

Scenario #1

35 yr. old female with limited English proficiency who presents for assessment with her brother for whom English is also a second language and a professional interpreter. The client answers some questions in English and others in her native language with translation via interpreter, but her answers are difficult to understand. The client's communication difficulties do not appear to be solely attributed to the language barrier, as the interpreter often reports that she has difficulty making sense of the client's answers in her own language. The client denies experiencing auditory or visual hallucinations but her brother reports that she often sees the client talking to herself and that she frequently engages in odd behaviors like picking up cigarettes off the ground and smoking them, running down the road shouting. The brother reports the client's disorganized speech has been consistently present, almost all the time for about 8 years, has gotten worse over time, she has no friends, is now estranged from family and has not been able keep a job for about 6 years. The brother has taken the client to the hospital multiple times due to episodes where the client reports feeling like she is being possessed by a spirit or like someone is telling her what to do. At the hospital the doctors determine that she is in good physical health and discharge her after a few hours. The client has reported a history of alcohol and marijuana abuse but reports to have been sober and not used since she moved to the US 10 years ago.

Scenario #2

The client is a 21-year-old college student recently discharged from an acute psychiatric hospital and lives with his parents. He recently changed his major from mathematics to philosophy. He reports sleeping 2-3 hours each night for the past month because he spends long hours talking to his friends who major in mathematics about the nature of reality. When friends grow tired, he calls various family members throughout the night. He is usually irritable because he is convinced about the importance of his ideas, and others disagree. He frequently states that he is more learned than his professors, family, and friends and is on the verge of revolutionizing the field of philosophy. He spent all his tuition for the upcoming semester buying suites, and a Prada leather jacket. His parents state that the client was picking up objects around the house and sorting them into piles for no apparent reason. They say he exhibited similar behavior about two years ago and was admitted to the hospital. They are concerned because each time this happens, the client experiences periods of withdrawal and severe depression.

Scenario #3

The client is a 32 year old mother of 2 children, ages 14 and 12; after running away from home several times as a teenager, Hannah found herself pregnant at 18. She married the father of her child after knowing him for only 4 months. She was recently divorced from her second husband, due to consistent reckless patterns of impulsive behaviors. Neither of her marriages lasted more than 2 years. She changes jobs frequently, often getting fired; every time she is fired, she claims it is due to her making the other workers look bad, as she is a much better worker than they are. She forms fast friendships with people at the bar and with each person she initially says there are the best person she has ever met. She spends all of her time with them. However, each friendship dissolves within a few weeks because “they’re losers”.

The client often spends her rent or bill money at the bar, binge drinking, often driving drunk, and engaging in one-nightstands. Hannah was recently refused service at that bar, due to unruly behavior and threatening other customers. She shares custody of the 2 children with their father, but communication with him is tumultuous, as she blames him for all of her problems, because he left her. Hannah says he is just like her father who left her to be raised by her mean grandmother after her mother died; when actually, she lived with her grandmother due to her father being in the military, and away a lot. Hannah says she feels alone and depleted. Her moods are unpredictable, and when stressed out she gets very paranoid and accusatory that her ex-husband will try to take full custody of the children, and often she will stop eating and threaten to starve herself to death, not leaving her bedroom for days at a time.

Scenario #4

The client is a single 37-year-old male who is seeking mental health support at the urging of his family due to consistent suicidal ideation without a plan or attempt. He has never been diagnosed with a prior mental health condition. For the last year, he has stopped interacting with his friend circle and stopped talking to family, who he had previously been very close with. He will often go weeks without working in the family business and sleep the day away in isolation. When his family tries to encourage him to return to work, he expresses that he feels he is not needed there or anywhere. The client has lost a significant amount of weight this past year more than 60 pounds and has little interest in doing anything including eating or getting dressed most days. He does not use drugs or alcohol and is in good health. He has never had any events of mania or psychosis. He just feels lost in a dark 'funk' that he cannot get out of, hopelessness and despair have swallowed him up, and he does not know why.

Scenario #5

The client is a 28-year-old male who works full-time as a security guard and lives in a rented apartment. He has been struggling with anxiety for the past several years and states it was worse around 2-3 weeks ago. During this time, the client reports that he felt so anxious and restless that she could not sit still long enough to watch TV and was only getting a few hours of sleep per night due to excessive worry, which led to calling out from work a couple of times due to lack of sleep. He reports that his job can be pretty stressful but could not identify any specific events or triggers that led to his increased anxiety during this time. Her GAD-7 score is 13, indicating a moderate level of anxiety.

The client reports that his symptoms have improved over the past couple of weeks but states that he continues to experience excessive worry and sometimes feels so anxious he gets exhausted and has difficulty getting things done throughout the day. He reports that these symptoms occur both at work and home, particularly if he is home alone. He says his anxiety causes headaches, heart palpitations and nausea, which often make him irritable towards his, children, family and friends and has caused significant impairment to these relationships.

Scenario #6

Client is a 34-year-old female who works two part-time jobs and lives in a rented house with one roommate. She reports a significant history of physical, emotional, and sexual abuse throughout childhood and states that her parents were part of an "extreme religious movement" which she describes as being "like a cult." Client also reports that she has been in multiple abusive relationships as an adult including with her ex-husband.

Client reports having witnessed and directly experienced multiple traumatic events throughout her life, including serious injury and sexual violence. She reports experiencing intrusive distressing memories from her childhood nearly every day and nightmares around once per week. Due to the trauma related nightmares, she has difficulty falling asleep due to anxious thoughts and intrusive memories and wakes up throughout the night lasting for up to a month at a time. She has difficulty sustaining focus or concentration to complete daily tasks like starting chores and not finishing them due to intrusive thoughts. Client reports that she has experienced these symptoms since she was a child, about four years after the abuse started.

Client reports she is easily triggered by people whose behavior reminds her of her family and states that she goes out of her way to avoid interacting with people who trigger her. Client stated, "I feel like I have to watch my back in public places". Client also stated the belief that doesn't deserve love and support in her relationships "because I'm a bad person for not running away" and blames herself for her childhood experiences.