

A. General Information

Identifying information: The client, Kendra Jenkins, is a 23-year-old African American female. She uses she/her pronouns. Client is unmarried but did not disclose whether she is in a relationship. The client did not reveal her sexuality during the intake session.

Referral: The client was referred to the clinician by her sister (unnamed). Client stated that her sister thinks she should seek professional mental health services to help cope with the challenges she has been experiencing. Client reported that her continuing to attend therapy would make her sister happy.

Clinical impression: Kendra presents with a complex array of biopsychosocial-spiritual factors that contribute to her overall state of well-being. Biologically, the client has a history of anxiety which manifests in the form of headaches, chest tightness, and sleep difficulties. These symptoms significantly impact her physical functioning and quality of life. She reports ongoing challenges in these areas, affecting her ability to efficiently engage in daily activities. Client relies on sleep and alcohol as coping mechanisms to deal with her anxiety. Psychologically, the client struggles with bouts of anxiety in various aspects of her life, i.e., professionally, personally, and socially. Her symptoms that are consistent with Generalized Anxiety Disorder. She reports feelings like difficulty concentrating, feeling on edge, and high irritability. Overall, she feels overwhelmed and confused while attempting to “figure (her) life out”. These feelings of anxiety contribute to her emotional distress. Socially, Kendra experiences strained relationships with her parents. She lacks adequate social support and faces financial stressors related to unemployment. Client finds solace in going to church but is unsure of committing to this religious experience. Kendra’s clinical presentation reflects a multifaceted interplay of biological, psychological, social, and spiritual factors influencing her well-being. Addressing her

anxiety symptoms through Cognitive Behavioral Therapy (CBT) will be essential to her recovery.

Clinical context: Client presented to the intake session which was conducted virtually over Zoom.

B. Presenting Problem

Primary concern/complaint: During the intake, client reported that her main concern revolved around how her anxiety has been impacting her everyday functioning and mental health. Since graduating from college with a B.S. in General Studies, Kendra stated having a “tough time trying to figure things out.” She stated that she was constantly worried because she did not have her “next steps figured out.” She informed me that she also experienced anxiety when she compared herself to others, more specifically, her peers from college. Client was concerned about her anxiety symptoms, i.e., headaches, hyperventilation, sleep issues, chest tightness, high irritability, feeling on edge, and difficulty concentrating. She discussed how she had been experiencing anxiety since she was in high school and that headaches had been a consistent symptom of her anxiety since then. Client reported that her feelings of anxiety had negatively impacted other areas of her life.

Secondary concern/complaint: Client discussed the following challenges: difficulty sleeping due to constant feelings of anxiety, unemployment, finding a place to live and moving out of her sister’s house in two months, difficulty registering her car and paying driving tickets due to a lack of financial resources, and using alcohol as a coping mechanism for anxiety management.

C. Family Composition, History, and Background

Nuclear family members and significant relationships: The client’s biological parents live out of state and the client currently lives with her sister and her family. Kendra’s parents moved

away shortly after she started college because her dad got relocated for his job (manager of a plant). Client reported not being very close with her parents because they do not “get it.” Client talks to them once every few weeks but is often frustrated by their inability to understand what she is going through every time they talk. Client discussed how her parents expect her to “figure out (her) next steps soon” and often tell not waste her college education by being unemployed. Kendra tries to talk to them but is often met with conflict and harsh statements. She reported how her parents think she is “whining” when in fact she is just trying to explain her situation to them. On the other hand, the client is very close with her sister who is married and lives with her husband and two children. Client has no other siblings. Kendra’s sister seems to understand what the client is going through and is sometimes able to provide emotional support and words of encouragement. Client’s sister and her husband own a business together and lead busy lives. Since the client lives with her sister, she usually helps with household tasks and spends time playing with her niece and nephew. Client did not discuss any other significant relationships or members of her family during the intake.

Client did not disclose any history of relevant substance abuse, legal problems, and/or psychiatric problems among family members.

D. Personal Background and Current Situation (Education, Employment)

School history and current status: Kendra is a first-generation college student who recently graduated college with a B.S. in General Studies. She is not currently enrolled in school. Upon discussing her school history, client reported “really enjoying college” although it took her a little longer to graduate than she had originally planned. She enjoyed working on teamwork assignments because that is how she met new people (who then became her friends). Client also appreciated the wide range of courses she could take during college, allowing her to explore her

multiple interests. When discussing challenges she faced during college, Kendra stated that she had difficulty deciding on a major because she experienced anxiety with making choices. She had to retake a few classes and “go at a slower pace” because the college experience was overwhelming for her. Kendra reported feeling significant anxiety around test-taking because multiple choice questions bothered her, alongside presenting content in front of the whole class. In these situations, her symptoms of anxiety were similar to those she currently experiences. Kendra would go to the gym or “bury (herself) in work” whenever she felt anxious. She also drank occasionally to help cope with her academic anxiety. When asked to report on her school history, she reported high school being a “little rough” because she had a lot going on and because she experienced anxiety around test-taking. However, she discussed being helped by her high school counselor via weekly check-ins and heartfelt discussions on client’s experiences in school. The school counselor was very supportive and even helped Kendra with her college applications.

