

This is a fictitious case. All names used in the document are fictitious.

Recipient Information

Name: Jill Sprat
DOB: 9-13-94
Medicaid Number: 123456789

Provider Information

Name: Thomas Thumb, Ph.D.
Medicaid Number: 987654321
Date Seen: 10-02-06 3:00–4:00 p.m.
Report Date: 10-03-06

Sample Diagnostic Assessment

Referral Source:

Jill was referred by her father, Jack Sprat.

Client/Family/Referral Source statement of need and treatment expectations:

Mr. Sprat is concerned about Jill's recent suicidal ideation. His expectations for treatment are that Jill will not try to kill herself, will become more open with him and will get along better with her stepmother. Jill's expectations are that when she gets upset she won't think about killing herself. She also wants to stop being so sad and angry all the time. She would also like her father to stop being so strict.

Presenting problems and situation:

Jill is a 12 year old girl who lives with her father, Jack Sprat; her step-mother, Joan Sprat; her 14 year old step-brother, Hansel Fredericks; and her 6 year old half sister, Gretel Sprat. Jill has only lived in her father's home about 4 months. Mr. Sprat reported that Jill has looked depressed since she moved in. Jill has been diagnosed with Major Depressive Disorder by Jack Horner, M.D., Child Psychiatrist. Mr. Sprat and Jill both indicate that she has had difficulty adjusting to her new living situation. Jill has conflicts with her step-mother and step-brother. Mr. Sprat is concerned that when he tries to talk to Jill about problems she withdraws. Recently her step-brother found a note Jill had written to a friend in which she stated she had nothing to live for and everyone would be better off if she were dead. Jill indicated she was sad and upset when she wrote the note because her father grounded her for a month because she got an "F" on a math test. Also, she and her step-mother had gotten into a big argument over Jill not doing her chores.

Current Symptoms/Behaviors: (DX supported by DSM-IV diagnostic criteria):

Jill described her mood as generally sad and indicated it has gotten worse in the past month. Her affect was flat to sad during the assessment and she teared up several times. She is also easily irritated, especially with her father and step-mother. Jill is experiencing sleep disturbance. On week days she sleeps about 11 hours a night and generally naps after school. On weekends she often sleeps until noon resulting in about 13 hours of sleep. Self-esteem is poor. Jill could not think of anything she likes about herself. She blames herself for being removed from her mother's care. Jill reported that she does not have much energy. She used to enjoy playing basketball but has not played since moving to Missouri because she does not have the energy or interest. On the Achenbach Youth Self Report form (YSR) Jill obtained a t score of 74 on the Withdrawn/Depressed scale. Jill reported that she has had vague thoughts of suicide for about two weeks. She feels her step-mother does not like her, that she does not fit in with the family and she has had thoughts that the family would be better off if she were dead. Jill denied ever making a suicide attempt. Jill does not have a specific plan and has not made any preparations to kill herself. When asked about access to weapons, Mr. Sprat reported that he hunts and has guns that are kept in a locked gun cabinet. Jill indicated that she had never experienced suicidal ideation prior to the past two weeks. She also denied ever experiencing a previous period of depression.

Jill denied excessive fears, worries or panic attacks. She denied hallucinations, delusions, obsessions or compulsions. Jill denied problems with physical aggression and her father confirmed this. Activity level, attention and concentration were observed to be within normal limits. Jill denied symptoms of eating disorder and her father confirmed this. There is no recent weight loss or gain.

Psychiatric Treatment History: (Include previous treatment by this provider):

Jill reported that when she was about 10 years old she saw a counselor because she and her mother weren't getting along. She reported that she found the past counseling helpful, however, she only saw the counselor a few times and is not sure why her mother stopped taking her.

Substance Abuse Treatment History:

None reported.

Recent (30 days) alcohol and drug use: (history of use, duration, patterns & consequences):

Jill denied any recent use of alcohol or drugs. Her father indicated that he has observed no signs that she is using drugs or alcohol. She reported that she “tried” marijuana and alcohol when she lived with her mother.

Current Medication Regimen:

Prozac 20 mg once a day.

Medication allergies/ adverse reactions:

Jill is reported to be allergic to penicillin and has seasonal allergies. No known allergies or adverse reactions to psychotropic medications.

