

# Assessment Report

## Psychological Evaluation Report

**Internal ID:** DEMO

**Patient Name:** DEMO Patient

**Date of Report:** 2025-12-20

**Evaluator:** Carter Comrie PHD LP

**Supervisor:** Carter Comrie PHD LP

**Type of Evaluation:** Weekly Reevaluation

**Previous Evaluation Date:** 2025-12-12

**Initial Diagnosis:** F33.1 (Major Depressive Disorder, Recurrent, Moderate)

**CPT Code:** 96130

### Assessment Rationale

The patient sought psychological testing to address a range of psychological concerns, with a primary focus on evaluating the effectiveness of their current psychotherapy in managing challenges related to their diagnosis of Major Depressive Disorder, Recurrent, Moderate (F33.1) and informing future treatment planning. Given the severity of symptoms and their associated functional impairments, it was recommended that DEMO Patient undergo additional psychological evaluation to assess treatment progress, monitor symptom severity, identify barriers to improvement, and determine whether modifications to the current treatment plan are warranted. DEMO Patient agreed with this recommendation and actively participated in the assessment process. This evaluation is designed to examine the patient's psychological functioning and progress toward treatment goals. The primary aim is to optimize treatment by identifying areas where current interventions may be ineffective and recommending adjustments tailored to the patient's specific clinical profile. Psychological testing provides objective data regarding functional capacity and assesses the cognitive, emotional, and behavioral factors contributing to the patient's difficulties. Additionally, the evaluation identifies psychological strengths and barriers to guide treatment planning and facilitate more targeted and effective interventions.

### Introduction

This evaluation examines the DEMO Patient's presenting psychological concerns and the effectiveness of psychotherapy in addressing those concerns. The patient is currently receiving treatment for Major Depressive Disorder, Recurrent, Moderate (F33.1), with symptoms that have resulted in significant functional impairments. The purpose of this assessment is to provide a comprehensive understanding of the patient's functioning, symptomatology, and response to treatment, ensuring that therapeutic interventions remain tailored to their evolving clinical needs.

## **Presenting Concerns**

**Primary Diagnosis:** F33.1 (Major Depressive Disorder, Recurrent, Moderate)

The patient presentation is consistent with Major Depressive Disorder, Recurrent, Moderate (F33.1). The individual has experienced two or more major depressive episodes, each lasting at least two weeks, separated by periods of partial or full remission. The current episode meets full criteria for a major depressive episode, with a greater symptom burden and functional interference than mild depression, yet without the pervasive incapacitation of a severe episode.

Symptoms cause clinically significant distress and impairment in social, occupational, and interpersonal functioning. The episode is not attributable to substance use, medication, or another medical condition, and there is no history of manic or hypomanic episodes, excluding bipolarity.

### **Core Symptoms (Five or More Present During the Same 2-Week Period):**

- Persistent depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in most or all activities
- Significant change in appetite or weight (increase or decrease)
- Sleep disturbance (insomnia, early morning awakening, or hypersomnia)
- Fatigue or loss of energy nearly every day
- Psychomotor agitation or retardation observable by others
- Feelings of worthlessness, excessive guilt, or self-reproach
- Diminished concentration or indecisiveness
- Recurrent thoughts of death or passive suicidal ideation (without active plan or intent)

### **Associated Cognitive and Emotional Features:**

- Pervasive hopelessness or despair about the future
- Heightened self-criticism and internalized guilt
- Emotional blunting or irritability
- Low frustration tolerance and reduced resilience under stress
- Difficulty maintaining concentration and sustained effort
- Withdrawal from social or pleasurable activities
- Decreased confidence and self-esteem

### **Course and Clinical Context:**

In moderate recurrent depression, the individual experiences distinct and functionally disruptive episodes that often recur in response to psychosocial stressors or environmental instability. Recovery between episodes may be partial, leading to chronic low mood or reduced functioning. Each recurrence increases vulnerability to future episodes, emphasizing the need for maintenance therapy, behavioral activation, and psychosocial stabilization.

