

CONFIDENTIAL

MENTAL HEALTH EVALUATION

Client Name: Leah Smith

Date of Evaluation: April 18, 2023

Date of Birth: October 28, 1985

Date of Report: April 22, 2023

Age: 38

Tests Administered: Clinical Evaluation, Mental Status Examination (MSE), Beck Anxiety Inventory, Spiritual Well-Being Scale & Trauma Screening Questionnaire (TSQ)

Client History

Lea Smith is a 38 year old female who came to seek help for her anxiety. She is not currently working. She recalls an incident from her childhood. She was five years old when she was trapped in her elementary school classroom by herself for hours until she was found by a security guard. Ever since she has been afraid of enclosed spaces. She shares that her father did not take her response seriously when she would become anxious in triggering situations after the incident. She has been involved in a romantic relationship with her partner for the past four months. She shares that her partner gets frustrated with her when she is in a closed room due to her anxious responses.

Mental Status Examination

Ms. Smith arrived for her evaluation a few minutes before her appointed time. She is a 38 year old female. She was dressed appropriately for the weather. Her attire was very casual. She wore sneakers, loose fitting jeans and a t-shirt. She looked on edge, scared, and out of her

comfort zone as she waited to be called in for her evaluation and assessments. Mrs. Smith had a guarded stance while waiting and while taking the assessments. Her speech was trembling but understandable. She seemed very scared to be where she was as well as being visibly shaky. Her hands were visibly trembling throughout the evaluation. Ms. Smith was aware of the correct time and date as well as being able to successfully complete short term memory exercise. She was unable to remember all the words for the longer memory exercise. Overall Ms. Smith seemed aware of what was happening as well as when and where she was and why. Ms. Smith was willing to share her traumatic history. She did not express thoughts of suicidal or homicidal ideation.

Presenting Symptoms

Ms. Smith came in for symptoms of anxiety. She is experiencing heart pounding, feelings of fear, dizziness and sweating regardless of the temperature. She wants to lead a “normal” life but is not sure how to do so. Ms. Smith’s symptoms have been growing more severe over time and she is no longer able to feel comfortable leaving her home. She feels that she does not have a purpose in life and that she wants to get better and is willing to do work to do so.

Test Results & Interpretation

Validity Statement

Ms. Smith was able to keep concentrated on her evaluation and understood the content of the assessments given to her. Her results are considered a valid assessment of her status at the time of taking the assessments.

Beck Anxiety Inventory

Ms. Smith scored a 47 on the BAI which indicates severe symptoms of anxiety. A score between 26-63 is indicative of severe anxiety.

Trauma Screening Questionnaire

Ms. Smith scored a 6 on the TSQ which indicates she should seek help for her traumatic experience.

Spiritual Well-Being Scale

Mrs. Smith scored a 46 on the overall Spiritual Well-Being scale which indicates a moderate level of spiritual well being. Her score is on the lower end of the scale which ranges from 41-99.

She scored a 33 on the Religious Well-Being Scale which indicates a moderate sense of her relationship with God.

She scored a 13 on the Existential Well-Being Scale which indicates a low level of satisfaction with her life and sense of purpose.

Diagnosis

Ms. Smith. meets diagnostic criteria for the following DSM 5TR disorder:

F40.00 Agoraphobia with Panic Attack Specifier

Treatment Recommendations

Ms. Smith would benefit from Cognitive Behavioral Therapy (CBT). This will involve the identification and modification of the negative thought patterns and behaviors she has. She would also benefit from exposure therapy and learning skills for managing stress and anxiety in

triggering situations. We would then work to reinforce her positive changes and maintain them on her own after her treatment.

Conclusion

Ms. Smith is a 33 year old female who came in for treatment due to her extreme levels of anxiety. This anxiety and fear stem from a traumatic incident she had as a child and is causing her to experience symptoms of anxiety. These symptoms have caused her to fear being in closed spaces and she is unable to keep a job as a result.

Ms. Smith scored a 6 on the TSQ which indicates she should seek help for her traumatic experience. This supports her coming in for treatment. Other assessments given to Ms. Smith included the SWB. Ms. Smith scored a 46 on the overall Spiritual Well-Being scale. This indicates a lower moderate level of spiritual well being. She scored a 33 on the Religious Well-Being Scale which indicates a moderate sense of her relationship with God. She scored a 13 on the Existential Well-Being Scale which indicates a low level of satisfaction with her life and sense of purpose. On the BAI Ms. Smith scored a 47 which indicates severe symptoms of anxiety. A score between 26-63 is indicative of severe anxiety. Ms. Smith is experiencing high levels of severe anxiety. Based on her evaluation and assessment outcomes, Ms. Smith is diagnosed with Agoraphobia with Panic Attack Specifier and should receive treatment in the form of CBT.

Personal Reflection:

Overall, administering the assessments to my peer/client was a good experience. I think that the assignment gave me a good idea of what it will be like to meet with a new client and take

them through this process from beginning to end. The process of going through the assessments was fairly straight forward. I was a bit nervous when scoring the assessments because I was very aware of the fact that if I made a mistake it would result in my client receiving an incorrect result and the burden falls on myself to ensure that everything is done correctly.

The assessments themselves are quite helpful in giving better insight into what the client is experiencing. I noticed that I was able to understand more of what my client was experiencing by administering and scoring the assessment than I was able to understand based on only the intake information.

Something that I think may be difficult in the future is selecting the proper assessment to give. For this assignment we had a short list of what we could give our pee//client so the process was fairly straightforward, but having to pick assessments based on just intake information without a list to decide from may be tougher.

Monique Polanco, Student

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