

CONFIDENTIAL PSYCHOLOGICAL ASSESSMENT REPORT

Name: Felicia John
Gender: Female
Birthdate: April 4, 1993
Age: 23

Date of assessment: July 26, 2016
Date of report: July 30, 2016
Examiner: Laura Doney, MC Practicum Student
Supervisor: Elaine Griedanus, Registered Psychologist

REASON FOR REFERRAL

Felicia was referred for psychological assessment at the request of her current therapist, Mrs. Regina Falangie, to provide information on Felicia's emotional and mental health and inform treatment decisions.

BACKGROUND INFORMATION

The following information was gathered using an intake questionnaire completed by Felicia and a face-to-face interview with Felicia.

Family History

Felicia was born to parents Donna and Roger in 1993. She was born in Granum, Alberta and lived there for her entire childhood until moving to Lethbridge, Alberta at the age of 18. Felicia is the second of three children. To her knowledge, she met all her developmental milestones as a child and did not report any significant illnesses or medical concerns. Felicia played volleyball and soccer in both school and the community as a child, however reported that she did not play sports as a teenager due to an increase in body weight and self consciousness. In grade ten, she visited her family doctor, who stated she might be suffering from Bulimia. Felicia reported that she did not follow up with her doctor regarding this matter and reported this interview being the first time she has spoken of her eating behaviours since.

Both Felicia's parents suffered from symptoms of depression. Donna and Roger divorced when Felicia was ten years old. Felicia stated she was verbally and emotionally abused by her father as a child and adolescent and reported having no contact with her father after he and Donna divorced. Felicia described her current relationship with her father as "superficial and practically estranged". Donna currently lives in Granum, Alberta and visits Felicia at least twice a month. Felicia described her relationship with her mother as positive and reciprocal.

During Felicia's grade eleven school year, she met her now ex-husband, Michael, and six months later became pregnant with their first child. Felicia reported barely managing to graduate high school and recalled struggling socially and emotionally as a young mother in school. Shortly after graduation, she and Michael moved to Lethbridge, got married, and had their second child. Felicia reported that she experienced the "baby blues" for 6 months and during this time, she and Michael began to have marital problems. She reported that Michael often made comments regarding her weight. In 2014, Felicia opted for Gastric Bypass surgery in an effort to manage her body weight and sustain her marriage. After the surgery, Felicia lost 60 pounds, however reported that she has gained most of that weight back and continues to worry about her appearance. Felicia reported that there were no complications during or after her Gastric Bypass surgery and that she experienced a typical recovery according to her physician. She is not currently on medications and had no other significant surgeries or medical procedures.

Educational and Work History

Felicia is employed through a temp agency and currently works full-time as an Administrative Assistant for an Oil and Gas Company. She reported feeling fulfilled in her job, that she likes the business and professional environment, and enjoys working with people. Felicia also stated that her current position is a good fit for her lifestyle, as she can begin work early and pick her children up from school in the afternoon. Felicia reported no current financial concerns, however is worried she will have financial problems in the future.

Current Context and Concerns

Felicia experiences excessive and prolonged periods of sadness, coupled with moments of uncontrollable crying that can last up to thirty minutes. She also has noticed changes in sleep patterns marked by difficulty falling asleep due to worries and fears. Felicia reported that she gets more sleep when she has exercised during the day, however typically does not have energy to exercise due to feeling exhausted. She has also experienced an increase in nightmares, which prevent her from sleeping. Felicia reported an increased appetite during moments of stress and that she currently induces vomiting at least once a month and as often as once a week. Felicia reported frequently feeling muscle soreness and weakness, with daily headaches and tension in her neck and back.

Felicia continues to socialize with a few close friends, however her friendships have changed since her divorce and feels “isolated”. Felicia partakes in alcohol when socializing, and limits herself to one or two drinks. No other alcohol or drug use was reported.

ASSESSMENT PRESENTATION

Felicia presented as well dressed, emotionally stable, and cooperative during the interview and the assessment process. She responded with clear and relevant answers to the interview questions and appeared to be relaxed and talkative. Conditions for testing were optimal and provide an accurate estimate of her current emotional functioning.

