Columbia Community Mental Health

Client Name:	**Carine Delozier**	DOB:	**3/5/1961**
Admission Date	**2018-07-16**	Date/Time:	**7/16/2018 1:31 PM to 2:32 PM**
Duration in Minutes:	**61**	Visit Type	**Assessment**
Employee Name:	**Lisa Raney LPC, MA, QMHP**		

Notes:

PHQ

Date: 07/16/2018

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Please use the following to rate your answers

0 - Not at all

1 - Several Days

2 - More than half the days

1. Little interest or pleasure in doing things.: 1

2. Feeling down, depressed or hopeless.: 1

3. Trouble falling or staying asleep or sleeping too much.: 1

4. Feeling tired or having little energy.: 0

5. Poor appetite or overeating.: 3

6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.: 3

7. Trouble concentrating on things, such as reading the newspaper or watching television.: 0

8. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual?: 0

9. Thoughts that you would be better off dead, or of hurting yourself in some way?: 3

Total: 12

Risk Assessment

CLIENT INFORMATION

Type of Assessment: Initial

Date of Assessment: 07/16/2018

Age:
57

Needs Updating?: No

Gender:
Female

Needs Updating?: No

Race:
White

Needs Updating?: No

Ethnicity:
Not of Hispanic Origin

Needs Updating?: No

Identifying Information

:
Moved from Kansas to Oregon in March 2018 when granddaughters (aged 15 and aged) were diagnosed w/ chronic childhood pancreatitus. 15 year old is deteriorating rapidly - degenerative disease. May not make it to age 30.
It is genetic on Carine's side of the family.
15 year old is constantly in hospital for long periods.
Not a candidate for surgery due to diff. reasons.
Live w/ sister and her family.
As soon as she gets tax return will get own place.

2nd granddaughter age 7 both diagnosed with Hereditary Chronic Pancreatitis
Clinician asked, "Can't she have surgery?" Me: "She is not a candidate. HCP containdicates vaccines as per CDC. Must be fully vaccinated to be candidate for TPIAT surgery. OHP deems TPIAT as elective, not covered..

Source of information

:
Client interview

Reason Seeking Care: Self-initiated

Presenting Problem

:
When asked what is bringing her to CCMH, Carine noted that she is seeking transfer of care from Kansas to Oregon.
She said that about 2 weeks ago, she had a "fall out" w/ her daughter which prompted an episode of suicidal ideation where she: wrote a will, wrote a note regarding what song she wanted played at her funeral and told her kids they could consider her dead.
Carine also indicated that she Would like to get off of Sertraline to see how she does w/ anxiety. Would like to do DBT.
In regards to depression and anxiety - Carine said that her anxiety is under control and she takes meds for it only as needed. She rated her depression intensity low but said that twice in the last month it went up.
Carine noted that she will "react quickly" and this affects her relationship and her self esteem.
- Sleep - Corine said that she has trouble staying asleep.
In regards to OCD symptoms - Carine said that she is not doing the "counting" like she used to and has become more "mindful" of the Skin Picking, which she said was so bad that she had frequent infections.

I did NOT have an anti-anxiety prescription. Sertraline was for depression. I took it daily as prescribed, not PRN. I did want to be titrated off as a continuation of titrating off all meds to save my liver, a process that was begun by my PCP in KS, who slowly titrated me off one by one of 11 meds for medical issues. The move to KS was from San Diego; but, my dad was in the military and we moved a lot during my 18 years living with my family of origin. I have 1 son, 1 daughter.

Context/Bio., Psycho., Social History:

:
Born in North Dakota, grew up in San Diego then moved to Kansas in 2003 (internet boyfriend).
Has 2 sons aged 37 (has 6 children) and 38 (he moved to Kansas a year after she did). He is still there now - is married no children.
Married twice - 1st husband was physically abusive
2nd marriage - he had anger issues - he broke window of her car. Now friends w/ him.
children are from 1st marriage.
Son has mental health issues.
Childhood trauma:
severe discipline from father - 1 time kicked up the stairs. Mother cut her w/ switch.
Carine states, "I may have been sexually abused but am not sure." - (mother's father may have or Mother might have sexually abused her).
Got assoc. degree and Cert. of achievement in automated office systems.
Employment/financial:
Carine said that she worked as a Social Services Welfare Worker for about 14 years and was

2nd marriage: stayed friends with him after separation in 1999, divorced in 2008. Did NOT make up with him, relationship changed; because, he did not want to work on his issues. EVERYONE IN MY FAMILY HAS MENTAL HEALTH ISSUES. I DID NOT VOLUNTEER CHILDHOOD SA. SHE ASKED, I responded telling her paternal grandfather SA'd my mother from the time she was 9.

I said I NEVER got an associates degree ONLY a cert of achievement. I said I worked for San Diego County HHSA for 14 years. 12 of those as an ET.

a Clerk Typist for county mental health until 2000. She said that she went on SSD in 2003 and then started receiving a small pension 2 years ago.

