

Shana Stephen

HUS 3503

Charisse E. Marshall

### ***Biopsychosocial Assessment***

#### ***Chief concern***

Miss Mallory is feeling anxious and complains of dizzy spells. These dizzy spells are keeping her up day & night finding things to make the time go by like cooking, cleaning and thinking. Miss Mallory is concerned about the anxiety these dizzy spells gives her. Her method of coping is to keep moving. Her anxiety raises and she is afraid of sitting for too long because the dizzy spells last longer when she has been sitting or sleeping. The dizzy spells sparks deep hatred towards her daughter because she lives too far.

#### ***Mental status***

Miss Mallory stands 4'9, healthy and strong. Although she is 91 years old, Miss Mallory's appearance is well kept besides her walking cane and the short breaks she take and holds her head reminding me "I have to keep moving or else the dizzy spells come." Miss Mallory is very alert, she doesn't miss a beat, her motor skills are still intact, she preps her meals, cutting up all of her meat and fresh seasonings. She cooks while preparing her desert, cutting up all her fruits just the way she likes it. Miss Mallory showers and dresses herself and she speaks clear and assertive.

### ***Affect and Mood***

Miss Mallory has two things that affects her mood it begins with her dizzy spells and changes into complaints about her daughter. Other than the two she has a positive mental state.

### ***Thought , Perception & Attitude***

Miss Mallory has a great attitude. Her thoughts and perception about getting old are positive. She feels strong, willing and able. Her famous quote is “everyone has their portion” and she’s totally fine with that. Miss Malory has no suicidal thoughts, nor cognitive impairments or signs of dementia. suicidal feelings she has never attempted suicide and presents great cognitive behavior, has never been seen by a psychiatric or received any mental health services.

### ***Mental Health Status***

Miss Malory showed on the Mini mental exam that she was surfacing borderline cognitive decline due to her short term memory.

### ***History***

Miss Mallory doesn’t speak about her daughters father much they never got married and he passed away 2002.

Miss Mallory has lived in the same home for 30 years; she hasn't been a victim of any Trauma. Speaking highly of her family she's said "drinking alcohol has always been maintained in my family & just used for special occasions."

### ***Symptom checklist***

Miss Mallory presents signs of loneliness

Lost interest in sex

Trouble falling asleep & staying asleep

Repetitive behaviors

Anxiety

Dizzy spells

### ***Improvements***

Family structure is important. Miss Malory stated she only has one nephew that lives in Brooklyn, he does all the food shopping and pays the bills for Miss Mallory but they don't spend any time together. Miss Mallory favorite part of the day is cooking a meal, least favorite part of her typical day are her dizzy spells and going to bed knowing she still hasn't seen her daughter. In the past six months Miss Mallory feels like she has done the same thing over and over. The dream she has given up on has changed as she has gotten older now it's simply to be able to bond with her daughter and granddaughter. She is most frustrated with her dizzy spells; it makes her very afraid that she may fall. Which then makes her blame her daughter once again because she is

alone. Miss Mallory is most proud of herself because she has live so long, she's really healthy and able to do almost everything on her own and that makes her extremely happy.

### ***Mental Health Worker Summary***

Meeting Miss Mallory was truly inspirational, thoughts of meeting a 91 -year-old quickly changed when I saw her appearance was well kept. Her behavior was very motivated, mood was very leveled and Miss Mallory's attitude overall was very positive. The most apparent problem was her dizzy spells this also presented the only way of me seeing her anxiety, fear of falling, being alone and was helpful to understand her reasoning for her repetitive behaviors and why she doesn't sit down much. This also showed her true feelings and thoughts about her daughter and how much she misses her being close. Although she didn't complain of being lonely it was very clear that she was. In the next 30 days I would like for Miss Mallory to

- Attend a one on one therapeutic session for herself.
- Schedule a session with her nephew and daughter in person or over the phone.

To get a clear understanding of her feelings, how it's affecting her health and what changes could be made.

- I'm going to refer miss Mallory to see a neurologist for her dizzy spells.
- Refer her to a psychiatrist for her anxiety.
- Refer her to a community based organization where she can get involved in activities and socialize.