ASSESSMENT INSTRUMENTS USED

In-person interview with Felicia
BDI-II (Beck Depression Inventory – Second Edition)
BAI (Beck Anxiety Inventory)
EDI-3 (Eating Disorder Inventory-3)
BSS (Beck Scale for Suicide Ideation)

ASSESSMENT RESULTS AND INTERPRETATIONS

Mood

Felicia’s mood was assessed using the Beck Depression Inventory – Second Edition (BDI-II). The BDI-II is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents. The BDI-II was used to determine the presence and degree of depressive symptoms consistent with the criteria for depression as listed in the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV). Felicia’s score fell within the **severe range** for symptoms of depression, indicating signs of extreme depression. Felicia scored high on items regarding hopelessness, sadness, guilt, failure, self-criticism, and lack of enjoyment/pleasure. Although Felicia reported no suicidal thoughts or

suicidal intentions during the interview, her results indicated high levels of hopelessness and recent thoughts of suicide.

Anxiety

Felicia's current levels of worry were assessed using the Beck Anxiety Inventory (BAI). The BAI is a 21-item scale that measures the severity of self-reported anxiety in adults and adolescents. The BAI was used to assess Felicia's current symptoms of anxiety consistent with the criteria for anxiety disorders listed in the DSM-III and the DSM-III-R. Felicia's score fell within the **severe range** for symptoms of anxiety. Felicia scored higher on items related to feeling scared, fear of the worst thing happening, and inability to relax.

Suicide

The BSS is a 21-item self-report instrument used to assess the severity of suicidal ideation in adults and adolescents. It measures a broad spectrum of attitudes and behaviours typically associated with suicide risk as well as specific suicidal characteristics that provide detailed information regarding suicide. Felicia's responses signified infrequent and vague (i.e. without a specific plan) thoughts of suicide and did not indicate any intent to act on those thoughts. Felicia indicated that when she does think about suicide, the thought will pass quickly and that she has never taken any steps to act on these thoughts. Felicia does not have access to any means to commit suicide at this time. I also used the Applied Suicide Intervention Skills Training (ASIST) approach to assess Felicia's level of risk. Based on the interview, Felicia is currently at **low risk** for suicide. Felicia developed a safety plan and shared it with Mrs. Falangie, who agreed to monitor Felicia.

Eating Behaviour and Risk

Felicia's eating behaviours were assessed using the Eating Disorder Inventory-3 (EDI-3). The EDI-3 is a self-report measure that consists of 91 items and yields six composite scores: one eating-disorder specific score and five general psychological constructs associated but not specific to eating disorders. The EDI-3 Symptom Checklist (EDI-3 SC) was also administered. The EDI-3 SC is designed to provide data regarding the frequency of symptoms consistent with criteria for an eating disorder as listed in the DSM-IV.

The **Eating Disorder Risk Composite** (EDRC) provides a global measure of eating and weight concerns and is comprised of sub-scales for: Drive for Thinness, Bulimia, and Body Dissatisfaction. Felicia's score fell within the 27th percentile, indicating that she is at **low risk** of having or developing an eating disorder. Felicia's score was notably higher on the Body Dissatisfaction (BD) sub-scale and fell within the average clinical range. Felicia's BD score indicates that she experiences dissatisfaction with her body similar to individuals with clinical eating disorders, however further medical considerations are required. Felicia's Body Mass Index (BMI) indicates that Felicia is currently above average for her weight and height. It is a

well-documented finding that body dissatisfaction is positively correlated with body weight, meaning that the more someone weighs, the more he or she may experience body dissatisfaction. Therefore, it is reasonable to consider Felicia's current weight as a contributing factor when interpreting Felicia's BD score.

The **Ineffectiveness Composite (IC)** provides information regarding self-esteem, sense of self-understanding, and feelings of emotional emptiness and aloneness. High scores on this composite reflect both a low self-evaluation and emotional emptiness that reflects a basic deficit in personal identity. Felicia's score fell within the 76th percentile, indicating severe levels of low self-esteem, emptiness, and aloneness. Felicia's score on the IC is relatively uncommon among those diagnosed with eating disorders and is more indicative of depression and possible suicidal ideation.