### **Functional Impairment Summary:**

Major Depressive Disorder, Recurrent, Moderate leads to significant impairment across personal, occupational, and interpersonal domains. The individual may struggle with consistency at work, reduced motivation, and difficulty maintaining social relationships. Fatigue, cognitive slowing, and diminished concentration

reduce task performance and engagement. The recurrence of episodes contributes to cumulative emotional exhaustion and decreased self-efficacy.

### **Assessment Battery and Rationale**

To support diagnostic clarification, monitor treatment progress, and inform therapeutic planning, the following standardized instruments were administered:

- **Patient Health Questionnaire-2 (PHQ-2)**
- **Generalized Anxiety Disorder-2 (GAD-2)**
- **UCLA Loneliness Scale (UCLA-LS)**
- **Acceptance and Action Questionnaire - 9-item version (AAQ-9)**
- **Clinician-Rated Functional Domain Assessment**

These measures were selected to evaluate symptom severity, psychological flexibility, interpersonal functioning, and overall psychosocial adaptation in the context of Major Depressive Disorder, Recurrent, Moderate (F33.1).

#### **PHQ-2 - Patient Health Questionnaire-2**

The PHQ-2 is a brief screener assessing the frequency of depressed mood and anhedonia over the preceding two weeks. Items are rated on a 0 (“Not at all”) to 3 (“Nearly every day”) scale, with a total score of  $\geq 3$  indicating clinically significant depressive symptoms. This tool facilitates early detection of depressive affect and provides a benchmark for tracking response to treatment.

#### **GAD-2 - Generalized Anxiety Disorder-2**

The GAD-2 assesses the frequency of core anxiety symptoms, including excessive worry and difficulty controlling anxious thoughts. Each item is scored from 0 to 3, with a total score  $\geq 3$  suggesting probable generalized anxiety. This measure helps identify anxiety-driven distress and supports differential diagnostic considerations.

#### **UCLA Loneliness Scale (UCLA-LS)**

The UCLA-LS evaluates subjective perceptions of loneliness and dissatisfaction with social connectedness. Higher scores reflect greater perceived isolation, which is often associated with increased psychological vulnerability. Findings from this measure offer insight into the patient’s relational patterns and social-emotional risk factors.

#### **AAQ-9 - Acceptance and Action Questionnaire (9-item)**

The AAQ-9 measures psychological inflexibility and experiential avoidance—factors linked to emotional dysregulation and reduced engagement in valued activities. Higher scores indicate greater avoidance of internal experiences and diminished behavioral flexibility, informing treatment targets related to emotion regulation and adaptive functioning.

#### **Clinician-Rated Functional Domain Assessment**

This clinician-completed tool evaluates psychosocial functioning across five domains:

- (1) family and peer relationships
- (2) romantic/sexual relationships
- (3) tolerance for intimacy and affection
- (4) insight/self-reflection
- (5) adaptive problem-solving.

Scores (0–100) are based on both clinical observation and patient self-report, offering a multidimensional profile that supports individualized treatment planning and tracks functional improvement over time.

### **Subjective Evaluation of Symptoms and Functioning**

Clinical observation and patient self-report indicated **modest improvement** in overall functioning. The patient continues to experience symptoms consistent with Major Depressive Disorder, Recurrent, Moderate, including low mood, emotional reactivity, and intermittent hyperarousal. However, they are demonstrating increased insight into the psychological and environmental factors contributing to their distress. This developing awareness has allowed them to better identify links between internal emotional experiences and external stressors, supporting more deliberate efforts to manage affective responses as they arise.

