

BPSS Assessment
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SOWK 330
Professor Betts
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Bio Psycho Social-Spiritual Assessment

The client's name is Julia Anderson. She identifies herself as a single, bisexual female and uses she/her/hers pronouns. She was born in Suffolk, Virginia on July 28th, 1999, and is currently twenty-one years old. The client is white and speaks English as her first language. She is unemployed and currently lives in a house with two roommates in Farmville, Virginia where she attends college full time. The client identified herself as being a spiritual, but not religious, person.

Referral Statements

The client sought out services on her own and found our agency through an internet search for counseling services in her area. She decided to seek out services in response to feeling lost and depressed in her day to day life. The presenting problems are feelings of uncontrollable anger and depression which are impairing the client's daily functioning. The client's view of the problem is that she consistently feels “down about life” to the point where she is in a negative mood all the time which results in a short temper and constant frustration which often leads to angry outbursts. The client stated that these feelings of anger and depression have been happening for roughly six months. She hopes that services will help her develop stronger healthy coping mechanisms and strategies to help her deal with her anger and depression in a more positive way. The client has tried to seek out services in the past but explained that they were unsuccessful and cited incompatibility with the clinician as the primary reason for the ineffectiveness of services. The client has had no previous contact with this agency. All data was acquired from the client.

Biological Factors and Functioning

The client is a white female. She is tall and slender with short, dark brown hair. The client was dressed casually in sweatpants and a sweatshirt at the time of the assessment. Observed physical functioning is normal, the client has no apparent or disclosed disabilities. The client met

all developmental milestones with the only exception being that she continued to suck her thumb until the age of thirteen. The client stated that she has had no serious past or present medical concerns. When asked about trauma history the client noted that her father died of a heroin overdose when she was two years old. She believes that her late thumb-sucking was a result of her father's death. She also expressed that she has had many “rocky relationships” with friends and significant others which have resulted in trauma. The client is prescribed and takes ten milligrams of Lexapro and five milligrams of Ability each day for her depression and anxiety. She explained that she takes her medication consistently now, but has skipped days or gone off her medication completely and abruptly in the past. The client stated that she drinks socially every night, having three to five drinks of either wine or liquor each time she drinks. She expressed no concern regarding her drinking habits. The client identified no current or past drug use. The client noted her overall well physical functioning, flexibility, and advanced dancing ability as biological strengths and cited no biological challenges.

Psychological Factors and Functioning

The client expressed having fair cognitive functioning her whole life and cited her creativity and ability to problem-solve as her greatest cognitive strengths. In regards to emotional functioning, the client stated that she has difficulty with recurring outbursts, gets upset very easily, and reacts to situations negatively quite frequently. The client noted that she has a difficult time forming romantic relationships and cited this challenge as a defense mechanism used to protect herself from reliving past experiences of abandonment. She stated that she chooses to “leave people before they leave me”, and cites this as another defense mechanism that stems from her struggles with abandonment. The client described herself as being very resilient, having “made it out alive” despite living through some very difficult life experiences. The client identified herself as being moderately self-aware. The client is in the sixth stage of Erik Erikson’s stages of

psychosocial development “Intimacy vs. isolation” as evidenced by her current age of twenty-one and her inclination to isolate herself and avoid intimate relationships as a means to protect herself. The client is currently seeing a psychiatrist to help with medication prescription and regulation and stated that it is “going well” and that she has a good relationship with her psychiatrist. The client expressed that there is a significant amount of addiction within her father's side of the family including her late father being an alcoholic and drug addict, as well as her uncles. She noted that her father used marijuana, cocaine, and heroin. She indicated no past or present drug use on her mother's side. The client expressed having thoughts of suicide and self-harm in the past and stated that she sometimes “wishes she could just disappear”, but has no current plan or desire to end her life. The client cited her ability to remember things well as a psychological strength and her negative self-talk as a psychological challenge.

Social Factors and Transitions

When discussing relevant interactions within significant systems of her life, the client explained that she tries to be perceived by others as a positive and happy person and believes that she functions well within these systems. In regards to her level of interpersonal development and functioning, the client identified herself as being “okay” with some weaker points being her challenges in forming and maintaining healthy relationships and her difficulty with intimacy. The client expressed having a “tough relationship” with almost all of her family members, stating that she does not get along with most of them. The client identified her biological mother, full sister, stepdad, and four step-siblings as the only living members within her immediate family. The client expressed concern regarding her relationship with her mother, stating that they do not get along and that the client's mother does not treat the client well. The client also communicated that she does not get along with her stepfather or his children (her step-siblings). She disclosed that her stepfather has been and continues to be emotionally abusive to the client and her siblings at times.

