersen obtained a score of 31, which indicated she might be suffering from severe anxiety.

Psychiatric Diagnostic Screening Questionnaire (PDSQ)

The results of this assessment indicated that Ms. Petersen endorsed items that correspond with the diagnosis of Major Depressive Disorder, scoring 9 on the subscale and equaling the cut off (9). Additionally, she obtained a score of 5 in Panic Disorder, exceeding the cut off (4). Ms. Petersen also endorsed items that correspond with the diagnosis of Generalized Anxiety Disorder, scoring 10 and that way exceeding the cut off (7). Furthermore, she also met the criteria for Somatization Disorder, scoring 3 and being over the cut off (2). Finally, she obtained a score of 1 in Hypochondriasis, which equals the cut off for such disorder (1).

She also marked "yes" in questions 57, 92, 101, 106, and 107. Those are considered critical items, and therefore important to pay

attention to. Finally, Ms. Petersen's raw score was 26 which corresponds to a T-score of 45, indicating "average" symptoms.

Spiritual Well-Being Scale (SWB)

Ms. Petersen received an overall score of 75, which determines a moderate spiritual well-being. Furthermore, she scored a 45 in religious well-being, which is also considered moderate. And finally, she received 30 in the existential well-being scale, which also qualifies as moderate.

However, it is important to point out that although all of them 3 scores are moderate, they are not reflecting the same. While the spiritual and existential well-being are low in the moderate scale, the religious well-being is high in the moderate end.

Interpretation of Results

The counselor that conducted this assessment believes that there are some critical items that need to be monitored closely. It is difficult to jump into conclusions and diagnosis with having only conducted a couple of assessments, but there are some concerning results that have been shown after the completion of the assigned assessments.

The patient, Megan Petersen, shows concerning scores in regards of Panic Disorder. She surpassed the cut off (4) in the PDSQ and stated "yes" to the question "did you get sudden attacks of intense anxiety or fear that came on from out of the blue, for no reason at all?". In the interview with the counselor, Ms. Petersen admitted going of thought spirals where she can stop thinking about her failures and

fears. Ms. Petersen also met the requirements for Depression, after looking at her scores in the PDSQ and BDI-II. Although the scores state moderate depression, she reported intense sadness, difficulty getting out of bed, and lack of sleep. All these symptoms met the criteria for Major Depressive Disorder. However, it is important to mention that based on the assessments and the interview, Ms. Petersen shows no intention of hurting herself. Furthermore, and according to the PDSQ and BAI, Ms. Petersen scored quite highly and meets the criteria for Severe Anxiety. This correlates with her inability to relax, lack of concentration, and racing thoughts. It is important to mention that she marked "yes" to critical items such as "were you a nervous person most of the days?" and "was it hard to control or stop worrying on most days?". Furthermore, Ms. Petersen also had high scores in the Somatization Disorder scale and checked "yes" in the following critical item: "are your doctors usually unable to find a physical cause for your physical symptoms?". Based on the interview performed, it can be complicated to assess if this should be an area of concern. Ms. Petersen has been diagnosed recently with several physical illnesses and has also been hospitalized. It is for that reason that the counselor finds it complicated to establish a diagnosis in regards of Somatization Disorder. This goes hand by hand with Hypochondriasis. Ms. Petersen marked "yes" to the question that goes: "did you often worry that you might have a serious physical illness?". In similarity with the preceding diagnosis, the counselor

considers that she has been very sick recently and it might be the reason behind it.

Recommendations and Summary

The counselor considers it would be appropriate to get started in Cognitive-behavioral therapy (CBT) as it has worked for her in the past and she should feel comfortable with a style of therapy and techniques she is familiar with. Furthermore, this style of therapy is good for depression, anxiety, and panic attacks as it is based on the idea that our thoughts, feelings, and behaviors are interconnected and influence each other. The goal would be to help Ms. Petersen to gain a more balanced perspective on her thoughts and emotions, especially the unreasonable fear and feelings of guilt or worthless. However, this therapist would recommend building a trusting relationship where Ms. Petersen feels listened and the focus is on the client. It is for that reason that there should always be open communication and readiness to change the therapy style or techniques.

Although there would be a major emphasis on her depressive, and anxious thoughts, the counselor should always keep an eye on the somatization and hypochondriasis. The counselor is now aware of her physical illness history, and that should be monitored closely regarding its correlation to mental health issues.

Personal Reflection

This counselor feels competent regarding the interview and assessment results received from Ms. Petersen. She feels like she addressed all the issues concerned in the initial intake form and was also able to establish a conformable environment for Ms. Peterson to open up during the evaluation. This counselor provided a safe space and felt equipped to provide the client with support and assertiveness.

After looking at the results from the assessments, this counselor feels like she should put more emphasize on the panic disorder. And perhaps, send a specific assessment that reflects more in depth this disorder.

This counselor feels conformable to keep working with the client. She is worried for her and wants to help her get to a better mental state. However, there is no concern for suicidality.