

Biopsychosocial Assessment for Emily Jones

Identifying Information

Emily Jones is a 35-year-old white woman who identifies as Christian. She is married to Jack Jones, with whom she has two children, Taylor 10 and Pete 8. Emily was referred to therapy by her husband, who is concerned about her increasingly erratic behaviors. Emily has a master's degree and works part-time as an accountant. Even though she has a degree, she has trouble relating to people, especially those at work, which may indicate deeper mental health issues.

Referral Source

Jack, Emily's husband, recommended that Emily seeks counseling. Emily's sudden unpredictable actions, such as working through the night, having a lot of energy, getting angry, and not getting enough sleep, worry Jack. If she doesn't receive therapy, he has threatened to divorce her. Jack is concerned that Emily's actions are having a detrimental effect on their marriage, their kids, and her personal health.

Presenting Problem

Emily's erratic emotions, which have caused serious problems in their marriage and at home, are her main presenting issue. According to her husband Jack, Emily has been working late into the night and frequently ignoring important wellness, like cleanliness and rest. Emily, on the other hand, feels fantastic and thinks that her output is an indication of her health. She talks about an intense time when she studied the Bible cover to cover, maintained her house incessantly, and finished a large job assignment. Her actions have caused her to become estranged from her family regardless of these achievements. According to Jack, their kids are worried about Emily's actions, which include her frequent shouting and disregard for their

extracurricular activities. Her marriage, family life, and mental wellness are all adversely affected by this sequence of unpredictable conduct, which is worrisome.

Emily's unwillingness to ask for assistance makes everything more difficult. She ignores her husband's and family's worries, thinking that her increased vitality and output are advantageous. Given that her absence of understanding her actions is typical of manic intervals, Emily may be suffering from an emotional disorder, possibly bipolar disorder—that calls for additional medical testing.

History of Problem

Recurrent episodes of sadness, self-harm, and problems with others are characteristics of Emily's behavioral background. She cut herself as a way to cope for intense emotional distress, which led to her being admitted to an institution for depression at the age of 15. Emily claims that even though she was prescribed Prozac at the time, she stopped taking it since it made the symptoms stronger. Since then, Emily has experienced manic-like symptoms and occasional bouts of depression, but she has not sought regular mental health care. Because of her unpleasant encounters with psychological medications and her conviction that faith itself will fix her problems, Emily is reluctant to seek therapy or medical treatment.

Previous Counseling Experience

After being admitted to the hospital at the age of 15 for depression and receiving a prescription for Prozac, Emily did not seek out any treatment. She has stated that her beliefs about religion and negative encounters with psychiatric drugs in the past make her reluctant to participate in counseling or medical care. Emily is reluctant to get assistance from professionals because she thinks she can handle her problems with belief alone.

Family History

Emily's psychological health was significantly shaped by her familial relationships. Her relationship with her parents was tense, especially with her mother, who taught at Emily's elementary school and was a severe disciplinarian. Because of her scholastic difficulties and her mother's expectations, Emily experienced a profound sense of failure. Emily remembers that the sole occasions when she felt connected to her father were when they went fishing, without her mother's company. Her father, on the other hand, was psychologically separate and worked long hours at a manufacturing facility. Emily's problems with confidence and sustaining connections were probably exacerbated by her parents' absence of psychological assistance and commitment.

Medical History

Emily takes her medication as directed because she has a history of hypothyroidism. Even though it is treatable, the illness might be a factor in some of the physical symptoms she encounters, such as exhaustion, mood swings, and cognitive challenges. Emily's history of self-harm and sadness also needs to be carefully considered because these traits point to a persistent susceptibility to mood disorders. Although Emily had previously been given Prozac, she has recently experienced a negative response to the prescription, which has led her to exhibit resistance to taking psychiatric meds.

Educational History

Emily is a part-time accountant with a master's degree.

Social Class/Cultural History

Emily's family is German, and they place a strong emphasis on academic excellence and rigorous discipline. Her issues with self-esteem and her propensity to see the world through a perfectionist lens may have been exacerbated by her social environment. Another important aspect of Emily's identity is her Christian faith, which has a big impact on how she views her

mental health. She is reluctant to seek professional mental health care because she feels that God can help her get over any challenges. Instead of pursuing professional aid, she may be resistant to counseling or psychiatric help because she believes that faith is the best way to solve her difficulties.

Mental Status Exam

In her first session, Emily was in a positive frame of mind, seemed energized, spoke quickly, and switched between subjects. She talked enthusiastically about her current successes and effectiveness, but she became agitated when talking about family matters, especially her spouse's alleged lack of assistance. Her ideas were rambling, quick, and a little jumbled, which is indicative of a manic episode. Emily overstated her emotions and showed no understanding of how her actions would affect her family. She denied having any serious mental health issues, but her resistance to getting treatment and disregard for her own needs suggested that her intelligence was compromised.

Theoretical Considerations

Theories of Human Behavior: Emily's actions can be explained by a confluence of interactive, psychological, and biological elements, according to the biopsychosocial model. Her mood swings, which range from manic energy bursts to depressed spells, point to a mood illness, which is possibly bipolar disorder.

Person-in-Environment: Emily's mental health is influenced by her surroundings, which include her tense relationships with her family, her workplace, and her spiritual group.

Counseling must consider her marital strain as well as her children's worries.