

**Biopsychosocial-Spiritual Assessment**

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## Biopsychosocial-Spiritual Assessment

M.M. is a 19-year old white female who is in the middle class. The client was born in South Hill, Virginia on June 30th, 2002. M.M. stated that she is Christian and attends church every Sunday morning.

### **Referral Statement**

The client states that she was given no referral, but instead chose to seek help on her own for her issues with her anxiety. M.M. states that she doesn't exactly know when her anxiety started, as she believes that it has always been a thing. However, she believes that she began to realize her anxiety more when she was seven years old.

The client mentioned that with her anxiety, she often finds herself overthinking. She also struggled to discuss her feelings, as she often feels like a burden, and hates confrontation to the point where she will try to avoid it if possible. She also mentioned that she struggles with social anxiety and feels as though she may have some form of agoraphobia. She also struggles to sleep, as she often stays up late at night panicking. When asked about what she panics over, M.M. stated that she just seems to panic over life in general and struggles with the thought or idea of death. The client stated that she also commonly has panic attacks. When asked about these panic attacks, the client states that her panic attacks can last anywhere from fifteen minutes to two hours depending on who she is around and her location.

When asked about the frequency of her anxious tendencies, M.M. stated that she struggles with anxiety daily, specifically at least twice a day. On really bad days, the client states that she may feel five or more symptoms throughout her day. She also states that she realizes that her symptoms are severe and that they have gotten worse over time. When asked how her

symptoms have gotten worse, M.M. mentioned that she now tends to overthink more and has increased thoughts of suicide.

### **Biological Factors and Functioning**

The client seemed to be pretty comfortable during her assessment. However, when asked difficult questions, the client was seen to have a nervous laugh when giving her answers and no matter how serious the question, she would often make jokes when giving her answers in what I can only assume was an attempt to make the atmosphere less serious or sad. Physically, M.M. was dressed appropriately for the weather and was well-groomed. The client showed throughout her assessment that she has physically functions well.

M.M. stated that when it came to prenatal care, her mother did what she needed to and listened well to the doctors throughout her pregnancy. The client stated that there were no complications during her mother's pregnancy or her birth and that her mother did not use any substances during her pregnancy. The client stated that she was a vaginal birth and was born on time. When it came to her developmental history, M.M. states that she hit almost all of her developmental milestones on time. However, she was behind on potty training but only during night-time. She isn't sure why, but she states that she was potty trained but had to wear diapers to bed at night for this reason.

When discussing the client's medical history, M.M. states that she has had no serious illness, injury, hospitalization, or surgery. She also has no medical conditions and has never been pregnant. Currently, the client is using sertraline and lorazepam for her anxiety and panic attacks.

The client is seen to have a history of trauma. M.M. states that she has dealt with a lot of emotional abuse, specifically from her mother and grandmother which mainly consisted of a lot of guilt-tripping, gaslighting, and insults. The client also mentions instances of physical abuse,

such as her mother slapping her for defending herself and her mother throwing her on the floor once as a child, which she says was because her mother “had a bad day”. The client has never been in a car accident, house fire, or natural disaster.

When going over the client’s suicidal assessment, M.M. mentions that she often has thoughts of harming herself which occur daily. However, she has no plan and no previous attempts. When it comes to her family’s history of suicide, the only person within her family that the client mentioned was her father’s step-daughter, who committed suicide before Morgan was born.

M.M. does use prescription drugs for her anxiety. She states that she takes 50 milligrams of sertraline once a day. Sertraline acts as an antidepressant and helps with her depression and anxiety. When it comes to her lorazepam, M.M. states that she can go days without using this or uses it twice a day on more severe days. The client described lorazepam as a medication she uses for her panic attacks and insomnia, however she doesn’t use it for her insomnia as she fears that she will grow used to the medication and it will no longer work as well when she uses it for panic attacks.

The only substance that the client mentioned using was alcohol, which she states that she uses once or twice a week, but only in social situations. She made it clear that she does not drink when she is alone, as she states that she has no interest in drinking when outside of social situations. She most recently drank on October 13th and began drinking when she was 17 years old. The client doesn’t drink enough to have any periods of sobriety. When stating her family’s history with substance use, the client mentioned that her mother, grandfather, uncles, and aunts all also use alcohol.

### **Psychological Factors and Functioning**

The client is observed to be very creative, as she finds enjoyment in creating her own stories in the form of writing on her laptop. The client also enjoys art, such as painting and drawing. It was noticed that the client seemed somewhat afraid of being judged, as she was observed to be hesitant with answers when it came to certain subjects, but she was very truthful throughout her assessment no matter her hesitation. Emotionally, the client appeared to be pretty mature as she is pretty self-aware of herself, her emotions, and her emotional weak points. The client stated that her defense mechanisms consist of keeping herself busy or shutting down emotionally.

She is motivated to do better and grow by her hopes to complete college, become a history teacher, and figure out where to live with her boyfriend. She is also motivated by her boyfriend, who she says pushes her to keep going and become a better person. The client is seen to not have good impulse control, as she states that she struggles with spending her money to buy herself things such as clothes or shoes. As seen through what the client has been through, M.M. shows good resilience. As of now, the client is in the Young Adulthood psychological stage, which is categorized by intimacy vs. isolation. The client shows that she is in this psychological stage not only because of her age, but because she shows that she struggles to maintain intimate, loving relationships with others. She states that she wants friends, but struggles to maintain friendships as she is busy with work, college, and her relationship with her boyfriend.

