

## **Case Study: Biopsychosocial Assessment**

### **Leslie Taylor**

**Identifying Information:** Daniel J. is a physician-referred, married Chinese American male with two adult children. He is 55 years old and seeking treatment for feeling worthless and “not like himself,” with increased worry and anxiety.

**Present Psychiatric Illness/Symptoms:** Daniel reports chronic fatigue, low or no enjoyment from activities he used to enjoy, and self-isolating behavior. He has lost ten pounds in the prior weeks due to a decreased appetite. In person, the client appeared depressed and anxious, with little eye contact and difficulty sitting still.

**Past Hx of Treatment:** The client reports being hospitalized within the last three weeks due to rapid breathing, heart pain, sweating, and fear he was having a heart attack. The client was referred to mental health services after an EKG showed his heart was performing normally but showed psychological distress. His last physical was 3 years ago, and this is the first time he has sought mental health counseling.

**Mental Health Medications:** No current or prior use of medications.

**Medical Concerns:** The client reports chronic fatigue, episodes that include a pounding heart, tachypnea, chest pain, sweating, and feelings of impending doom. Client agrees to a release of information to seek additional information from his primary care physician.

**Current Medications:** None at present time.

**Dependency/Addiction History:** Client denies drinking alcohol or drug use.

**Family History of Illness:** The client’s mother died of cancer when he was 25 years old, and his father died of a heart attack at age 65. His sister, who is married, lives out of state and appears in good health.

**Spirituality:** The client is a member of a local Methodist church, but it has been 6 months since he last attended. The client states spirituality is important to him, but he feels let down by the lack of relief he gets from prayer.

**Personal History:** The client has one sister who is married; he sees her twice a year due to geographical distance. The client’s parents are deceased, and he has some friends who he hasn’t seen for at least 6 months. He is married and financially stable, living in Seattle, Washington. His children live out of state, but he sees them frequently.

**Education & Work History:** Client is currently employed and financially stable but fears his employment performance is declining due to a decrease in motivation and inability to focus. He has been employed by the same company for 30 years.

**Marital/Relationships:** Client is married.

**Mental Status:** Client appears anxious and sad. He has difficulty sitting still and does not make eye contact. He says he feels worthless and can't continue to "go on living this way," with low motivation, chronic fatigue, and increased anxiety. His affect fits the conversation, as he appears depressed and anxious at times, with difficulty following the conversation. There is no evidence of hallucinations or delusions, and he is oriented to time, place, and person.

**Summary Impression:** Daniel J. is a physician-referred 55-year-old male, married, with adult children living outside of the home. He is seeking treatment for depression and generalized anxiety most likely related to the early deaths of his parents. Other contributing factors are a loss in spirituality/changing religious beliefs, and behavior that has contributed to feelings of isolation. Additional note: the client has a locked firearm in the home.

### **Case Conceptualization**

Daniel is a married, 55-year-old Chinese-American male, with a steady work history and two adult children living outside of the home. He was referred to counseling after being hospitalized for what appeared to be a heart-attack but was later attributed to anxiety. The client's parents are both deceased, and he has a sister he sees roughly twice a year due to geographical distance.

Daniel presents with depression and generalized anxiety. He is beginning to have thoughts of self-harm as he states he doesn't think he can "go on living this way." He is chronically fatigued, has low motivation, and fears his quality of work has suffered as a result. He self-isolates, and spends much of his time alone, avoiding friends and family. A recent triggering event, being hospitalized for heart pain, has exacerbated feelings of anxiety and precipitated his visit. Daniel presents with anxiety regarding his health as he ages and gets closer to the age his father was when he died, and depression related to feelings of worthlessness and a lack of enjoyment out of life.

Daniel's goals are to increase enjoyment in life, increase motivation, increase a feeling of control in life, and decrease anxiety.

Daniel's protective factors and strengths include stability with his wife and employment, close relationships with his children who visit, extended family, close friends who still reach out, overall good physical health, and a sense of spirituality with a local church. He does not drink or use substances, and he has reached out for help regarding his mental health.

