

Intake Report

Date of Report: March 16, 2004

I. Identifying Information:

Name: Mabel Jones

Occupation: Senior at University of Maine

Age: 23

Marital Status: In a long-term relationship

Date of Birth: October 31, 1980

The client is a 23 year-old, full-time college student at the University of Maine (Orono), majoring in Community Health. Being a senior, she lives off campus in an apartment building that is within walking distance. She has been in a relationship with the same man for about 8 months and is very happy.

II. Presented Concerns:

The client says that her main concern is what she should do with her life after she graduates from college. There are a lot of different people trying to lead her in various directions. Her professors and advisor feel that the best route is to further her education by going on to graduate school. This does not seem like an appealing idea to the client. She feels “fed-up with school all together” and “doesn’t want to be in it (school) anymore.” But there is strong evidence that she will not get a good paying job or even a job at all if she does not go this other step. The man that she is currently in a relationship with is in another major and will have to move away from Orono to pursue his career, and wants the client to go with him. She feels very strongly that their relationship will continue to grow into something serious, and does not want to be away from him for fear that distance will split them apart. When asked if she has discussed this with him, she looks down and sheepishly says “No.” Her mother and father are very open to letting her

do what she wants with her life, but will not pay for any more schooling and will only assist with some living costs. When asked what *she* wanted to do, the client replied, “I want to find a good job in a school or community center working with teens. I also have wanted to go on to learn about massage therapy, but I don’t know much about it.”

To deal with the stress of trying to decide what to do in her future, the client tries to spend time with her boyfriend watching movies to relax. Although she enjoys this time with him, she feels like she does not fully relax. Her mind is constantly thinking about classes, homework, and the future. On her own, the client has tried many different ways to unwind. Long, hot showers, getting her hair or nails done, and driving in the car are some of the activities she has tried, but they do not seem to bring her any comfort. Listening to music in her room occasionally is another form of stress relief that the client enjoys doing, but usually does not incorporate into her day because she cannot study with music on. Venting to a few close friends and her immediate family is her way of expressing her frustration about her large amount of school work and her worries about the future, but she feels like “it’s not enough; there is a feeling of relief, but it is only temporary and usually comes back once I’m finished talking.”

III. Appearance/Behavioral Observations:

The client was wearing a nice jacket with a short sleeve shirt on underneath. The jeans she was wearing had no visible holes, but were frayed around the bottom due to repetitive wearing. Although she was on time, the client kept on taking off and putting on her jacket. This seemed to be a bit because of nervous fidgeting, coupled with a change in body temperature because goose bumps would appear and fade on her arms.

Some of the questions that were asked caused the client to look down as if ashamed and quiet her tone of voice. Frequently she would ask for a question to be repeated stating that her “mind was thinking about the assignment that was due tomorrow and what (she) would be doing later.”

IV. History/Current Functioning:

A. Clinical

The client stated that she had recently been to the campus health center for a routine physical and pelvic exam. While there the doctor discussed the fact that her current birth control medicine, Ortho-Tricyclin, was increasing in price and that it would be beneficial to find a new, cheaper type. Feeling that her current medication was working fine, the client stated that she would like to stay on it, but admitted to it having a decreased effect on relieving pain with menstruation. Her doctor then suggested the possibility of switching at the end of the school year and prescribed her enough pill packs to make it through until then. They also discussed the client’s dosage of Zoloft for her mild depression. The client felt that it too was losing effectiveness even though she had only been taking it for five months. She did not get as strong a feeling as she did in the first few weeks of taking the anti-depressant and had begun to fall asleep at odd times during the day (this was one of her symptoms that really hindered her performance at school). The doctor suggested increasing the dosage from 50mg to 75 mg per day. Then they decided to

meet at the end of the month to discuss how this change was working out. The client has done as the doctor suggested, but does not feel satisfied with the change; now she feels like she “has no emotions except annoyance and rage at the littlest things.” The client would like to see a counselor or even a psychiatrist to discuss if what her symptoms are really treatable with drugs, or should be discussed with a professional. Although she feels this way, the client has made little to no effort to seek this form of help or even find out where to go to get it. She is still waiting to hear from the doctor about the results from her pelvic exam, but feels that it will turn out normal.

