



Biopsychosocial Assessment Template

Client: Lucy **Date:** November 6, 2024 **DOB:** December 6, 2005

Age: 19 **Start Time:** 3:00 pm **End Time:** 4:30 pm

Identifying Information:

Lucy is a 19-year-old Caucasian female. She is slender and of average height. She is a freshman in college, majoring in engineering.

Presenting Problem:

Lucy was referred for assessment after being caught with alcohol in her dorm on an alcohol-free campus. She was reported for having alcohol while underage, which led to this counseling session.

Life Stressors:

Lucy reports that her coursework is more challenging than she had anticipated. She feels pressure to succeed due to her family's high expectations and struggles to maintain her GPA. She has limited contact with her family and friends.

Family Information:

Lucy is the youngest of three children in a family she describes as "high achieving." Her father and two older brothers are engineers. Her mother, whom she describes as "controlling," requires weekly check-ins, and Lucy feels her parents have a strained relationship. Lucy often felt like the middleman between them during high school. She has minimal contact with her brothers while at school.

Educational Information:

Lucy is a college freshman majoring in engineering. She easily maintained a 4.0 GPA in high school but is struggling to maintain that level in college. She is getting tutored twice a week and feels embarrassed for needing extra help.

Medical History/Mental Health History:

Lucy denied any past hospitalizations, mental health treatment, suicidal ideation, self-harm, or thoughts of harming others. She noted feelings of stress and exhaustion, and averaged less than 5 hours of sleep most nights.

Trauma:

Lucy mentioned experiencing some teasing in high school but refused to discuss it further. There is no reported history of current or past abuse.



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Substance Use: Yes No

Lucy reported drinking alcohol on weekends and at parties. She often mixes drinks and consumes 5-6 beers and 3-4 shots per party. She also drinks wine at night to fall asleep. She admitted to taking unidentified pills while under the influence a couple of times.

Problematic Behaviors (i.e., gambling, pornography, video gaming):

None reported.

Legal History:

Lucy's Resident Advisor (RA) reported the alcohol incident to campus police, but she hasn't received any follow-up.

Social Relationships:

Lucy reports difficulty making friends in college and feels disconnected from her high school friends who have either gone to other colleges or are not in school. She socializes at parties on weekends, but doesn't have close friends on campus whom she fully trusts. Lucy feels embarrassed about attending tutoring sessions and does not engage with her peers.

Spiritual:

Lucy identifies herself as agnostic, while her parents are Irish Catholics and only attend church on major holidays like Christmas and Easter.

Strengths:

Lucy is intelligent and resilient, which is demonstrated by her enrollment in an engineering program and her commitment to maintaining her GPA through tutoring. She considers her family a source of support, although somewhat limited. Despite the stress, she is still interested in pursuing her engineering major.

Suicidal:

Lucy denied any history or current thoughts of suicidal ideation or attempts.

Self-Injurious Behavior:

Lucy denied any self-harm thoughts or behaviors.

Homicidal: Lucy denied any thoughts or behaviors of harming others.



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Mental Status Exam (MSE; please note, a formalized assessment is not required to complete this section):

Appearance: Lucy was very casual, wearing jeans, a t-shirt, and a hoodie. Her hair was a mess, and her clothes were wrinkled.

Behavior: Lucy initially seemed restless. She rubbed her arms and upper legs during the session.

Attitude: Lucy was hesitant to discuss her substance use and seemed defensive.

Mood and Affect: Lucy showed signs of distress when discussing her academic struggles. She became emotional when discussing her difficulty with maintaining her grades. She was anxious and sad.

Speech: Lucy's speech was normal in volume and tone but paused frequently.

Thought Process: Lucy was coherent but hesitant when discussing traumatic experiences and details of her substance use and academic stress.

Thought Content: Lucy expressed significant stress due to her academic performance and family expectations.

Perception: No disturbances or abnormalities.

Cognition: Lucy appeared alert and well-oriented. However, she was fatigued from lack of sleep and stress.

Insight and Judgment: Lucy minimized her drinking and was surprised by how much she drank when she added it up. She seems to have impaired judgment regarding substance use and risk-taking behavior at parties.

Initial Diagnosis(es) (DSM-5-TR):

Adjustment disorder with anxiety and depressed mood, and mild Alcohol use disorder.

Clinical Justification (Provide clinical justification related to client symptomology along with a DSM diagnosis(es) based on client assessment):

Lucy is experiencing stress related to her transition to college, academic demands, and isolation. She is experiencing anxiety, exhaustion, and feeling overwhelmed (American Psychiatric Association, 2022). She is using alcohol as a coping mechanism. Lucy's risk-taking behavior, drinking 5-6 beers and 3-4 shots at parties, and drinking alone to help her sleep are indicative of an SUD (American Psychiatric Association, 2022). She drinks larger amounts over a longer period, intends to use alcohol to cope with stress, isn't aware of how much she drinks, denies dependency, and continues to drink despite possible consequences (American Psychiatric Association, 2022).



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Initial Treatment Goal(s):

Reduce alcohol consumption and develop healthier coping strategies.

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Objective(s): Lucy will identify and implement healthier coping strategies.

Intervention(s): Cognitive behavioral therapy sessions focused on stress management and negative thought patterns—motivational interviewing to encourage awareness about her drinking.

Target Date(s): 12 weeks

Discharge Plan:

When Lucy effectively implements coping strategies, stops drinking, recognizes her risk-taking behavior, finds a support network, and gets involved in healthier social activities, she will be ready for discharge.

Name: Kerry Krauss **Date:** November 6, 2024

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>