

Client: Sandra

Date of Intake: 1/4/2024

REASONS FOR COMING TO THERAPY	<p>Sandra reports daily drinking for the last few months. Prior to this, she was drinking “socially” and felt like she had no issues with substances. Sandra notes preferring to drink over feeling anxious. Sandra notes that most everything make her feel anxious lately.</p> <p>Sandra’s Husband (Bill) is concerned about ongoing drinking and says Sandra drinks in excess. Bill is present with Sandra during the assessment and is providing collateral information. Bill reports that Sandra will often drink instead of care for daily responsibilities like work, cooking, cleaning, caring for herself. Sandra signed a full consent to release information for Bill. Bill is willing to attend Al-Aon and family sessions.</p>
PREVIOUS EXPERIENCES WITH THERAPY	<p>Sandra reports no previous experiences with therapy or 12-step/self-help programming.</p>
HOW CURRENT PROBLEMS ARE AFFECTING THE CLIENT	<p>Sandra reports that she has low energy and low motivation to complete tasks when drinking. She notes disconnection from her social system and supportive people in her life, other than her husband, Bill.</p>
MEDICAL HISTORY	<p>Sandra reports a history of polycystic ovary syndrome (PCOS, and notes an increase in pain, especially around menstruation. Sandra discussed a difficulty in getting pregnant, and now due this, has opted not to have biological children, but is in the process of adoption.</p>
CURRENT MEDICATIONS	<p>Sandra reports taking melatonin to help her sleep along with a multivitamin, and no other medications. Sandra has not sought psychiatry or counseling prior and has no experience with anti-depression or anxiolytic medications. Sandra notes a preference to not take any medications unless absolutely necessary.</p>
SUBSTANCE USE HISTORY	<p>Sandra started drinking at age 18 and noted binge drinking throughout college, with a decrease to 2-3 drinks 1-2 times per week from ages 25 to 43. Sandra reports in the last few months, she has been drinking 1-2 bottles of wine daily (5-10 drinks daily)</p>

ANY PREVIOUS MENTAL HEALTH DIAGNOSES	Sandra has never sought treatment prior to this and reports no previous diagnosis, though she discussed a traumatic incident when she was a child, and notes she had behavior outbursts in and out of school and went to a “special classroom” for about a year until her behavior improved. Sandra is unsure how old she was or what grade she was in at the time but guesses second or third grade (7-9y ears old?). Sandra reported that the incident was related to sexual assault by an adult family “friend.” Sandra reports that her parents were aware of the assault at the time, and blamed Sandra for it. Her parents are still close with this “friend” and Sandra will encounter this person 2-3 times yearly when visiting her parents at her childhood home.
MENTAL HEALTH HISTORY (INCLUDING HOSPITALIZATIONS, SI, HI)	Other than the “special classroom” mentioned above and behavioral outbursts in childhood, Sandra denies “acting out” behaviorally. Sandra scored 2 of PHQ-9 and appears to have low likelihood of depression. Sandra denied SI/HI/PDW and noted no incidence of delusions or hallucinations.
FAMILY HISTORY	Sandra grew up in the suburbs with her mother, father, younger brother, and family dog. Sandra reports she sees her parents on holidays but notes she is not close to them. Sandra’s brother lives in California currently, and they do not see each other often. Sandra was raised Christian (non-denominational) and notes her parents had ‘typical gender roles’ where her father worked full-time and her mother was a homemaker. Sandra notes having met her grandparents, but was not close to any of them, and didn’t see them often, she is unsure why.
EMPLOYMENT	Sandra currently works full-time as a county auditor and prefers o work from home when able, noting drinking through the day, if she attend work at all. Sandra notes a very small team she works with and does not think that anyone misses her when she is not present at work. Sandra reports that she gets her work done, even if it might take her longer for her peers. Sandra notes feeling this work is boring, but has had this job for the last 15 years and plans to stay as she likes the WFH schedule and flexibility, the pay, and the benefits/pension. She discussed the maternity leave package she will receive when the adoption is finalized.
TRAUMA HISTORY	As stated above, Sandra reported sexual assault by a family “friend” when she was around age 7-9. Sandra notes it was ongoing, but was not able to identify an amount of time for this.