Family and Social Status: (current & historical):

Jill went to live with her father and step-mother about 4 months ago because her biological mother, Snow White, was not providing her with adequate care. Reportedly, Ms. White has a substance abuse problem and frequently left Jill with relatives, friends and people she hardly knew. Reportedly, Jill at times was left home by herself for several days. Prior to moving in with her father Jill lived in Texas. Mr. Sprat separated from Ms. White when Jill was about 2 y/o and Jill had not seen him in 10 years.

Mr. Sprat reported that there were no problems with the pregnancy or delivery and that Jill achieved developmental milestones on time.

Mr. Sprat reported that he and Ms. White separated because they argued all the time. Mr. Sprat reported that he also abused drugs and alcohol when he lived with Jill's mother. Mr. Sprat reported that he has been sober for 6 years. He still regularly attends AA. He had one psychiatric hospitalization for depression and suicide attempt about 9 years ago. He currently takes Prozac for depression. He believes Jill's mother was also depressed but this was not diagnosed. Jill's paternal grandfather was reported to have been an alcoholic and a paternal aunt also takes Prozac for depression.

Mr. Sprat knows very little about Jill's history. Jill reported that she and her mother frequently moved. She thought she had attended about 6 different schools. Her mother frequently left her with other people and would disappear for several days. Sometimes Jill didn't know the people she stayed with very well or know when her mother would return. She indicated that someone hotlined her mother for leaving her alone and family services decided she should live with her father. Jill denied a history of physical or sexual abuse.

Jill has had only one phone call from her mother since she moved in with her father. The phone number she had for her mother no longer works and

neither she nor Mr. Sprat know where her mother is currently staying. Jill is worried about her mother and misses her.

Jill indicated that she had a lot of freedom when she lived with her mother. She sees her father and step-mother as strict. While she realizes they have rules because they care about her, it is hard for her to get used to them. Jill feels her step-mother expects her to be perfect and always criticizes how Jill does chores. She feels her father is overly strict in that he grounds her for poor grades, won't let her stay out past 8:00 p.m. and expects to know exactly where she is when she is not home. She is embarrassed by her father's open discussion of his past problems with alcohol and depression. When Mr. Sprat and Jill were interviewed together, Mr. Sprat appeared to be genuinely concerned about Jill and eager to be a good parent to her. However, it appeared that he was trying too hard. He tended to give Jill too much advice. He would pressure her to open up, but then discount her feelings. The more he talked, the quieter and more withdrawn Jill became.

Jill shares a bedroom with her sister Gretel. She indicated that she is close to Gretel and they get along, but sometimes she wishes she had her own room so she could be by herself. Jill's father works nights as a security guard at a local hospital. Her step-mother works days at the same hospital as an LPN nurse. Mr. Sprat's mother owns the house they live in and she lives in another house on the same property. Family financial resources appear to be adequate.

Legal Status:

Jill is in the custody of her father. She has had no law violations.

Vocational/Educational Status/Functioning:

Jill is in 6th grade at Spring Hill Middle School. She does not have an IEP. Her grades are reported to be mostly "B"s and "C"s. She has had no detentions, suspensions or significant behavior problems at school. She reported that she likes school and gets along with her teachers. She indicated that she has made a few friends at school but it appears that she still feels somewhat like an outsider.

Current Community Resources and Services:

Jill's family is actively involved in the First Christian Church. Jill is active in a youth group and youth choir at church. Involvement with church appears to be a support for Jill and her family. Jill sees Dr. Jack Horner for medication management. Jill has visited with the school counselor a few times to talk about adjusting to a new school and making new friends.

Personal and Social Resources and Strengths:

Jill has some insight into her problems and is motivated to change. Interests include playing basketball and singing. She has one close friend, Zoe, in her church youth group. She also feels close to her paternal grandmother (who lives next door) and her paternal aunt Patti. Her current living situation appears to be stable and financial resources appear adequate. Her father is also motivated to work on family problems. Her father has maintained sobriety for 6 years.

Multi Axis Diagnosis or Diagnostic Impression:

- Axis I: 296.22 Major Depressive Disorder, Single Episode, Moderate
V61.20 Parent-Child Relational Problem
- Axis II: No diagnosis
- Axis III: No diagnosis
- Axis IV: Problems with Primary Support Group
- Axis V: 55

Name/Title Tom Thumb, Ph.D. **(Must be an original or electronic signature)**
Stamped Signatures are not acceptable

Date 10/03/06
(Completion)

(The Diagnostic Assessment must be current. One year for adults & adolescents. Six months for children under age 13. The Assessment must be updated for occurrence of crisis or significant clinical event.)