



Gateway to Success, PC

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TO: Shannon Steinmetz
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CONFIDENTIAL

CLINICAL ASSESSMENT

Report Date
4/8/2024

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1. Perception	☒ Within Normal Limits ☐ Reexperiencing ☐ Other:	☐ Illusions ☐ None evidenced ☐ Olfactory ☐ Other:	☐ Depersonalizations ☐ Auditory ☐ Tactile ☐ Thought withdrawal ☐ Reference ☐ Erotic	☐ Derealization ☐ Command ☐ Gustatory ☐ Depressive ☐ Grandiose ☐ Thought insertion ☐ Grandeur ☐ Religious
2. Hallucinations	☒ Denied ☐ Visual ☐ Other:	☐ None evidenced ☐ Olfactory ☐ Other:	☐ Auditory ☐ Tactile ☐ Thought withdrawal ☐ Reference ☐ Erotic	☐ Command ☐ Gustatory ☐ Depressive ☐ Grandiose ☐ Thought insertion ☐ Grandeur ☐ Religious
3. Thought content	☒ Within Normal Limits ☐ Paranoid ☐ Phobic ☐ Other:	☐ Preoccupations/ Ruminations ☐ Other:	☐ Obsessional ☐ Self-decretory ☐ Thought withdrawal ☐ Reference ☐ Erotic	☐ Depressive ☐ Grandiose ☐ Thought insertion ☐ Grandeur ☐ Religious
4. Delusions	☒ None Reported ☐ Thought Broadcasting ☐ Other:	☐ Control ☐ Persecution ☐ Somatic ☐ Other:	☐ Thought withdrawal ☐ Reference ☐ Erotic	☐ Thought insertion ☐ Grandeur ☐ Religious

Cognition, Intelligence Estimate, Insight, and Judgement

1. Attention/ Concentration:	☒ Within normal limits ☐ Reading / Writing ☐ Other:	☐ Ability to Abstract ☐ Calculation Ability ☐ Other:	☐ Fund of Knowledge ☐ Within normal limits	☐ Visuospatial Ability
2. Orientation:	☒ Person	☒ Place	☒ Time	☒ Situation
3. Memory:	☐ Short term ☐ Other:	☐ Long term	☐ Erratic/ Inconsistent	☒ Intact
4. Intelligence Estimate	☒ Average ☐ Other:	☐ Above average	☐ Borderline	☐ Below Average
5. Insight	☒ Within normal limits ☐ Difficulty Acknowledging Presence of Substance Abuse Problems ☐ Other:	☐ Minimal insight	☐ Partial insight ☐ Difficulty Acknowledging Presence of Mental Health Problems	☐ Blames Others
6. Judgement	☒ Within normal limits ☐ Other:	☐ Impaired Ability to Make Reasonable Decisions ☐ Mild ☐ Moderate ☐ Severe		

SUMMARY AND RECOMMENDATIONS

CLINICAL IMPRESSION (Demographic, Presenting Problem, Medical/SUD/MH Symptoms, Onset, Frequency, Intensity, Duration of symptoms, Stage of Change, Functional Impairment, Medical Necessity):

The client is a 40 year old female who was referred by her probation officer for a mental health and substance use evaluation.

The client reports that she has been living in an extremely abusive relationship with her ex-husband. The client reports experiencing physical, sexual and emotional abuse. The client reports needing five surgeries in the past due to injuries inflicted by her ex-husband. The client reports that she has previously been diagnosed with PTSD and completed treatment for PTSD. The client currently denies any functional impairment and all but two symptoms of PTSD. The client also noted that she is worried about her son being abused as he is currently staying with her ex-husband and has shown signs of physical abuse. The client reports that she was misdiagnosed with another mental health condition while experiencing the abusive and was wrongfully medicated at that time. The client did not want to share that diagnosis. The client denies any problematic substance use.

In general, the client seemed rather distrustful, specifically toward the legal system as she noted that her husband has been able to get away with all his abuse due to the system being corrupt.

It appeared that the client may have been minimizing or lacking insight to her mental health symptoms. On the self-assessment questionnaires, the client scored high on the ACE as well as the PCL-5, which can both be related to trauma and stress-related diagnoses. If more symptoms arise or the client's daily functioning is impaired, it is recommended that the client be re-assessed and placed into treatment.

DIAGNOSIS:

Primary R69 Illness, unspecified

RECOMMENDATIONS (Mode of Service, Frequency, Specific individual/group modalities):

Client is recommended to attend individual therapy as needed to identify personal goals, emotional regulation, mood management, stress reduction, behavioral patterns, and reduce psychological distress.

Case management services will be utilized to assist with linkage to community resources such as medical care, education, occupations, housing and transportation as needed. Care Coordination is recommended with all service providers as needed.

Client is recommended to receive peer support services to assist with emotional and compassionate support as needed.

COORDINATION OF CARE: (Specific Services, referrals for areas of need or high risk to integrate care: PCP, probation officer, parole officer, CPS case worker, FCBS, School, etc)

Case Manager can function as a single point of contact to coordinate care/engage with all system partners in service planning/delivery with a focus on: coordinating behavioral health services with housing, employment, education and other supports. Care Coordination is recommended with all service providers.

Next Review on or before 12 months

Nina Spitzhorn

Date: 4/8/2024

SUPERVISED BY:

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*This document has utilized the "golden thread" and much of the information may have been pulled forward from previous clinical documentation when available.