Previously, the client has been diagnosed with anxiety. She struggled to remember what age she was diagnosed at, but she does remember that she was diagnosed by Dr. Bailey, who is a doctor that M.M. still goes to today for her help with her mental health. When discussing her family's history of mental illness, the client stated that her mother does struggle with depression and tends to show signs of possibly being bipolar.

### **Social Factors and Transitions**

As of now, the client states that she has a good relationship with her mother, as they have had somewhat of a rocky relationship in the past. The client mentions that their relationship still isn't perfect, but they are trying to work on things and grow closer. M.M. states that, before the passing of her father, they had a very close bond. The client states that she still has a strong connection to her father and works hard to make her father proud. With her step-father, step-sisters, boyfriend, and grandmother, the client mentions that they also have a good relationship.

The client mentioned that she went to private schools throughout her life until she began attending college. She said that she often had a good relationship with her teachers, but struggled to bond with her peers as she did not grow up in the same financial situation as her peers did. The client mentioned that she usually had good grades and was an Honor Roll student who maintained As and Bs throughout her school life. M.M. also stated that she had good attendance, no behavioral concerns, and never had to change schools.

The client mentioned that she doesn't really speak to her neighbors, as their houses are pretty spread out along the street she lives on.

M.M. also mentioned that she attends Buffalo Baptist Church in South Boston, Virginia almost every Sunday.

The client used to work at Cracker Barrel in South Hill, Virginia and quit about a year ago. Now, the client works at Blue Creek Cove in Clarksville, Virginia. The client mentioned that she has a great relationship with her coworkers and has made many new friends at Blue Creek Cove. She did not enjoy working at Cracker Barrel as it often stressed her out, but she now loves her job at Blue Creek Cove.

The client mentioned that her main sources of income are her job, her mother, and her shared bank account with her boyfriend. As of now, the client mentioned that she now lives with her boyfriend and has lived with him for about a year now. M.M. uses her car for her transportation needs. The client said that she has no offenses or convictions.

### **Cultural Factors and Transitions**

The client mentioned that she used to struggle with balancing her religion and her social life as she was growing up. The client said that her mother and grandparents are strongly Christian and frequently tried to guilt trip M.M., sometimes with their religious beliefs. The client said that the reasons behind their guilt trips would be over something small, such as missing dinner with her grandparents or wearing an outfit that her mother or grandparents did not approve of. M.M. also grew up in a home where she was not allowed to discuss her mental health. When she did try to speak with her mother about her mental health, her mother would often try to compete with M.M. and undermine the client's mental health issues by saying her's are worse or that the client didn't have mental health issues and was just being dramatic.

### **Spirituality**

The client was born and raised in a house that practices Christianity. Today, M.M. still believes in Christianity and practices it, but not to the extent of her grandparents. The client mentions that even though she is Christian, she does not judge those who are not Christian and doesn't try to push her religion onto others. She also believes that God is forgiving and is not as strict as her grandparents and mother made God out to be.

### **Other Significant Factors**

Throughout this assessment, the client displayed many strengths. The client was able to identify a few of their own strengths, such as they are patient with others, kind, and

friendly. A few of the strengths that I was able to identify within M.M. were that she is open to growing and changing, she handles criticism well, she is pretty open-minded and non-judgemental, and she is a creative person whose creativity is really shown in her writing.

### **Diagnostic Statement**

The client stated that her primary concern was her anxiety. The client struggles with anxiety daily and has mentioned struggling with overthinking, expressing her emotions, confrontation, social anxiety, possible agoraphobia, and panic attacks. The client mentioned that her anxiety can cause her to stay up late at night pondering over her life and the idea of death. The client showed several strengths, such as her self-awareness of her issues, her openness to growing and changing to become better, and her friendly nature. The client has experienced emotional trauma mainly from her mother and grandmother. The client's trauma mainly revolves around her mother and grandmother's insults, gaslighting, and guilt-tripping. The client understands her issues with her anxiety and hopes to work on these issues. One source of disequilibrium between M.M. and her struggle with her anxiety is her past with her mother and grandmother and what she is still working to get over today.

The client has grown to realize that she can't please everyone and has begun to focus on what makes her happy. M.M. has good communication skills and a strong work ethic. The client's models of coping are reading, journaling, listening to music, watching television, cleaning her living space as a distraction, and spending time with her boyfriend. The client mentioned that she noticed an increase in her motivation when she began dating her boyfriend about two years ago. She does have access to external sources.

M.M. has many resources available to her for her problem resolution change and growth. One source available to the client is therapy groups that mainly focus on anxiety. M.M. also has



the option of going to family therapy with her mother in an effort to resolve any past issues and grow a closer bond with her mother. For a more personal therapy experience, the client also has the option to attend individual therapy to work on her anxiety and any unresolved issues from her past. The client has many resources which she could use for a solution to her issues with her anxiety. However, the main three that I find would benefit the client the most would be group therapy that focuses on anxiety, family therapy between the client and her mother, and individual counseling for the client.