B. Family

Growing up the client lived with her mother, father, and maternal grandfather in the same house until she went off to college. She still goes home on free weekends to visit them in Brookline, Massachusetts. This has been her common practice since she arrived her freshman year. Her grandfather moved in with the family when the client was 3 years old when her grandmother died. This affected the client greatly because she did not understand that it was not her fault that her grandmother died. It was not until taking a college psychology course did she realize that all small children feel this way even if it is not their fault.

Her family has lived in the same house ever since she was born. The client feels blessed to have two parents that are still married after 25 years, which she states “is a rarity among her friends and others in that

community.” Because of this strong parental bond the client feels that she was never want for love and affection. Her parents were never overly strict with her and let her hang out with friends often, but were firm with things like curfew and dating. This did not upset the client at the time because she had friends who had parents “that never let them out of the house on weekends unless there was another parent present. My (the client’s) best friend growing up was never allow to have a boy even call her. This made me feel thankful about how my parents treated me.” Occasionally the client noticed a difference in how her grandfather believed she should not dress, act, or partake in things that her parents found to be acceptable. Because of this there was some family tension, but her mother made an effort to resolve it on her own without upsetting either party. The client does not feel any form of resentment toward her grandfather because she understands that he comes from another era where accepted things today were taboo back then.

The client states that she has a great relationship with both of her parents. Because her father is self-employed as a carpenter, the client did not get to see him much during the week except for dinner. But “he always made an effort to try to help me (the client) with my homework when he came home at night, and would do stuff like go to a movie or play catch with me on the weekends.” She talks to her father occasionally once a week while at school via an internet messaging system. The client’s mother ran an at home make-up business in order to watch her

daughter and take care of her father. “She (the client’s mother) was continually there when I (the client) needed her. I guess I would say that I am the closest to her in our family because she is another woman and understands me the best.” The client talks to her mother on the phone for about an hour each week, even if she intends upon coming home for the weekend.

C. Health

On a scale of one to ten, ten being excellent, the client rated her physical health as “around a 7.” She feels like she is not getting enough exercise because she puts schoolwork ahead of going to the fitness center. About a month ago she was regularly exercising for about 2 hours for 5 times a week. But now that it is the nearing the middle of the semester, her workload has increased and the client does not feel as if she has time for both. As for how the client feels mentally, she rated herself (on the same scale from above) “either a 5 or 6 because of the battle with my depression medicine.” This number also takes into account her stress level on figuring out what she wants to do post graduation.

The client goes to the campus health center each month to receive a new pill pack of her birth control, Ortho-Tricyclin. While also preventing pregnancy, the drug is aiding her with problems during menstruation such as cramps and heavy bleeding. She is also on 75 mg of Zoloft to treat her depression. Both of these prescriptions were originally ordered by her family physician back in Brookline, but the doctor at the

campus raised her anti-depressant from 50 to 75 mg this month. The client does not feel completely satisfied with how this drug is working and is frustrated with waiting for an outcome. The Zoloft was originally prescribed because the client was not “feeling like herself” and this had never happened to her before. Although her “gloomy outlook and tiredness” have dissipated, the client now struggles with lack of sexual drive and often “feeling like a zombie that has no emotions at all.” But the client is happy that she has a follow up appointment at the end of this month with the campus doctor so that she will be able to talk about switching the dosage again.

Occasionally when the client is having a particularly stressful day or has a lot of assignments due, she will have one or two alcoholic drinks. She states, “it (the alcoholic drink) helps me to relax a little and not to worry so much about getting the assignment done in time. I try not to do it every time I have homework, only when I have a lot of things due during the week.” The client knows that this is not a very healthy cycle, but feels that it is one of the few things that truly help her to relax. She will also go out on Thursday and some Saturday nights to the bar and have anywhere from one to three drinks. This is mainly to get together with friends and unwind at the end of the week, the client states.

