Initial Diagnostic Interview (90801) (H0031-HO)

Mental Status Exam

Appearance: Age-appropriate, adequate hygiene
Affect: Constricted
Orientation: Oriented X4
Mood: Depressed/Anxious
Thought Content: Appropriate
Thought Process: Logical
Speech: Normal
Motor: Slowed
Intellect: Average
Insight: Partially Present
Judgment: Limited
Impulse Control: Limited
Memory: Intact
Concentration: Within normal limits
Attention: Within normal limits
Behavior: Cooperative
Thought Disorder: No Problems Noted

Risk Assessment

	None Noted	Thoughts Only	Plan (describe)	Intent (describe)	Means (describe)	Attempt (describe)	Able to Contract for Safety
Suicidal Ideation		Denies					Yes
Homicidal Ideation	None						

Risk Factors:

- ____ Non-compliance with treatment
- ____ AMA/elopement potential
- __x__ Prior behavioral health inpatient admissions
- ____ History of multiple behavioral diagnosis
- ____ Suicidal/homicidal ideation

____x__ Domestic Violence
_____ Child Abuse
____x__ Sexual Abuse
_____ Eating Disorder
_____ Other (describe)

The client is a 14 year old female Caucasian, approximately 5'5", appearing to be somewhat underweight. She was dressed in age appropriate clothing including a knit shirt, blue jeans, and tennis shoes. Hygiene was adequate. Her curly brunette hair was cut short. She does not wear glasses. She presented as neat, clean; she was on time for her appointment.

Her speech seemed somewhat slowed, with a deliberate choice of words. Her eye contact was fleeting, but not unusually so. She sat straight up in her chair, with her hands clasped in her lap except to gesture occasionally to make a point. Her mood was neutral for most of the interview, lapsing into sad

affect and tears at one time. Her affect was appropriate; she was oriented to person, place, time, date, and day.

Thought processes were logical and content was appropriate. Her body language and motor movements appeared somewhat stiff and controlled; no agitation of feet or restless hands. Insight and judgment were normal; no evidence of impulse control issues. Her concentration and memory were somewhat impaired when asked to count backward by 7's; she was able to repeat words in order without error and interpret common proverbs appropriately. No evidence of delusions, loose associations, flight of ideas or thought blocking. Her behavior throughout the interview was cooperative.

She denied any homicidal ideations or suicidal ideations or plans at this time. When questioned about her hospitalization for cutting her wrist, she began to cry, insisting she wasn't trying to kill herself; she wanted to feel "better". In the past scratching her skin until she could see blood seemed to make her feel calmer, but this time it didn't work so she cut harder. She stated she was scared and wanted help; her previous therapist didn't understand her "…. probably because he is a man, I need to talk to a woman."

She related her background with the same information found in the Pre Treatment Assessment, describing her self as "kinda solitary" but not lonely. She revealed that she had been sexually abused by her biological father from ages 6-7 but refused to elaborate. She related the events of the physical abuse she and her mother went through at the hand of one of her mother's boyfriends.

Symptoms of depression elicited were increasingly poor appetite, difficulty sleeping well, repetitive nightmares, extreme fatigue, and feelings of emptiness that nothing really mattered anymore. She stated that she had been prescribed Prozac for several months but couldn't tell any difference in her mood. When questioned she could not tie her mood change to any current incident in her life.

In Summary: This 14 year old girl demonstrates increasing depression and anxiety as evidenced by the symptoms of poor appetite, difficulty sleeping well, repetitive nightmares, flashbacks, extreme fatigue, and feelings of emptiness. Her recent episode of cutting is also an increase in previously somewhat benign self-harm behavior in the past. She has a history of sexual and physical abuse as a child which may be of significance to her current mood status at this time in her life.

Diagnosis:

309.81-Post-Traumatic Stress Disorder
296.22 Major Depression, moderate, single episode
Migraine headaches reported
995.54 Child Physical Abuse, confirmed, initial
995.53 Child Sexual Abuse, confirmed, initial

2. Treatment Recommendations:

This client may benefit from cognitive behavioral outpatient therapy to address the recent increase in depression and self-harm behaviors. At this time individual therapy is most appropriate, one time a week with re-evaluation at the end of two months.

Relaxation therapy and cognitive behavioral outpatient therapy should be utilized to address symptoms of anxiety.

A safety plan should be created for protection in case cutting behavior continues or worsens.

Administration of the Beck's Depression Inventory and another measure of depressive thought patterns would be helpful to determine current baseline symptoms.

Due to the client's introverted nature and recent events, explored referral to a small divorce group, Parents United or another smaller support group or a class to learn a hobby where client needed only to listen.

Review of psychotropic medication is required; a subsequent appointment should be scheduled and a release from her PCP obtained.

Supervisor/ Diagnostician Signature/Date

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