The client identified her relationship with her full sister as being the only positive and healthy relationship she has within her family system. She stated that they communicate regularly and effectively and that they spoke on the phone prior to the client's assessment. The client is a full-time student and is not currently employed. She is a junior year, Communications Studies major with a Business minor. She noted that she does not like her major very much and would like to switch to social work, but believes it is too late for her to switch majors and still graduate on time. The client mentioned the possibility of attending graduate school for Social Work after graduating with her bachelor's degree but is unsure how she would pay for this schooling. The client described herself as a "pretty good" student and stated that she mostly keeps to herself in academic settings. The client has no affiliation with the military. The client is single and currently lives with two roommates in a house in her college town. The client identified this as her primary residence year-round and stated that she no longer has a room in her mother and stepfather's house. The client's primary mode of transportation is her car, although she does ride her bike roughly 10 minutes to school almost every day. The client has no past or present involvement within the legal system.

Cultural Factors and Transitions

The client is a twenty-one year old, white, non-disabled, bisexual woman. The client stated that she is finally in a place where she can accept these identities and appreciates that the adverse treatment that she has experienced as a bisexual woman has made her more powerful and stronger in her identity. The client also recognized the immense amount of privilege that she has received as a white person and stated that she only recently became aware of such privilege within the last two years of her life. The client was born and raised in the United States and cited no cultural abnormalities. The client identified no cultural strengths or challenges.

Spirituality

The client identified herself as being a spiritual, but not religious, person. She expressed that her spirituality does not rely on the presence of a God, but instead “focuses more on connecting with the earth”. She outlined her spirituality as being more free-willed than most spiritual practices. The client identified a major core belief of hers being that all people are put on earth for a purpose and the meaning of life is found in figuring out what that purpose is. The client stated that her world view at times conflicts with the norms of society’s world view. The client identified her desire to observe her spiritual practices in all she does as a spiritual strength, and her inability to practice as often as she would like as well as her spiritual beliefs not lining up with the rest of society’s primary spiritual beliefs as her spiritual challenges.

Other Significant Factors

The client stated no additional information.

Diagnostic Statement

The client's primary concern is daily feelings of depression and uncontrollable anger which are greatly impairing her daily functioning. The client feels “down about life” almost every day to the point where she finds herself in a negative mood all the time. This negative mood often leads to the client experiencing a short temper, increased frustration, and frequent outbursts. The client has several strengths, including her resilience and ability to overcome trauma and difficult experiences that she has lived through in her life. Additional strengths include her advanced dancing ability, self-awareness, memory, and desire to analyze spiritual practices in all she does. The client has experienced significant trauma that has resulted from the death of her father and experiences of unhealthy relationships with friends and significant others. The client is aware of her current problem with depression and anger and hopes to develop more healthy coping mechanisms to allow her to deal with her daily struggles in a more positive and beneficial way. The client is open

to receiving services in hopes that her life will improve as a result, but is also slightly apprehensive regarding the helping process because of negative past experiences of incompatibility with therapists. The client is aware of free group counseling through the counseling services office at her university as a potential resource but has not yet attended because she is fearful of the group aspect of this service. She feels individual counseling would be a better fit for her at this time but may be open to attending group counseling if this belief or her circumstances change. The client is committed to using resources, such as this agency, in an effort to improve her daily functioning.

S.M.A.R.T Goals

Target Problem: Depression and uncontrollable anger

Goal 1: By the end of services the client will identify and verbalize at least three new healthy coping mechanisms to be used to calm self down when the client begins to feel as though an angry outburst may occur.

1. Objective 1: Client will try out at least one new healthy coping mechanism each week to determine which strategies work best for her.
2. Objective 2: Client will record her positive and negative experiences trying out each new coping mechanism in writing and rank them on a scale from least helpful to most helpful in preventing angry outbursts.

Goal 2: By the end of services the client will identify, challenge, and decrease the frequency of negative self-talk, replacing it with positive self-talk.

3. Objective 1: The client will pause to address and replace negative self-talk with positive and empowering self-talk immediately after it occurs.
4. Objective 2: The client will praise herself frequently and engage in intentional positive self-talk at least five times a day.