The **Interpersonal Problems Composite (IPC)** reflects the respondent's experience that social relationships are tense, insecure, disappointing, unrewarding, and generally of poor quality. Felicia's score fell within the 77th percentile, indicating extreme distress and that the experience of social relationships is negative in nature. Felicia's score on the IPC is relatively uncommon among those diagnosed with eating disorders and rather, is indicative of interpersonal problems related to relationships. Felicia reported having some successful and health relationships (i.e. with her children, her mother, a few close friends) however it appears that she predominantly view social relationships as undesirable and damaging.

The **Affective Problems Composite (APC)** assesses the ability to correctly identify, understand, or respond to emotional states and is reflective of mood instability, intolerance, impulsivity, recklessness, and self-destructiveness. Felicia's score fell within the 84th percentile, indicating severe and persistent problems correctly identifying understanding, and responding to emotions. Felicia's score on the APC is relatively uncommon among those diagnosed with eating disorders and rather, is indicative of emotional regulation difficulties.

The **Overcontrol Composite (OC)** provides information regarding beliefs about perfectionism, personal achievement, and deserving pleasure and self-care. Felicia's score fell within the 30th percentile, indicating a strong desire to please others, be the best at things, and avoid disappointing important others. Although a high OC score is common among those with eating disorders, it is not unique to eating disorders and in Felicia's case more likely represents experiences of anxiety and depression than an eating disorder.

The **General Psychological Maladjustment Composite (GPMC)** provides a global measure of all the psychological scales mentioned above. Felicia's score fell into the 74th percentile, indicating that she is experiencing distress across a wide range of psychological constructs. A GPMC score within this range is relatively uncommon among those diagnosed with eating disorders and is typically indicative of concerns regarding issues in psychological adjustment. In Felicia's case, her elevated GPMC score is in accordance with her self-reported symptoms of depression and anxiety and corroborates the severity of her current mood and anxiety concerns.

SUMMARY

Felicia requested a psychological assessment at the recommendation of her current therapist in order to provide information regarding her psychological health needed to inform treatment planning and case conceptualization. Felicia's results on the BDI-II and the BAI indicate that she currently demonstrates symptoms in the severe range for depression and anxiety and that she "constantly feels sad and worried". At this time, Felicia's clinical profile does not match an eating disorder, however she is currently experiencing a variety of psychological symptoms commonly associated with the development and maintenance of eating disorders. When taken together, Felicia frequently experiences symptoms within the areas of depression, anxiety, difficulties with interpersonal relationships, and emotional regulation. In light of these findings, Felicia maintains a full-time job, is an active and engaged parent to two children, and finds pleasure in going for walks and occasionally socializing with friends.

RECOMMENDATIONS

1. Felicia's difficulties with sleep appear to be significantly impacting her mood. She may benefit from a sleep assessment to provide additional information regarding her sleep behaviour and rule out a possible sleep disorder.
2. Felicia may benefit from seeing a psychiatrist to determine if medication is an appropriate intervention at this time with regard to her symptoms of depression and anxiety.
3. Felicia may benefit from a general examination from a medical doctor to determine if her current presentation is rooted in or influenced by an underlying medical condition.
4. It is highly recommended that Felicia continue to attend counselling on a regular basis. Felicia's counsellor should monitor indications of suicidal thoughts and/or behaviours and focus therapy on addressing Felicia's symptoms of depression and anxiety. Felicia's counsellor should also utilize outcome measures to track progress in therapy and closely monitor any changes in presentation and/or engagement in therapy.
5. Felicia would benefit from a referral to a community support group for women as well as a support group specifically for individuals who have had Gastric Bypass surgery.

Due to the changing and fluid nature of emotions and mood, the information and recommendations contained in this report are intended for current use only. Reference to or use of this report in future years should be made with considerable caution and reservation. Additionally, it is recommended that a Registered Psychologist interpret these results. Finally, thank you for referring Felicia for assessment; it was certainly a pleasure working with her. Please feel free to contact me if you have further questions or concerns.

Respectfully,

Laura Doney, MC Practicum Student

Elaine Greidanus, Registered Psychologist
