Generalized Anxiety Disorder

Client continues to meet criteria for Generalized Anxiety Disorder (F41.1).
Client currently exhibits the following symptoms:
Client experiences anxiety, worry, and irritability every day, multiple times each day. Onset of symptoms began when client was about 13 years old; client reports that she has struggled to manage anger/irritable behaviors since middle school. Client reports that symptoms have intensified since client started high school in 2017. Client expressed difficulty controlling worried/irritable symptoms. Client reported that anxious, irritable, and overwhelming feelings have increased since being placed in foster care 1 month ago. Client reports that restlessness has decreased over the last 6 months and reports that she is typically restless only when she is not able to get adequate sleep. Client reports both muscle tension, "numbness," and "feeling like she can't move" in response to irritable mood and anxiety. Client reports irritability/anger multiple times each day 5-7 days/week reporting feeling overwhelmed and reacting when "everyone comes at her and tries to correct her as a mother." Client reports that she has been coping with anxious symptoms by shutting down, avoiding others, or running away. Client identified that she has been more emotional and has been frequently crying in response to anxiety and stressors multiple times each week. Client reports improvement of concentration in the school environment and reports having "no focus outside of school." Client identifies school as a current protective factor and reports having support from school staff. Client has had no conflict with teachers in the last 3 months. Client reports that she typically does not have difficulty sleeping, though reports occasional restless sleep less than 1x/week. Ct's symptoms cause significant functional impairment at school, at home, and in interpersonal relationships. Without mental health treatment, client may struggle to form and maintain positive interpersonal relationships due to difficulty managing anger/irritability. Client may also experience an increase in anxious symptoms impacting functioning in life domains including her ability to graduate from high school.

Major Depressive Disorder #1

Client meets criteria for Major Depressive Disorder, single episode, moderate, with moderate-severe anxious distress (F32.1) as evidenced by the following symptoms:
Client reports depressed mood almost all of the day, every day for over two years and reports feelings of emptiness, hopelessness, and worthlessness. Client's mother reports observation of client's low mood and reports client to have difficulty regulating emotions. Client's mother reports that this leads to anger outbursts and verbal altercations at home. Client has diminished interest in and pleasure in maintaining friendships, going to school, and engaging in activities with her family outside of the

home. Client reports that she will rarely (about 1x/month) have moments in which she is "present" and does not experience emptiness or negative thoughts. Client reports that she has a difficult time getting out of bed in the morning and is not interested in leaving the house most of the time. Client is frequently tardy to school due to avoidance of the school environment and feeling unmotivated and anxious. Client has frequent absences from school (absent 60% of the school year last year) and reports this is due to depressive symptoms and difficulty functioning. Client reports decrease in appetite most days and reports that she typically eats about 1 meal/day. Client has difficulty sleeping at least 2x/week. Client's mother reports that she supports client in going to sleep by laying next to her in bed, and client reports having "bad thoughts" that increase when she is alone in her bed attempting to sleep. Client reports low energy nearly every day. Client reports excessive and inappropriate guilt that she is a "bad person" and is observed by her mother, this therapist, and family therapist to make self-blaming statements daily. Client experiences constant feelings of worthlessness, reporting that she "hates herself." Client reports difficulty concentrating every day, mostly in the school environment, though she experiences difficulty concentrating in other environments as well. Client has recurrent thoughts of death and experiences a range (from mild to severe) of suicidal ideation most of the time, every day. Client has attempted suicide 5 times in her lifetime. Client has attempted suicide and has been hospitalized 3x within 4 months as a result. Clients most recent hospitalization was about one year ago. Client has engaged in self-harm for over 1 year. Frequency of engagement in self-harm has decreased from daily to less than 1x/month. These symptoms cause clinically significant distress and impairment in social functioning, and functioning at school, at home, and in the community. Moderate-severe anxious distress is evidenced by client report and therapist observation of client feeling and appearing tense, difficulty concentrating due to worry multiple times each day, and client report of a fear that client may lose control of herself if she "does something bad and listens to her thoughts." Client reports a "pressure" and "energy" in her chest that increase feelings of and thoughts of losing control. Client reports that this feeling has occurred almost daily for over one year. Client also reports fear that something awful may happen to her mother and two youngest brothers; client reports that this fear occurs more intensely 1-2x/month and has had this fear for the last year. Given the significant safety concerns, if client does not receive treatment, she is likely to experience repeated suicide attempts and subsequent hospitalizations. Client is also at risk of failing school.

Major Depressive Disorder #2

Client meets full criteria for Major Depressive Disorder, single episode, moderate (F32.1) as evidenced by the following symptoms:

Client experiences depressed and irritable mood most of the day, nearly every day. Client reports onset of depressed and irritable mood when he was in 7th grade. Therapist observed client to self-report "feeling better" though both the school reports and client's mother reports continued concern for client's irritable mood. Client reports diminished interest in activities that he once enjoyed every day. Client reports that he used to enjoy playing video games and shared that he is no longer interested in playing video games. Client also reported loss of interest in other activities he once enjoyed such as activities outside and drawing. Client reports insomnia, sharing that he does not often sleep for more than 3-4 hours/night. Client reports difficulty sleeping nearly every night. Client reports restless sleep and shares that it takes at least one hour for him to fall asleep. Client reports that he wakes up feeling tired. Client reports fatigue and loss of energy every day stating that he "always" feels fatigued. Client shared that he experiences feelings of worthlessness. Client's mother reports that client's feelings of worthlessness are impacted by peer relationships. Client reports that conflict with family and family dynamics also increase feelings of hopelessness and worthlessness. Client's mother reports concern that client's has maladaptive relationships with peers in response to feelings of worthlessness and that the quality of these relationships presents concerns for client's safety, increasing client's irritability and likelihood to engage in aggressive behaviors towards others or other dangerous behaviors in the community. Client reports difficulty concentrating multiple times each day, especially in the school setting. Client shared that he easily gets distracted and off task. Client's teachers have also reported observation of client's struggle to concentrate in the classroom setting, noting that client will have difficulty staying on task and occasionally leave the classroom altogether. Client experiences recurrent suicidal ideation. Client was hospitalized at Willow Rock in 2 months ago after engaging in self-harm in a public setting in the community. School resource officer reported observation of client in the community setting engaging in a verbal altercation with a peer and threatening suicide. Client reports that he has not engaged in self-harming behaviors in over one month. Client denies suicidal ideation at this time, though client's mother reports that client continues to make comments indicating suicidal ideation. Client's symptoms cause clinically significant distress and impairment at school, at home, in the community, and in social settings. Given these significant safety concerns, if this client does not receive treatment, he is likely to experience repeated suicide attempts and subsequent hospitalizations. Without treatment, client may also continue to struggle to form positive peer relationships due to irritable mood and difficulty regulating emotions.