

ASSESSMENT REPORT

Referral Route and Identifying Information:

Ms. X is a 38 year old single woman who was referred to the Clinic by her general practitioner, Dr. Y, for recurring depression and distressing thoughts about needing to be thin.

Presenting Complaints and History of Presenting Complaints

Ms. X reported an 11 year history of discrete depressive episodes characterized by feelings of sadness and hopelessness, tearfulness, hypersomnia, irritability, fatigue, decreased interest in activities, and poor concentration. She reported that she has had thoughts of suicide once in the past year and has no plan or history of past attempts. She noted that a given episode will last from 2 weeks to 2 months, the most recent being in July-August 2006. She said that she believes that this episode was precipitated by weight gain in March, which left her feeling “fat and ugly”. In between episodes, Ms. X reported that she does have periods of good mood. She reported her current mood to be 5 out of 10 (0= no sadness, 10=most sadness ever felt), though she said that she has been very fatigued over the past year and is experiencing a great deal of anger over the past 3-4 months. For example, if she makes a wrong turn while driving she said that she will experience a rush of anger, will clench or pound the steering wheel, and will shout in the car. Ms. X reported that she quite often becomes depressed in January and again in March. However, this does not appear to reflect a seasonal pattern, as Ms. X has also been depressed in the summer and said she typically feels better in the fall. Further, she attributes her typically low mood in January to having just spent time with family over Christmas and feeling very lonely upon returning home. She became tearful in the interview when talking about her feelings of loneliness. Ms. X noted that her depressive episodes have generally followed a break-up of a romantic relationship or an upswing in concerns about her weight or appearance.

Ms. X also described recurring self-critical thoughts such as “I’m dumb and ugly”. She said that she is very critical of her appearance and feels guilty about eating particular foods. Further, her self-evaluation is closely linked to her appraisal of her appearance. However, she is not currently dieting or underweight and she denied current bingeing or inappropriate compensatory behaviors. She did note that in 1990 she struggled with overeating and, possibly, occasional binge behavior. Since stopping her antidepressant medication approximately 3 weeks ago, she has noticed an increase in her preoccupation with food and is concerned that she is eating more of the foods that she previously did not permit herself to eat.

Ms. X denied symptoms of mania, social anxiety, generalized worries, obsessions or compulsions, or any history of traumatic experiences. She drinks approximately 2 glasses of wine 2-3 times per week, and she does not use any recreational drugs.

Current Adjustment

Ms. X is currently living alone in Edmonton. Her younger sister, Mia, lives with her husband and children in Ontario, and her parents live in Ottawa. Ms. X reported that she gets along fairly well with her sister, but that they do have disagreements and she sometimes feels that her sister does not appreciate her good fortune (i.e., having a husband and children). Ms. X said that she has a close and supportive relationship with her parents and talks to them daily. She reported good social support from her friends and noted that she has a close childhood friend in Edmonton as well and 2 or 3 friends that she met working at her current job.

Ms. X is not currently involved in a romantic relationship, though she expressed a strong desire to get married and have children. Approximately 2-3 years ago, Ms. X broke up with her boyfriend of 5 years, Gary. At that point, Ms. X moved back to Ottawa and lived with her parents before accepting a job in Edmonton and moving there in June 2005. She remains friends with her former boyfriend, who is now living in Ottawa and they talk every week. He has been diagnosed with Crohn's disease and Ms. X noted that she tries to take care of him, although she no longer has any romantic feelings for him. Ms. X also described an "on again, off again" relationship with Chris, a former co-worker. She said that she began dating Chris while she was still with Gary, and feels that Chris is her soul mate. However, she reported that Cameron gives her mixed messages about his willingness to be in a relationship with her. For example, when Ms. X recently offered to visit Cameron in Ontario, he rebuffed her, only to call back a few days later and ask her to come.

Ms. X is an avid scrapbooker and she enjoys going to the gym and watching sporting events. She is currently working full time in an administrative position for Chuck E. Cheese. She said that she is not very happy in her job, noting that she feels quite bored and believes that the job is not a good fit for her because she is a people person and this job involves more paperwork than interpersonal interaction. As well, she has reportedly had conflict with two of her co-workers, which has added to her workplace stress. In addition to her job at Chuck E. Cheese, Ms. X also works 1-2 shifts per week waitressing at a bar for extra money.

Past Adjustment

Ms. X was born and raised in St. Catherine's, Ontario, except for a 1 year period at the age of 6, when she moved with her family to Ireland. Ms. X reported that she was closest to her mother growing up, noting that both she and her sister were afraid of their father whom she described as a stern disciplinarian. She said there was no violence in her family home and she denied sexual assault or sexual abuse. She described herself as a "good kid" and said that she did not have trouble making friends in school.

Medical and Psychiatric History

Ms. X reported that she underwent a breast reduction 2 years ago due to back pain. She reported no other medical conditions. She is not currently taking any medications, but had been taking antidepressants consistently for the past 10 years and only finished tapering off those medications approximately 2-3 weeks ago. Most recently, she was taking Wellbutrin (150 mg)

and fluoxetine (40 mg). She discontinued the medication because she didn't feel that it was helping. Ms. X is currently seeing a psychologist in the community, whom she has been seeing on an irregular basis since July 2006. She reported that she has also had psychotherapy on a number of occasions in the past, beginning in 1995 (for 2 years), again after she broke up with Gary and moved back to Ottawa (for 1.5 years), and most recently in the past two years through Employee Assistance (for 1 year). She said that she has found psychotherapy helpful in the past. She denied previous hospitalizations.

Ms. X noted that, to her knowledge, no one in her family has ever seen a psychologist or psychiatrist and she could not think of anyone that she felt needed those services. She denied a family history of suicide, but she reported that her paternal grandfather "drank himself into the ground" after his wife died.

Diagnoses

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| Axis I | Major Depressive Disorder, Recurrent, in Partial Remission (296.3x) |
| Axis II | Deferred |
| Axis III | None |
| Axis IV | Occupational problems, financial concerns |
| Axis V | 65 |

Formulation

Ms. X has a longstanding pattern of major depressive episodes that follow a relationship break-up or self-critical thoughts about her weight and appearance. Although Ms. X is dissatisfied with her work life and her romantic relationships, she presents a very bubbly, positive façade and has difficulty sharing her negative feelings with others in a direct and honest manner (e.g., using sarcastic comments to convey anger). It may be that this is perceived as disingenuous by others and that they respond by distancing themselves from her or rejecting her. Ms. X is currently eager to find a partner with whom she can start a family. As a result of her desire to avoid feeling lonely, she has been willing to accept poor treatment within her romantic relationships and her passively unassertive behavior with her boyfriends may be reinforcing their poor treatment of her.

Treatment Plan

It is recommended that Ms. X attend weekly sessions at the Clinic for psychotherapy. Psychotherapy is indicated to help her gain insight into why feeling lonely is so difficult for her, to understand how her interpersonal style contributes to her relationship difficulties, to help her take steps towards greater assertiveness, and to begin to challenge her self-critical thoughts.

Student Name
Therapist

Supervisor Name, Ph.D., R.Psych.
Supervising Psychologist