I said my first two years with HHSA was as a Clerk/Typist with MHS. I resigend from HHSA in 2000. SSDI was approved 2001. MEDICARE began 2003.

Legal:

:
None

Supported Employment Services: Not applicable

SUBSTANCE AND ADDICTIONS

Tobacco Use: Yes

Current Frequency *(packs/day)*: 5 cigarettes a day

Substance Use in Last 90 Days: No

Current/ History of Substance Use:

Other Impulsive/Compulsive Behaviors

Is this an A&D assessment?: No

Additional Information:
problem w/ ETOH when younger (20's) - paramedic (suicide attempt - 1987 while at work almost successful took a bunch of pills - kid called asking "Wohos taking me to soccer.) told her she was on verge of alchohlism - at same time was partying a lot w/ people and was doing meth and pot - it was recreational - peer pressure - but BF that was living w/ me - I was in class - he was babysitting and asked about "the white stuff".
This was for 2 years.

Clinician asked if I used drugs or alcohol. I said I drank, smoked weed, did meth on weekends to fit in with friends. She asked it the drinking became problematic, I told her that EMT who arrived to take me to hospital for 1987 suicide attempt at work asked me what is the most alcohol I've ever drank at one time. I said 7 shots. He said I was on the verge of becoming an alcoholic. After I took the bunch of pills, my son called me asking who was taking him to soccer. That call prompted me to change my mind about dying and I walked to the store and bought syrup of Ipecac and called 911. I quit the alcohol and drugs a couple years earlier after kicking out my live-in BF when my son saw him doing meth when he was supposed to be babysitting while I was in college class and son asked me what the white stuff was.

MEDICAL/ MENTAL HEALTH

Client Strengths:

:
Carine said that she enjoys looking up music on YouTube and for coping skills uses:
- cat therapy
- guided meditation
- writing - currently interested in Fiction writing.

Carine stated that her family is "big" and they have lots of Family "Get-Togethers".

Mental Health History:

:

i have NEVER been interested in fiction writing. I said I was reading my granddaughter's fiction writing and helping her with edits at my daughter's request.

Dr Cohn was femaie. Vissions did not occur until 1992. Was not hospitalized until self-admit in 1992. Coerced into ECT for "treatment resistant MDD" in 1993. Was NEVER in assisted living. I lived in an independent living apt in 3/2003 and moved in 6/2003. I had several psych hospital stays in 1992-93 and one in 4/2003 that only lasted 4 days due to insurance coverage. was homeless for several months during 2002-2003 after being accused by landlord of something I did not do. Gave 30-days notice after daughter offered me a room, was kicked out by daughter for threatening to report DV by her husband, stayed at dad's until his gf kicked me out for not finding my own place fast enough, stayed with sister whose bf kicked me out for lighting incense.

Univ. of Kansas hospital psychiatry dept.
Dr. Cohn - saw him every 6 weeks.
Kansas City, Kansas
Johnson county mental health - 913-826-4200 Saw a Counselor there - saw Connie Rhode about every 2 weeks
1987 - Depression - starting taking meds. when started having visions (like a viewmaster - of me hurting myself) was hospitalized - they wouldn't stop, so had ECT (6 inpatient and 6 outpatient) and then meds worked.
1992 - Major depression - hospitalized several times until 1993. Was living in Assisted Living ("I hated it") - March 2003 stays were only a week at a time. Was homeless and bouncing from 1 place to another - relative to relative.
2002 - Bipolar
2018 - Borderline w/ atypical psychosis (thinks that it was when was having temporal lobe seizures - doctor said that it was due to Migraines)
2010 - GAD
and recurrent Major depressive disorder.
Sister is payee
Doctor said that she is good on her recovery - OCD and her hallucinations (not as bad)
Carine said that her (other?) sister is a "Hoarder" and she has been helping her by selling things on Ebay.

Stayed with another sister for one week, then she found me the independent living apt. Self-diagnosed BPD with 5 min online assessment. No formal assessment. Atypical Psychosis was diagnosis given by KS neurologist after 1 hour EEG failed to show Epileptic Activity when assessing TLE. OHSU Neurologist said it could be migraine-related, not Atypical Psychosis. My youngest sister WAS my payee from 2001-2017; after which, I became my own payee. The sister I was living with at the time of this appt is a Hoarder. How did she record I AM having SI and NOT having SI on the SAME document? I was NOT having SI.

Risk Factors:

Risk Assessment *(The following has occurred in the last month):*

Have you wished you were dead or wished you could go to sleep and not wake up?: Yes

Have you actually had any thoughts of killing yourself or someone else?: No

Have you been thinking about how you might kill yourself or someone else?: Yes

Have you had these thoughts and some intention of acting on them?: Yes

Have you started to work out or worked out the details of how to kill yourself or someone else?): No

Have you ever done anything, started to do anything, or prepared to do anything to end your or someone elses life? (collected pills, obtained a gun, gave away valuables, wrote a note, etc.): Yes

Follow-up/Safety Plan *(if applicable)*:
Carine was informed of the CCMH Crisis Service.

