

Biopsychosocial-Spiritual Assessment

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SOWK 330

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March 20, 2022

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The client goes by Lisa. She is 43 years old, and she is a white cisgender female. Lisa was born in Baltimore, Maryland in the United States on February 13, 1979. She does not identify with any specific religion. She is currently unemployed and receiving disability benefits.

Referral Statements

Lisa was referred to our services on the fourth of March, 2022 by her prior outpatient therapist. She had been seeing the previous therapist for approximately five years, and Lisa felt that little progress had been made in that time. The presenting problem for Lisa is her diagnosis of bipolar I disorder. She received this diagnosis at the age of 22 after having her first child. At this time, she also developed an alcohol addiction. She received therapeutic and psychiatric services beginning at the age of 22, but she stopped receiving therapy after 8 weeks. She does not recall the name of the service provider for her initial therapy services.

Lisa stated that in 2018, after having her fourth child, she experienced an episode of psychosis that led to hospitalization for three weeks. She was then placed in an outpatient program consisting of three mental health sessions for eight weeks, following which she was referred to an ongoing therapist with whom she stayed for approximately 5 years. She stated that during that time, she experienced frequent relapses in addictive and impulsive behavior. She expressed that over time, her symptoms of bipolar disorder have worsened, as she continues to utilize unhealthy coping mechanisms such as cutting.

She described her experience with bipolar I disorder as having manic and depressive episodes. She stated that her manic episodes can last between 2 weeks and 2 months, and she is generally energetic and productive during these times. She stated that she starts various projects, such as gardening and organizing, but tends not to complete them. She also stated that she will

shop impulsively during these times, as she once purchased 200 LOL Dolls which now remain in a large tub in the basement. She also experiences depressive episodes, during which she experiences overwhelming shame and becomes sedentary for weeks at a time. She stated that she is unable to sleep during depressive episodes; she will lie in bed staring at the ceiling without eating or showering during these times. These experiences occur randomly for a duration of at least 2 weeks. She believes that she experiences a relatively equal balance of manic and depressive episodes throughout the year. The client views her problem as a strain on her ability to be a good mother and a good person in general.

Biological Factors and Functioning

Lisa appeared to be well-groomed and dressed in appropriate clothing for the warm weather. She had recently gotten dentures, which made her words slightly muffled as she was adapting to their presence. She maintained eye contact and averted her eyes when providing in-depth responses. She was constantly moving, such as tapping her feet and using her hands expressively. Her body language indicated that she was open and comfortable with the conversation. Her physical functioning was adequate, as she expressed no issues with her physical abilities and senses. She is an able-bodied individual.

Lisa was born at full term, and it was a vaginal birth. There were no complications during her mother's pregnancy nor the birth. The mother did not consume alcohol and/or other medications during pregnancy. Lisa did not know the specific age at which she reached each developmental milestone, however she confirmed that she sat, crawled, walked, talked, and was potty trained at "the normal age" according to her mother.

Lisa has had a near death experience due to alcoholism. She has been in the hospital three times in the past 15 years for detoxification from alcohol. She was taken to the hospital for her

first detoxification after attempting to stop drinking at home; this resulted in hallucinations and seizures. During the second detoxification, she was informed that she had two weeks to live. During this specific hospital visit, they discovered that her gallbladder needed to be removed. She received surgery during that time as well, and she was given oxycontin for the pain. She noted that this was a particular risk because of her history with addiction, however she did recall the specific dosage. She was sober for five months after that hospital visit before she relapsed again.

Lisa stated that due to alcoholism and the lack of tending to her personal hygiene for lengthy periods of time, she had to have all of her teeth removed from her mouth at the age of 38. It took until last week to obtain proper fitting dentures.

Lisa stated that she began drinking alcohol at 25, and she would consume one bottle of bourbon each day. She began seeing an addiction doctor in 2018 who prescribed suboxone to prevent cravings. The dosage she takes is 8ml in the morning, 4ml in the afternoon, and 8ml at night. Around this time at the age of 38, she switched to wine in an attempt to diminish her alcohol use. She stated that she would consume eight large bottles of wine a day, and this went on for two years. In total she has had five periods of sobriety. The first lasted two months, the second lasted five months, the third lasted 14 months, and the fourth lasted three months. Lisa has been sober for three years now. Lisa stated that her father and all four of her grandparents (maternal and paternal) had alcohol addictions. Her father's death was related to alcohol use.

Lisa has been pregnant five times. Two were delivered by cesarean section, those being the first and last of her children. Her second and third children were delivered vaginally. Before she had her fourth child, she became pregnant and had an abortion.

Lisa has been in one house fire. When she was 6, their family trailer burned down and they were forced to live with her grandmother until they found a new home. Lisa has a trauma history of sexual abuse. She was molested once at the age of five, twice at the age of six, and once at the age of eight years old. She stated that the first instance was perpetrated by her uncle, who was confronted but remained in her life. The rest of the occurrences were perpetrated by three different male babysitters. They were also confronted by the mother of Lisa, however Lisa did not receive trauma-focused therapy after these occurrences.

