**Bio-Psychosocial-Spiritual Assessment (BPSS)**

Eliza S. Ayles

Longwood University

SOWK 330: Methods Practice I: Individuals and Families

Professor Betts

October 24th, 2021

Bio-Psychosocial-Spiritual Assessment (BPSS)

**Identifying Information**

The client will be referred to as RL and goes by the pronouns: she/her/hers. She was born in Roanoke, Virginia on February 22nd, 1998. She is a 23-year-old White female. She identifies her social class as middle class. She states that she has no religion or beliefs.

**Referral Statement**

The client was not referred to this agency by a doctor but found us with the help of her boyfriend and siblings. RL has been suffering with anxiety, depression, and panic disorder which are the presenting problems here today. Her anxiety and depression became present when she was in the 7th grade and the panic attacks appeared around a year and a half ago. With the client’s anxiety, she tends to feel nauseous, her heart racing, dizzy; with the depression, she shuts down, becomes irritable, struggles doing basic daily activities, does not enjoy going out anymore; and with the panic disorder, she has panic attacks, causing her to not be able to breathe, shake, cry, and starts to get hot. She states that she always feels anxious, but “has learned to live like that”. She struggles with depression at random times and the symptoms occur anywhere from a week to a couple of months. She feels that her depression is present more times than not each year. She used to have multiple panic attacks a day, each day, but says she has one about every other day now. The client states that her panic disorder became severe “out of the blue, went to sleep without ever having one and woke up the next and have had them since”. This led to her having to miss work or leave work early. She says that her panic disorder get betters and then starts to backtrack and has “many rough days in a row”. Due to her having a panic disorder and anxiety, she worries about doing things she used to love so she misses out on it now, resulting in her depression to get bad. The client is prescribed Xanax for the panic disorder and says that she is tired of having to rely on it to do basic things. She wants help because she is tired of having to miss out on things she loves. She has never been to this agency but went to a therapist when she was in 8th grade for five sessions. She did not like it and feels that the therapist would tell her parents what was said during each session. She was going for depression and anxiety, and told the therapist, “Are you supposed to be making me feel worse about myself?”, and never went back to any therapist. The data for this assessment is being obtained from the client.

**Biological Factors and Functioning**

RL has long, curly, light hair and looks to be about 5’10. The client appeared to be dressed appropriately for the weather and presented good hygiene. The client had her nails done, as well. RL seemed nervous at the start of questions evidenced by fidgeting with her nails and hair. By the end, she was more open and answered more comfortably. She maintained good eye contact towards the end. Her physical functioning appeared to be normal. RL says that her mother took all the proper vitamins that her doctor would recommend and had no complications during the pregnancy nor during/after the birth. She was born vaginally 4 days late. For her developmental milestones, she says that she was on time for everything, but was walking by 10 months. She has never had any surgeries, or medical emergencies. The client was prescribed Xanax for her disorder. RL has been through emotional and mental abuse from her first boyfriend, from 8th-12th grade. She stated that it does not affect her anymore and has moved on completely with the help of her current boyfriend. She has encountered many hurricanes, living in Florida, and has lost two apartments from them. RL states that she has never thought about killing or harming herself but said that “I wouldn’t mind dying if it happened”. Her paternal grandfather attempted suicide a few times, by hanging, and the client’s father was the one who found him twice. She is prescribed Xanax, 1.5 mg each, and should take up to three a day. RL took it regularly when it was first prescribed but started to only take it if she is going out because she worries about getting addicted. The client states that she does not drink, but smokes marijuana before bed each night. RL states that a joint can last her four-five days. She randomly takes smoking breaks and says there is no reasoning for the breaks.