Interventions delivered through psychotherapy have targeted emotional regulation, cognitive restructuring, and behavioral activation. These approaches have provided structured opportunities for cognitive and emotional processing of both past experiences and current psychosocial stressors. This work has facilitated gradual perspective shifts, improved emotional clarity, and reduced overall symptom intensity. As a result, the patient has shown partial re-engagement in daily routines, self-care activities, and interpersonal roles. Although affective variability remains, they are increasingly able to implement coping strategies with moderate success, reflecting growing capacity for emotional regulation and adaptive functioning.

The patient has responded positively to the structured nature of psychotherapy, which has helped reinforce therapeutic skills and promote functional stability. They have expressed readiness to consolidate gains, deepen self-awareness, and increase consistency in adaptive patterns. Moving forward, treatment may benefit from an expanded focus on relapse prevention, clarification of core values, and continued development of sustainable coping strategies to support long-term recovery. Collectively, these developments suggest meaningful therapeutic gains and emerging psychological resilience.

### **Objective Rating of Symptoms and Functioning**

Patient's pattern of scores produced the following on the objective measures:

- PHQ-2:** 2.33 out of 3. increased from the previous session.
- GAD-2:** 2.14 out of 3. increased from the previous session.
- UCLA-LS:** 1.95 out of 3. decreased from the previous session.
- AAQ-9:** 3.45 out of 7. decreased from the previous session.

## Functional Domain Assessment

Quality of Friendships/Family Relations: 5, Fairly Poor Functioning  
Romantic/Sexual Relationships: 5, Fairly Poor Functioning  
Tolerance for Affections: 6, Fair Functioning  
Insight: 7, Moderate Functioning  
Problem-Solving and Adaptive Capacity: 5, Fairly Poor Functioning

## Clinical Formulation

### Distress Tolerance

The clinician has been consistently monitoring how the patient responds to distressing affect in their daily life. Observations indicate **modest improvement** in the patient's overall ability to manage psychological distress. Recent psychosocial stressors, have provided important opportunities to observe how the patient approaches moments of heightened emotional intensity. The patient relies on a combination of cognitive strategies—including thought challenging, attentional refocusing, and structured problem-solving methods—to regulate distress. While these techniques are increasingly integrated into their day-to-day functioning, their effectiveness varies depending on contextual demands and emotional load. The patient shows a growing capacity to anticipate stress reactions and mobilize skills more deliberately, though the intensity and complexity of certain emotional experiences continue to present challenges. As such, targeted work on distress tolerance remains a central and evolving focus of ongoing treatment.

### Sense of Self

Clinical observations reflect **notable improvement** in the patient's developing sense of self. Reflective interventions have facilitated greater emotional insight and self-understanding by illuminating recurring emotional themes, relational patterns, and belief systems that have historically contributed to internal conflict. Through this work, the patient is gradually forming a more coherent and integrated understanding of their self-concept, emotional triggers, and interpersonal dynamics. Therapeutic exploration has increasingly focused on unresolved relational issues and deeper emotional conflicts that influence their identity experience. Over time, the patient has shown a growing willingness to engage with these vulnerable areas, which has supported incremental growth in self-awareness and emotional clarity. Continued attention to this domain is warranted, as identity consolidation and self-acceptance often form the structural foundation for lasting psychological stability and adaptive functioning.

### Behavioral Repertoire

The clinician has observed **a decline** in the patient's behavioral repertoire. Therapeutic work in this area has emphasized the identification, monitoring, and refinement of coping strategies to ensure alignment with personal values and long-term functional goals. Behavioral activation has played a central role, focusing on increasing participation in meaningful daily activities while addressing avoidance patterns that limit engagement. The patient's capacity to initiate and sustain these behaviors varies depending on emotional context and perceived demands, but there are clear indications of growing awareness regarding the relationship

between avoidance and psychological distress. Through this work, the patient is learning to more intentionally structure their routines and behavioral choices in ways that promote psychological flexibility and functional stability.