D. Education

The client began school at Parker Elementary in Brookline when

she was five years old. This was a public school. She attended this school up until the 8th grade when she was fourteen. There was nothing bad about her grade school years and remembers, “I usually was quick to understand what was taught in all of my classes. I enjoyed math a great deal and was put in high-level classes. For all of my classes throughout school I received either A’s or B’s, never below a B-.”

Then the client went on the Bradley High School that was in a neighboring town. This too was a public school. Here she excelled in all of her classes, especially math and biology. She decided in her junior year that she would like to go to college outside of Massachusetts and was particularly interested in issues relating to health like teen pregnancy and the spread of disease. The client liked this school because it was much smaller than her elementary school that had held grades Kindergarten to 8th and felt like it was too crowded. Although high school was more about being social, the client had a close group of friends that supported her, so she did not feel pressured to anything she did not want to.

Once at the University of Maine, the client also had an easy time making a group of friends that she has been able to keep through to her senior year. There did seem to be more of a workload than what she was used to from high school, but the client feels that she is handling it well. Occasionally the client does not attend classes because she has stayed up doing work or is too tired to get up. She knows this is not the greatest of practices but feels “it is more important to me to be healthy instead of

dragging myself to a class that I won't be able to concentrate in." The client is not sure about continuing her education in graduate school or in some other form of training.

E. Employment

The client does not work during the school year. She was not eligible for a work study program but feels that this is good because she does not know when she would have time to work. In the summer she works as a full-time waitress at a non-chain restaurant. She is responsible for bringing people their food, taking and making change for the customers, and busing and resetting her tables. The client enjoys being able to interact with her customers, but does not enjoy standing on her feet all-day and dealing with unreasonable people. This summer job is used to pay for her car and provide her with spending money for the school year.

F. Self-Care

The client feels that she is not taking very good care of herself right now and is trying to make changes that will help her to become healthier. She does not eat many fruits or vegetables and usually will eat pizza or have a ham and cheese sandwich on wheat bread. There is little variety in her diet. The client is trying to incorporate at least one fruit and vegetable serving into her meals, which are only lunch and dinner. She will also eat potato chips or chocolate for a snack during the day. This practice she is trying to cut down on.

She typically gets six to eight hours of sleep during the week. The client has a difficult time falling asleep, but does remain in a deep, dream-filled sleep for the rest of the night. The average time she goes to bed is midnight. On the weekends the client will stay up until midnight or one o'clock and sleep in to 10 AM or later. This is where she "makes up for the lack of sleep during the week."

The client does not exercise as regularly as she did earlier in the semester. Usually she would work out for about two hours, five times per week. Now that number has gone down to one hour every other week because of the large load of schoolwork. She would like to go to the pool in the campus fitness center to swim laps, but feels like she does not have the time or motivation.

There is little to no relaxation time in the client's present life. She puts her assignments ahead of this time and gets "stressed out" easily. Her boyfriend tries to get her to relax by watching videocassettes with her, but this does not really calm down the client. She typically feels like this "is fun, but the time could be spent toward assignments" that she often thinks about during the movie.

G. Social/Recreational

The client meets with her friends at the bar every Thursday and some Saturdays. They meet around 10:30 PM and stay until last call at 1 AM. Here she has one to three drinks, and they "catch up" about what they have been doing for the past week. This is usually where they "vent"

to each other about the load of work each has, but the client feels like it is a competition and if she does not have the biggest workload, then her friends give her no sympathy.

She enjoys doing homemade crafts either on the sewing machine or working with wooden cutouts. The client also is skilled at making hemp necklaces. Currently she does not take the time to do projects like these because “they (the crafts) take too much time away from working on assignments.”

H. Spiritual

The client does not belong to a specific church or believe in one specific denomination. She grew up going to a Catholic church with her family until she was 12-years-old. At that time her family was decreasing its attendance and gave her the option to stop going as well. The client does not agree with the strict rules of Catholicism, but does believe in God. She feels that it is important to try to do God’s wishes, but thinks that He understands and is forgiving if you sin.

