

Pseudo Client Bio-Psycho-Social Assessment

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Introduction. On November 14, 2016, I, Savannah Grignon, completed a bio-psycho-social assessment on pseudo client, Nicole Henderson (pseudonym). Nicole's date of birth is July 20, 1995. Her reason for referral is personal choice. She has a history of prior mental health treatment for depression, and is self-reportedly doing better. There is no indicated history of substance use/abuse.

Presenting concerns. Nicole Henderson is having problems in her relationship and is seeking treatment to help deal with them. Her boyfriend is beginning to turn his anger towards her and she fears it may someday get violent. She would like to figure out how to deal with his anger and manage feelings during an argument. To Nicole, this involves improving communication between the two.

Family and social history. The Henderson family is close and open with each other. They are able to be honest with each other and are very close. They mostly have good interactions and do not fight a lot. According to Nicole, her parents are very different from one another, which sometimes cause friction. As a result, this can make Nicole feel like she is taking sides at times. On a scale of 1 (least) to 10 (greatest) Nicole described this situation as a 5 or 6 in stress levels.

Childhood history. Nicole reported having a decent childhood. She grew up overseas because her family were missionaries. As a result, she never lived anywhere consistently or had much stability in her home. Fortunately, though, her family was close. As a result of never having been settled down, Nicole feels the urge to move around frequently and to travel. She does not see herself remaining in one place for long.

Interpersonal relationships. According to Nicole, she tends to be “un-trusting” towards others. This tends to hurt her relationships over time. However, she indicated that once she opens up to someone, she intends to be friend with them for life. It is nice to see that her desire to travel and move frequently has not affected the way she sees long-term friendships.

Communication. Nicole admitted that her biggest communication obstacle is to be open with people despite her distrust and shyness. She has no major communication needs and is able to read and carry out instructions proficiently.

Employment history. She has never held a long term job or stayed in the same job for more than six months. This is not due to being fired, but mainly because of moving a lot. Between family, school, and wherever home is, she tends to keep short-term jobs frequently. Her most recent jobs include summer camp, office jobs, working as a cashier, and housekeeping.

Educational history. Despite the frequent moving in her life, Nicole has had a consistent education while growing up. She went through grade school, Adventist Academy, and has completed some college, without taking even a year off. This year she is a junior in college.

Medical history. She has suffered no major medical concerns. Once she was in a car accident that resulted in her being hospitalized for a couple of days, but after those days she was healthy and released. She has no allergies or knows of any family medical problems that she might inherit. She has not taken anti-depressants for the depression that she received treatment for about 5 years ago. She indicated that she asked her mother to be put on anti-depressants while seeking treatment, but her mother said no. Her mother told her that it was up to her to become happy again and so her treatment centered around her frame of mind after that.

Basic needs. Nicole’s basic needs include minor difficulties in transportation and safety. She does not have a car and has indicated that it makes things difficult for her at times to

complete the tasks that she needs to get done. While Nicole says she is completely safe right now, there is a small worry of hers that her boyfriend's aggression will turn violent towards her.

Abuse/Neglect. Nicole indicated no history of abuse or neglect in her family. However, she does have a history of abuse in relationships. A prior boyfriend was abusive at times. She indicated that he was verbally abusive and aggressive towards her. He never really hit her, but would grab her, etc. when he got upset.

Religious/Spiritual perspective. Nicole grew up in a religious family, although she feels neutral towards religion today. She feels as though her spirituality today is habitual. The differences in spirituality between her and her parents can be stressful at times. It especially creates friction between her and her father. She feels like she can talk to her mother about it easier though. This is a main point of conflict between her and her father, who is a pastor.

Cultural perspective. Nicole has moved so much that she feels her cultural perspective is a mixture of all the places she has lived. She does not identify with one culture in particular. This has affected her because she feels no sense of belonging. She does not know where to call her hometown or how to identify culturally or nationally.

Leisure/recreation/interests. Nicole's preferred leisure activities include travelling, being outdoors, and spending time with people. She has an interest in animals.

Strengths. Nicole's self-indicated strengths include her big heart, her ability to be caring, her caring spirit, and the fact that she is open-minded and accepting.

Recommendations. My recommendations and assessed prioritized needs for Nicole include firstly dealing with the aggression in her relationship. I believe that her history with abusive romantic relationships puts her at risk to go back to one. While it is a strength that she can recognize that her relationship was abusive, it would be good for her to receive some

information on abusive relationships, such as how to spot one, what to do, etc. This information should include crisis hotlines and agency numbers in case her boyfriend's aggression towards her does not respond to her attempts at better communication. Secondly, I think it would be good for Nicole to be assessed for her progress in overcoming her depression. She saw treatment a few years ago and indicated that she was doing better, but she did not seem so sure in her body language or tone of voice. I am not recommending that she receive treatment for depression, but rather assess her progress since she stopped receiving treatment. It is my concern, that if she were to begin to recede back into depression that she would not seek treatment due to her mother's seemingly lack of support throughout the process before.