### **Ongoing Assessment**

Serial assessments and clinical observations have been used to monitor psychological functioning across emotional, cognitive, and behavioral domains. The patient demonstrates **modest or inconsistent gains in insight, regulation, and treatment engagement**. These findings offer a comprehensive view of the patient's clinical trajectory, highlighting areas of growth as well as domains that remain vulnerable to symptom fluctuation. This integrated approach to assessment allows for ongoing refinement of the treatment plan, ensuring that interventions remain responsive to the patient's evolving clinical presentation, therapeutic needs, and overarching goals for psychological functioning and well-being.

The patient has made progress in addressing psychotherapy goals, albeit with continuing challenges, as depicted in the recent session with the psychotherapist. In terms of distress tolerance, the patient expressed an enduring struggle with intense emotions, particularly related to familial relationships, but has shown a greater awareness of the origins of mistrust and hurt, notably attributing these to the relationship with the mother. This increasing understanding of personal triggers signifies some progress in managing distress, despite persistent feelings of endurance rather than resolution. For enriched self-story, the patient has demonstrated reflection on complex relationships and their impact, recognizing the lasting influence of early experiences on current emotional and interpersonal issues, suggesting an evolving self-narrative. However, there remains a focus on past grievances, which indicates the need for further work in this area to transform the insight into a more empowering personal narrative. In terms of expanding the behavioral repertoire, while the patient continues to experience significant emotional pain and mistrust, conversations about the potential for change in other relationships, such as those with Amanda and Jenna, hint at some openness to modifying interpersonal dynamics and adopting new patterns of behavior. Overall, while progress is evident, particularly in insight and awareness, the patient remains in the process of navigating complex emotional landscapes and transforming these insights into concrete behavioral and narrative shifts.

### **Conclusion**

Since the previous evaluation, DEMO Patient —diagnosed with Major Depressive Disorder, Recurrent, Moderate (F33.1)—has continued to demonstrated active participation in psychotherapy. This level of engagement has supported meaningful therapeutic gains across multiple domains of psychological functioning.

In the context of Major Depressive Disorder, Recurrent, Moderate (F33.1), the patient has also demonstrated **modest progress** in managing anxiety and stress. DEMO Patient appears to be committed to developing and consistently applying a range of coping strategies, allowing for improved navigation of both acute stressors and chronic emotional discomfort.

To further strengthen treatment gains and support ongoing psychological growth, the following enhancements are recommended:

- **Therapeutic Generalization Planning:** Develop structured strategies (e.g., between-session practice plans, brief check-ins, goal tracking) to help the patient apply therapeutic insights and skills consistently across real-life settings.
- **Emotion-Cognition Integration Work:** Focus on helping the patient link emotional experiences with cognitive appraisals, fostering greater coherence and adaptive meaning-making.

Additionally, the following targeted strategies may be incorporated as clinically indicated:

#### **Targeted Interventions (As Indicated)**

- **Adaptive Narrative Restructuring**  
For individuals with fragmented, self-critical, or trauma-laden personal narratives, structured narrative interventions can help create a more coherent and compassionate life story.
- **Identity Consolidation and Role Differentiation**  
For patients experiencing diffuse identity boundaries or role confusion, structured reflection on personal values, roles, and self-concept can strengthen internal coherence and autonomy.
- **Stress Inoculation and Coping Rehearsal**  
For ongoing stress sensitivity, targeted rehearsal of coping strategies in anticipatory or simulated scenarios can enhance resilience and response flexibility.
- **Interpersonal Boundaries and Emotional Safety Skills**  
For patients navigating relational enmeshment, over-accommodation, or fear of conflict, structured boundary work can improve interpersonal balance and emotional protection.
- **Maintenance and Relapse Prevention Planning**  
For patients reaching treatment consolidation, collaboratively developing individualized maintenance strategies and identifying early warning signs can help sustain gains and prevent regression.

Regular assessment of the patient's clinical trajectory will ensure that these recommendations remain aligned with evolving therapeutic goals and emerging clinical needs.

#### **Signature**

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