Psychological Factors and Functioning

Lisa displayed exceptional cognitive and communicative abilities. She was well spoken and exhibited a creative sense of humor. The client's temperament was calm, and she was in a good mood during the session. The client described her defense mechanism tendencies to be a fight response. She has experienced moments throughout her life during which her temper has led her to physically lash out at others. The client is generally highly motivated to get better and be a part of the lives of all of her children. She expressed that a symptom of bipolar disorder that she experiences during her depressive episodes is a severe decrease in motivation and self-esteem. She also has limited impulse control, but she has a high sense of self awareness.

She received a diagnosis of bipolar I at the age of 22 by a practitioner in Fairfax named Dr. P. This psychiatrist prescribed effexor, of which she takes 300 ml in the morning. She was also prescribed lamictal, of which she takes 200 mg each morning and night. She switched psychiatrists in 2014 because her previous psychiatrist retired, but her medications have remained the same. She stated that she habitually harms herself during depressive episodes, during which she cuts her legs 200 times. She stated that this happens about once a month. She stated that she has never contemplated suicide.

None of her family members have received mental health diagnoses, and there is no family history of self-harm or suicide.

Social Factors and Functioning

Lisa stated that she currently has no close friends, but she is very close with her family on her maternal side. She is really close with her mother but cannot be open about feelings and emotions. Her father passed away 10 years ago, and her step father moved away after divorcing the mother of Lisa. She is very close with her oldest daughter, who is her second child. She stated that they have a great relationship in which they speak honestly about emotions and other topics. She is close with all four of her children, however her eldest son was described as a recluse, and she desires to be closer with him. This child is living on his own while the second eldest is living away at school. She currently lives with her third daughter, who is in elementary school, and the father of that child. Her first two children were fathered by her ex-husband, her third child was fathered by the man she lives with now, and the fourth child's father is not in the picture. The fourth child has been adopted by the brother of Lisa and his husband. Lisa has a close relationship with this brother. She also has a sister with whom she speaks everyday, and she has two step siblings who she sees once a year.

Lisa stated that she is celibate, as she used to have a sex addiction but has had no interest since she became sober. She no longer desires any romantic partnerships. She lives with her ex-boyfriend who is the father of her third child, and she described their relationship as "strange," but she is only trying to be there for her daughter.

She has never had issues with domestic violence, however she used to physically lash out at other students when she was in grade school. She stated that she once tackled another student on the bus for poking her. Other than the physical violence, she did well in school. Her grades

were all A's with the occasional B. She did not have close relationships with any of her peers or teachers. She stated that she felt a lack of belonging amongst them. She stated that she moved a lot during her elementary school years, but by the time she was in junior high, her family had established a permanent residence in Manassas, VA. She attempted higher education at George Mason University, however she felt a lack of belonging there as well and dropped out when she became pregnant with her first child.

Currently she lives in a neighborhood in Fairfax in which she does not interact with the community. She attends doctors appointments utilizing medical transportation because she does not drive. She remains home unemployed and spends most of her time gardening, painting, and performing chores around the home. She occasionally attends NA and AA meetings in the community, approximately once a month. She does not have a place of worship, and she does not volunteer.

She has been involved with the law; at the age of 18, she was charged with a misdemeanor when caught shoplifting. At the age of 30, she received another shoplifting misdemeanor. She described herself as a kleptomaniac and stated that she has not shoplifted since her last charge, however she still has the urge to do so.

Cultural Factors

The client stated that her disability status has had the largest impact on her life. She does not consider her race, age, and gender as having a large impact on her functioning in society. The client stated that initially, her family had been unsupportive of her as she struggled with her mental health, however they have become more aware and now embrace her journey. She stated that the values and beliefs of her family as they pertain to mental health and addiction have been crucial in her recovery.

Spirituality

The client is not religious, however she stated that she prays each day. She accepts that there is a higher power, and this has been a crucial piece in her recovery. She stated that she values honesty and integrity more deeply and has become more open and honest with her surrounding family members than she ever was before she became sober.

Diagnostic Statement

The client's main problem is her diagnosis of bipolar I disorder and her functioning as it pertains to impulse control, depression, and mania. The client is also concerned with continuing in her sobriety and strengthening her relationship with her children. The client has experienced physical and emotional trauma. Her strengths are her honesty and self awareness. She is also empathetic and caring towards her children. Her devotion to her recovery and her family is one of her greatest strengths. She identified that she is no longer a people-pleaser, and she has become a strong advocate for herself and her family. The client will continue to utilize psychiatric and therapeutic resources as well as her addiction doctor and the Alcoholics Anonymous meetings which she attends.