**Psychological Factors and Functioning**

 The client states that she is no longer angry with her past and stuff she went through but wants to be able to move past all of it, fully. RL states that when she gets anxious or depressed, she tends to shut down and recognizes that it is a problem to do so. Her boyfriend is her biggest support system and is her biggest motivation to receive help because she “wants to do better for him because he has tried so hard”. RL was diagnosed with depression and anxiety in 7th grade and was later diagnosed with panic disorder in June of 2020. She does not remember the practitioners’ names who diagnosed her, as she said 7th grade was while ago and the doctor here was “a random” and not her main doctor. She has been prescribed antidepressants (she does not remember the names because it was a while ago, as well) and stated that “she hated life even more while taking them and was going into a much deeper place than before” so she stopped taking them. On her maternal side, anxiety and depression run in the family. On her paternal side, depression, anxiety, bipolar disorder, panic disorder, and schizophrenia run in the family.

**Social Factors and Transitions**

 The client states that she has struggled with her relationship with both, her mom and dad. The relationship was fine until around high school. She described the relationship between her parents was always parent/child and “sometimes [she] wishes they would be there on a friend/child level”. RL stated that her dad was always hard on her, even when she was in a dark place and wished he was there for her more. She has her boyfriend of three years, who she lives with, and she describes their relationship as perfect. RL stated that “[she] has never felt this type of love before” and at first, believed it was too good for her. When she moved to Florida for school, she left all her friends and does not talk to any except for one now, who she considers her best friend. In college, she made friends, but once they graduated, they all went back home, so she does not have anyone besides her boyfriend. RL says that she has an incredibly close relationship with her sister, and her sister has helped her throughout her struggles. She also has a brother, who she is close with, as well as her brother’s wife. The client states that she wishes she lived closer to her siblings because it is hard being apart from them for so long. The client has strong communication skills and considers herself to be highly independent due to the fact she lives so far from her friends and family. In school, RL never got in trouble and all her teachers loved her. She received good grades (AB honor roll) and was quiet and got her work done as needed. She stated that her attendance was good until her depression became present, resulting in her missing school. However, she said that her teachers would work with her during these times. In her neighborhood, she was not close with the children her age, but considered her direct neighbors to be another set of grandparents to her. For her work experience, she has worked in a handful of places, one being Eddie Bauer in both Virginia and Florida where she was the assistant manager. In Florida, she described her bosses as horrible and unbearable to work with resulting in her quitting. She is currently working at Allstate and loves her job and coworkers. She says that she has a good work ethic, because she will work hard and pick up on what other coworkers are missing. The client describes a good social support system in her life. RL has no legal offenses on her record.

**Cultural Factors and Transitions**

 The client is a White, 23-year-old female, who identifies as heterosexual and is nondisabled. RL says that growing up, Christmas was a big holiday and would go to the Christmas Eve service every year. She says Christmas is still a big deal in her family, but she is not required to go to church anymore. Her family would also go to church every Easter, but that has since stopped.

**Spirituality**

 The client is an atheist, but grew up going to church every Sunday, Ash Wednesday, Christmas Eve, and Easter. She was never given the option of whether she went or not, which she believes contributed to her not wanting to go to church anymore and not believing. However, her parents give her the option when she is home, and she does not go to church in Florida. Her family does not know she is an atheist, but her friends do, and it does not impact them, she says. The client says the two things she values most are respect and honesty.

**Other Significant Factors**

The client did not state any other information.

**Diagnostic Statement**

 The clients main concern is her anxiety, depression, and her panic disorder. RL has experienced trauma in her life. The client has been through both emotional and mental abuse due to a previous person. The client’s family also has numerous mental disorders, which has made it hard because a lot of people in her family struggle. The client lists her strengths as resilient because she has been able to overcome everything that has been thrown her way. She also believes she is dependable because she has always been there for her friends, family, and/or boyfriend whenever they need her. I consider the client to be strong because she recognizes that she needs help and wants to get better, therefore she came into our agency today. She recognizes that shutting down as a coping mechanism is not healthy and wants to work on it. Due to previous agencies and the lack of help, RL was hesitant about this agency, but after the interview, she felt much better. The client is committed to working on her presenting problems and says she is willing to do whatever it takes.