	<p>Sandra notes that her parents were aware of this and blamed her. Sandra still has contact with the perpetrator. Sandra notes she never reported this to law enforcement or to her teachers at school at the time because she did believe that it was her fault, like her parents said. Sandra noted that sometime within the last 5 years, she started to think differently about it and notes that she feels she is a victim. The evaluator offered resources for additional counseling and survivors groups, in addition to a law enforcement phone number to report the assault, noting that due to her being a minor when the assault occurred, there is no statute of limitations, and she can report the crime at any time. Sandra may benefit from connection to peer support groups when ready to process her choices further.</p>
EDUCATION HISTORY	<p>Sandra completed high school in 1997 and immediately entered a 4-year bachelor's program at a local university. Sandra graduated with honors from the business management program in 2001. Sandra has not participated in any ongoing education, nor has she expressed the desire to change careers. Sandra is the first member of her family to graduate from college.</p>
TRAUMA	<p>As stated above, Sandra reported sexual assault by a family "friend" when she was around age 7-9. Sandra notes it was ongoing, but was not able to identify an amount of time for this. Sandra notes that her parents were aware of this and blamed her. Sandra still has contact with the perpetrator. Sandra notes she never reported this to law enforcement or to her teachers at school at the time because she did believe that it was her fault, like her parents said. Sandra noted that sometime within the last 5 years, she started to think differently about it and notes that she feels she is a victim. The evaluator offered resources for additional counseling and survivors groups, in addition to a law enforcement phone number to report the assault, noting that due to her being a minor when the assault occurred, there is no statute of limitations, and she can report the crime at any time. Sandra may benefit from connection to peer support groups when ready to process her choices further.</p>
CULTURAL BACKGROUND	<p>Sandra is a white, non-Hispanic female who identifies with Christian religious beliefs and practices. She uses she/her pronouns and is heterosexual. Sandra is married and lives in a rural area, which often influences her access to resources and community support. She belongs to a moderate socioeconomic</p>

	status (SES), which affects her lifestyle choices and the healthcare services available to her.
SUPPORT SYSTEM	Sandra notes that her husband, Bill, is supportive and wants what's best for her, though Sandra is not sure yet what that is. Sandra notes that she sees her parents a few times a year around the holidays, but does not feel close with them. Sandra notes being of Christian faith, and used to attend weekly church services, but has not attended at all in the last five years. Sandra discusses a desire to attend again and build a support system through church. Sandra is open to attending AA and/or Celebrate Recovery offered through her church.
ASSESSMENT RESULTS, IF ANY	Sandra scored 2 (out of 27) on PHQ-9, indicating a "none to minimal" depression severity. Sandra scored 4 on the CAGE Questionnaire, indicating clinically significant drinking behaviors.
LEGAL HISTORY	Sandra denies any legal history, noting no issues with the law, not even speeding tickets. Sandra reflected on drinking at home, and never driving while intoxicated.
STRENGTHS	Sandra demonstrated several key strengths that are likely to positively influence her therapeutic journey. She exhibited a high level of motivation and engagement, showing a readiness to actively participate in suggested therapy activities and interventions. Sandra displayed an exceptional ability to reflect on and articulate her emotional experiences, a skill that is crucial for effective therapy and personal growth. Her creativity was evident as she expressed interest in using art as a therapeutic tool, suggesting a potential avenue for expressing her emotions. Additionally, Sandra reported having a supportive marital relationship and a strong connection to her Christian faith, both of which provide her with a support and resilience.
MENTAL STATUS EXAMINATION	Sandra's mental status examination revealed that she was alert and oriented to person, place, time, and situation. Sandra presented with a well-groomed appearance and maintained appropriate eye contact throughout the session. Her speech was coherent, clear, and of normal rate and volume, indicating good cognitive functioning. She displayed a full range of affect, which was congruent with the content of her speech, particularly when discussing her concerns and emotional experiences. Sandra's thought processes were logical and goal-

	<p>directed, with no evidence of delusions or hallucinations. However, she reported moderate levels of anxiety and a tendency to use alcohol to cope, suggesting underlying emotional distress. Overall, Sandra's cognitive functions were intact, and she demonstrated insight into her problems and motivation to engage in therapy.</p>
RECOMMENDATIONS	<p>Based on the findings from Sandra's initial intake session, it is recommended that she engage in a comprehensive therapy program specifically tailored to her needs, integrating Art Therapy and Gestalt Therapy. Art Therapy will provide Sandra with a creative outlet for expressing and processing her emotions, helping to address her underlying anxiety and the emotional aspects of her childhood trauma. Gestalt Therapy will complement this by focusing on enhancing her self-awareness and present moment awareness, crucial for understanding and integrating her experiences. Incorporating techniques such as mindfulness and guided imagery within these frameworks can further assist in developing healthier coping mechanisms for anxiety management. Regular weekly sessions are suggested to ensure consistent support and to monitor Sandra's progress, with adjustments made as needed to better suit her therapeutic journey.</p>