Occupation/Employment: Client is currently unemployed and in search of a job. She did not report on any previous work history. Client reported feeling anxious about the job search process because it makes her question her worth and her ability to succeed in a professional environment.

E. Religious and Spiritual Involvement

Client reported going to church when she was a kid. Currently, client goes to the church by her sister’s house to get away and give her and her family some space. Client stated being intrigued by some of the programs listed on the church’s brochures and is willing to try going to church to see if it helps with her anxiety. Client also reported that the church has free coffee and muffins, which is a perk she enjoys. Kendra is open to the idea of religious/spiritual involvement but has not made up her mind about whether she wants to continue attending church.

F. Physical Functioning, Health Conditions, and Medical Background

Current physical: Client did not discuss her current or past physical functioning as the session mainly revolved around her issues with anxiety. She did report that her sister thinks that drinking alcohol is an unhealthy way to cope with the challenges the client has been experiencing in her life. Client has trouble falling asleep and relies on alcohol to help her sleep better.

History: Client reported experiencing frequent headaches ever since she was in high school. She did not use any substances, except alcohol, which she used occasionally while in college. Her alcohol use has increased since graduating from college.

G. Psychological and Psychiatric Functioning

History of mental health: Client reported struggling with anxiety since her teenage years. She did not provide any other specific details regarding her history of mental health issues.

History of physical, mental, and/or sexual abuse or neglect: Client's history of physical, mental, and/or sexual abuse or neglect was not covered during the intake session.

H. Social, Community, and Recreational Activities

Social functioning: Client discussed not being in contact with any friends from college since graduation. She does not have a social support system except her sister. She reported that her and her friends naturally parted ways after college. Kendra was hesitant about reaching out to her friends because she thinks that they would not “get it” because they are off doing great things in life. She reported feelings of anxiety and embarrassment when comparing herself to her friends, mainly because she has been struggling to find a job. She stated that she “would not feel comfortable reaching out to them until (she) had something figured out.”

Use of community organizations or resources: Client does not make use of any community organizations or resources, except for going to church occasionally.

Other leisure activities: Client enjoys working out, going to the gym, and going on walks.

Kendra reported being interested in fitness videos and creating TikTok exercise videos in her free time, some of which have “gone viral.”

I. Basic Life Necessities

Basic life functioning: Client is currently unemployed and lives with her sister (no independent housing of her own). Client’s sister has given her a deadline to move out of her house in the next 2 months. Client’s food needs are met through her sister’s household. Client is experiencing financial hardship due to unemployment.

Basic life support: Client has Medicaid coverage (no copay) through the state of Michigan.

J. Legal Concerns

Client has gotten a few tickets due to her car not being registered (financial strain). The client did not report any other legal concerns.

K. Other Environmental or Psychosocial Factors Salient to the Clinical Issue

No other relevant environmental or psychosocial factors salient to the client’s anxiety were discussed during the intake session.

L. Client Strengths, Capabilities, and Resources

When asked the client about how she copes with her anxiety, client reported working out to clear her head and relax. She used the on-campus gym frequently when she was in college, but now has difficulty going to the gym because she cannot afford the fees. Client’s alcohol use is a limitation for the client when dealing with her anxiety.

M. Clinical Summary, Impressions, and Assessment

Kendra has been experiencing significant anxiety in various aspects of her life as she tries to figure out the next steps in her life. Some of her anxiety symptoms include headaches,

hyperventilation, sleep issues, chest tightness, high irritability, feeling on edge, and difficulty concentrating. External stressors that have been impacting Kendra's mental health include not having a job/stable source of income, moving out of her sister's house soon, and not being able to register her vehicle. She has also been experiencing difficulties with sleep for which she uses alcohol as a coping mechanism. Consuming alcohol also helps her "mellow down" and not feel as anxious. The client seemed engaged and asked questions during the intake session. Her speech, memory, sense of reality, and judgement was normal. Kendra was wearing a grey top with a white Michigan hat. She has long, dark hair that were braided. The client sometimes smiled during the session and maintained eye contact with the clinician throughout the session. The client expressed interest in working with the clinician on her identified goals. The client is willing to try therapy and "see if it helps with (her) anxiety issues." She appears to have considerable motivation to attend therapy, especially if it helps her cope with her anxious thoughts and feelings and resolve some of the significant issues in her life (e.g., registering her car, finding her job, and improving her sleep).

N. Treatment Goals and Recommendations for Intervention

The client expressed interested in working on the following goals: improving sleep, find housing and move out of sister's house, register her car and pay tickets, decrease her drinking habits. CBT is recommended 1x/week for 4-5 months. Then, the clinician aims to assess the client's progress and continue treatment as needed. CBT is recommended for anxiety because it is an evidence-based therapeutic approach that targets the underlying thoughts, beliefs, and behaviors associated with anxiety disorders, in this case, Generalized Anxiety Disorder. CBT can help the client identify and challenge negative thought patterns and irrational beliefs that contribute to their anxiety. Through various techniques such as cognitive restructuring, exposure therapy, and

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relaxation training, CBT will help the client develop coping strategies to manage her anxiety more effectively. Additionally, CBT is typically time-limited and focused, making it a practical and efficient treatment option for anxiety disorders. As for the next steps, the client will use the patient portal to book a weekly time slot to meet with the clinician for continued therapy.

Clinician and client will start CBT the next time they meet.