The following biopsychosocial factors attempt to explain Daniel's depression and anxiety: parents who died at relatively young ages; Daniel is nearing the age when his father died from a heart attack; Daniel views himself as inadequate and is struggling with his faith and finding

enjoyment in life; he is self-isolating, cutting himself off from others who might assist him with finding meaning in life. Daniel may be experimenting with risky behaviors, like speeding, in an effort to enhance “feeling alive” or perhaps as a precursor to self-harm.

Treatment will begin with the development of a highly supportive, empathic, and encouraging relationship and a suicide assessment. Once Daniel’s suicide risk is assessed and considered low, treatment will include psychoeducational skills training to develop an awareness of negative self-talk, reflection on the past and preparation of the future, and activities that reinforce achievement of his goals. His challenges with spirituality will be addressed through a referral to group counseling, either through his church or community, that elicits connection to others and a higher power. Daniel’s treatment will consist of elements of existential therapy, cognitive behavioral therapy, and mindfulness training. Daniel’s health fears, lack of motivation, and anxiety symptoms will be addressed with mindfulness practice, self-monitoring, and rebuilding Daniel’s sense of community through goal setting and acts of altruism.

### **Treatment Plan**

**Problem:** The client presents with depression and anxiety due to loss of enjoyment in life and existential questions.

**Goals:**

1. Daniel will work with the therapist to identify cognitive distortions that contribute to anxiety and feelings of worthlessness. Once identified, Daniel will practice counteracting negative self-talk at least three times per week for the next six weeks.
2. Daniel will attend a group aligned with his belief that is focused on increasing spirituality once per week for the next eight weeks.
3. Daniel will learn and practice two different breathing techniques that he can use when he feels anxious. He will do this at least four times per week for the next three weeks.

**Treatment Modality:** Elements of existential counseling, CBT techniques, mindfulness practice, and person-centered therapies will be integrated into treatment to enhance positive cognitive messages, motivation, and feelings of self-worth, and decrease thoughts of self-harm and feelings of anxiety.

**Clinical Impression:**

- Generalized Anxiety Disorder (GAD) DSM-5 300.02
- Major Depressive Disorder, Moderate DSM-5 296.22

Electronically Signed

By: Leslie Taylor

On 10/15/2023

### **Risk Assessment**

**Specificity.** Daniel doesn’t appear to have specific plans for suicide. If asked if he had thoughts of suicide, I believe Daniel would first deny any thoughts of harming himself, but then say he

has thought of it occasionally. Evidence for this is his comment of “I don’t think that I can go on living this way.”

**Lethality.** Daniel’s method would probably be the gun, since he does not have a history of drug or alcohol use, nor is he on prescription medications.

**Access to Means.** Daniel has a firearm locked up in his home; he has easy access to means. His speeding ticket may also point to using his vehicle as means.

**Proximity of Social Support.** Daniel has a large social support group to choose from; however, it may be difficult for him to access them at this time. He has his wife, children, friends, and people from church. Since he has been isolating himself, it is apparent he will need to practice reaching out. It is a good sign his friends and others are still in contact with Daniel—at least trying to through calls.

Daniel’s primary risk factors are a sense of worthlessness and no enjoyment in life. However, he has sought support from a mental health counselor, has steady income and stable relationships, and no physical illness. Self-harm and suicide attempts are not present in Daniel’s past. I would assess Daniel’s risk as moderate as he has many protective factors, thoughts of suicide without a clear plan. It seems Daniel fears death to a point, and although his depression is exhausting, if he were to learn and practice techniques to improve his quality of life, he would be able to stave off thoughts of suicide.

Next steps would include using a depression instrument to assess Daniel’s level of depression, assisting Daniel in creating a safety plan, asking his wife to remove the firearm from the house, and integrating frequent check-ins in the treatment plan to make sure Daniel’s thoughts of suicide are not increasing.

## References

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