Suicide Risk Assessment was: Performed

Other:
last time (had thoughts) was in Kansas - last year - just thoughts of not wanting to be around.
Carine said, "I Can't do it though because I have a "contract" w/: son, (ex and her are still friends) boyfriend, and sister currently living with.
Reasons to live:
Grandkids
sister
Want to see Mom in San Diego

I was already currently prescribed Lamotrigine as a mood stabilizer and it was NOT helping stop seizure activity. i NEVER have good eye contact! Eye contact feels like slugs crawling on my skin. I cheat by looking at the person's mouth.

Significant Medical Concerns:

:
Dr.Prakash - PCP in Hillsboro - OHSU- 503 598 3130
Seizures a couple of times about every 2 weeks.
Most times seizures are subtle.
Carine said that she may have her Neurologist prescribe Lamotragine due to seizures, if not then will have PCP prescribe.
Carine said that she would eventually like to go off of the Sertraline.

Last BMI was reviewed on:

MENTAL STATUS

General Appearance: Grooming and hygiene normal.

ESTIMATED INTELLECTUAL ASSESSMENT: average

MOOD: calm, cooperative

AFFECT: primarily appropriate

SPEECH: typical for age and intellect, logical, coherent

THOUGHT PROCESS AND CONTENT: typical for age and intellect, logical, coherent

BEHAVIOR AND MOTOR ACTIVITY: appropriate to situation, normal/alert, good eye contact

ORIENTATION: person, place, time, situation

INSIGHT: good

CONTACT WITH REALITY: other observation(s)/additional information

Hallucinations:
Auditory - music (any kind of music) Stress brings it on.
Don't listen to music.
Happens only every few months from stress.

ADDITIONAL MENTAL STATUS OBSERVATIONS:
[Carine had a bad cough and coughed several times in session]
Carine was cordial and cooperative and seemed comfortable with this Clinician. Carine has had mental health treatment several other times and has good insight from the Counseling she has received from previous treatment.
She seemed a reliable reporter and is positive towards treatment.

CLINICAL FORMULATION

I did NOT move to the St. Helen's area. I lived in FOREST GROVE and had to COMMUTE 4 HOURS ONE-WAY to be seen in this clinic because no clinic in the surrounding area of my residence would take me as a new client. I NEVER threatened suicide, never have until 2023! I always kept that to myself and never even wrote a suicide note! I requested NOT TO HAVE morning appointments because of the commute!

Clinical Formulation:

Carine is a 57 year old Caucasian female who has just moved to the St.Helens area to be with family who are having medical problems. Carine reports numerous symptoms and a long history of mental health issues, diagnoses and medications. Currently she is experiencing depression, anxiety, diminished interest, hypersomnia, low self worth, suicidal ideation and family relationship problems, most specifically a family argument that resulted in Carine having thoughts of and threatening suicide.
Carine meets criteria for Major Depressive Disorder and it is recommended that she be offered the service of individual Mental Health Counseling and Medication Management that she is requesting, in order to help transfer her care and give her support in this transition. Without treatment, Carine will see decline in mental health and increase in symptoms which will be detrimental to her overall health.
Carine is positive towards treatment, and has had several years experience in mental health, so should therefore, with regular attendance, make progress in reaching her mental health goals. Carine did mention some transportation issues as she does not have a car and requested that she have morning appointments.

Diagnoses:

F33.9 - Major Depressive Disorder, recurrent, unspecified

Differential Dx.:

:
Carine has been diagnosed in the past, with Obsessive Compulsive Disorder, Bipolar, Borderline Personality Disorder, Major Depression and Anxiety Disorder. She presents w/ some symptoms of all of these except Borderline, but seems to have control of them with medications, so therefore for the purpose of this treatment episode, a diagnosis of Major Depressive Disorder will be applied.

Plan

CCMH therapist will begin services and continue assessment process including referrals to other professionals, consultation with family members & other service providers. Communication may include telephone conversations with family members & professional service providers for continued assessment, case management, & for coordination of care.

REFERRALS

Type of Transition: Initial Determination of Service Program

Was client scheduled for appointment with new provider?: Yes

Date of Scheduled Appt: 08/07/2018

Client was assigned to a Primary Staff: (enter staff member's name): Christina Lombardo

Referred from Initial Assessment

Referring From: Assessment Clinic

Program Referring/Transferring To *(check all that apply)*: OPMH (Outpatient Mental Health)

Employee Signature

7/25/18 8:40 AM
Lisa Raney - Mental Health Counselor
LPC, MA, QMHP

Approved by LISAR on 7/25/18