I. Risk Factors

a) Substance Use

The client regularly consumes alcohol on Thursday and some Saturday nights. This habit started once she turned 21. It is usually one to three drinks in a period of two and a half hours. She occasionally has a drink to help her relax while doing homework during a busy week. Before turning 21, the client only drank about twice per year once in college. The

client has used marijuana on an irregular basis in the past, but this was during her first year at college and does not use it anymore. It was only used when her roommate was smoking it, or at the rare occasion when she was at a party.

b) Safety

The client feels that she is safe at school and at home. She is a little bit concerned with living in an apartment by herself, but often has her boyfriend or friends over and that helps to dissipate her fear. Her main concern is someone breaking in and stealing her property, but makes sure to lock her doors and windows when she is not there.

c) Sexuality

The client is currently sexually active with her boyfriend only. They have been having sex for about 6 months without issue up until the client began to take Zoloft. The drug has greatly diminished her sexual drive and has a hard time getting aroused. Both her and her partner feel frustrated about this, but he does not pressure her to have sex because he understands she is having a tough time. The client first had sex at the age of 17 with a 19 year-old man. She is currently taking Ortho-Tricyclin as a form of birth control and has her boyfriend use a condom. The client has consistently used these two methods to prevent pregnancy and disease since her first time having intercourse.

V. Strengths, Achievements, Special Skills, or Interests:

The client feels that she is very good at communicating with others. This is demonstrated in her summer waitressing job, and that she says she is “very vocal in class.” She is able to word things according to the population she is speaking to, and feels that this is an important life skill. The client does well in school because she “works hard to produce quality assignments, often trying to give more than what the professor asked for.” She is also enjoys in crafting, working with hemp rope, and painting. The client has earned certification for CPR and first aid.

VI. Social Supports: People, Groups, and Activities:

The client has a great support system with many branches to turn to. Her mother, father, and grandfather are proud of her being in college and succeeding as well as she is. When she is able to talk to her family on the phone, they try to remind her of what is positive in her life and that they love her a lot. She also has a group of close friends that she sees regularly (although not in the best environment) and can talk to them about her frustration with school. Also her boyfriend who seems quite committed to her is always offering to do activities to help her relax. This is important because it reminds her to take time for herself.

VII. Overall Goals/Best Hopes for the Future:

The client would like to have a clearer idea of what she is going to do after graduation. She would like to look at information pertaining to massage therapy schools in her home area. She also wants to talk to her boyfriend about their future together.

Finally, the client feels that it would benefit her greatly to figure out what dosage for her anti-depressant medication will work best for her.

VIII. Assessment/Conclusion:

The client has significant stress due to deciding what to do after graduation. She has many options such as graduate school, going into the field, or continuing her education in another direction. She puts a large amount of stress upon herself about getting the schoolwork that she has now done to almost perfection, and this does not give her enough time to look at what she really wants to do in the future.

IX. Diagnosis:

- Axis I: 296.31 Mild, Major Depressive Disorder (recurrent)
625.8 Female Hypoactive Sexual Desire Disorder Due to Anti-Depressant Drug Use.
- Axis II: V71.09 No Diagnosis
- Axis III: Painful menstruation
- Axis IV: Unsure about future plans, overwhelmed by schoolwork
- Axis V: GAF=85 (current)

X. Plan:

A. Diagnostic/Assessment Plan:

The client is advised to go to her appointment at the end of the month with the campus doctor at the health center to discuss her Zoloft issues. She is also

to check with the campus counseling service by the end of April to see if she could come in and discuss her depression symptoms.

B. Treatment/Rehabilitation Plan:

1. The client is advised to talk to her professors about what graduate schools they recommend for her and research them to see if they interest her at all by the end of April.
2. The client is advised to look into massage therapy schools in her home area to see if they are something she would like to pursue, this should be done by the end of April as well.
3. The client is advised to talk to her boyfriend about what he wants to do in the future in terms of their relationship and his career. This should begin by the end of the month.

Caseworker Name: Sarah Prouty
Intake Assessment
March 16, 2004

Intake Assessment #1

REH 310 Casework

Dr. Dunlap

Sarah Prouty

March 16, 2004