

Physiological Assessment

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Background of the Client

The present report is basically based on a 22 year old college student namely Sam, a student of Engineering from Central Highlands University suffering from mental stress. She is having difficulties with her studies and she is lacking sufficient energy. Sam is also having problems concentrating on her studies and she is also struggling with her lifestyle. As per the information from the file, she is struggling with the aforementioned problems soon after the divorce of her parents. It is also mentioned that the sudden death of her grandmother has disturbed her and she has started living a reckless lifestyle that she was not accustomed with. Though she has confirmed that she is not using any illegitimate substances. The client was suggested to the clinic by a colleague. An Intake psychologist by profession.

PAI Test Results

Description of the PAI

Personality Assessment Inventory is a psychological tool that is invented for the adult personality in order to understand and assist them with sufficient screening. Personality Assessment Inventory (PAI) is a process of clinical diagnosis that covers a broad spectrum of some mental disorders. This system provides relevant information about psychopathology and helps in clinical diagnosis such as depression, anxiety etc. As mentioned by Piotrowski (2017), there are a total of 22 scales that help in assessing the planning of treatment and proper screening of clients between the age of 18 to 80. This assessment is structured with 4 scales in order to evaluate the condition of the patient. As suggested by Ruiz, Hopwood, Edens *et al.*(2018), different scales are used for providing information about different spectrum of the client such as the clinical scale helps in providing critical diagnosis about psychotic spectrum and the Treatment scale provides information about the client's tendency to harm to self. This assessment is important in order to quickly identify individual personality.

Validity Scales

The validity scale in a PAI assessment helps in order to measure the reliability of the recorded responses. As mentioned by Gardner & Boccaccini (2017), the validity scale also helps in understanding the defensiveness of a response and it also measures if a response is randomly or carelessly given. There are 4 validity scales that assess the infrequency and inconsistency from the responses of a client (Abu-Rus,Thompson,Naish,Brown *et al.*2020). This assessment also helps to identify the impression of the client that is negative or positive in nature. From the report of the present client, it can be understood that the Inconsistency level was low or not elevated that means the client was answering all the questions with full attention and was not finding any difficulties. The validity scale has an impact on the other scales as

well. *If the validity scale does not imply the personality of the client in the right manner it will be tough in order to understand whether the responses that the client has made are reliable or not.*

Reporting on the Clinical Scales

The PAI consists of a total number of 11 clinical scales that helps in determining the psychopathology of the respondent. Each of the 11 scales represents a definite trait about the client and the sub scales in each scale represents some specific aspects of the client Rogers, Williams, Winningham *et al.* (2018). In the present report a total 16 questions were asked from somatic complaints that suggest an average score that implies the client has a little physical problem.

| Different Clinical scales | T- score of the client |
|----------------------------------|--------------------------------|
| SOM | 55 (average score) |
| ANX | 68 (feel stress and worry) |
| ARD | 60 (average) |
| DEP | 76 (dysphoria) |
| MAN | 55 (no evidence of hypomania) |
| PAR | 55 (average) |
| SCZ | 58 (average) |
| BOR | 65 (moderately elevated) |
| ANT | 50 (average) |
| ALC | 68 (likely to drink regularly) |
| DRG | 52 (not using drug) |

Table 1:T-score of the client

(Source: Provided with client's File)

Though as per the information given by the client the scale related to alcohol problems was expected to be higher than the moderate as the respondent was likely to intake 6-7 standard

drinks in 2-3 days in a week. The SCZ level is also on an average side that was not expected as she was not maintaining her social relationship for the past few months.

Interpretation of the Clinical Scale

The clinical scale helps in understanding some broad spectrum of the client in an informative manner. The questions on the anxiety scale suggest that the client is experiencing some emotional breakdown due to some reasons and feel worried. Though the reports on ARD concluded that the patient seems to be calm under pressure and the adaptability power of the patient is also on average. The diagnosis on the basis of depression from the client PAI has shown that the respondent experiencing dysphoria is prominent. Though the patient is not experiencing paranoia as the T-score suggests, the score as 55 is on an average side and does not have any trust issues with any one and it can be evaluated that the patient is not suffering from any problem with her social life. As per the provided data she is not suffering impulsive behaviour it is mentioned by the client also in her file. As mentioned by the client, the report also shows that she is not taking any illegal drugs that can hamper her mental well-being.

Recommendation of Further Assessments

The present report of the client gives a brief account of the life of the client for the past 1 year. *The T-scores that have been derived from the different scales have to be enough in order to understand the core situation of the client.* More evaluations must be done in order to come to a conclusion. Major depression can be the problem of the client and some diagnosis should be done on that basis for better understanding the situation.

Diagnoses

DSM-5 is a well-known tool that helps in diagnosis of mental disorders or problems and provides further determination. *As mentioned by Tolentino & Schmidt, (2018), DSM-5 does not provide any guideline for the treatment of the disorder but it helps the professional in order to understand the symptoms and criteria of the disorder.* As per the data provided about the client, it is not subsequent for the in-depth study of the client. On that basis it is not possible to diagnose the client with any particular disorder or the situation of the client needs a more practical study about the problems. *The client can suffer from some major depression disorder due to some certain and unsuitable incidents that happen in her life.* This phenomenon needs a more rigorous study in order to come to a conclusion.

Recommendation and Conclusion

As per the portfolio of the client she is suffering from some situation that she was never expecting to be true. She was struggling to cope up with the separation of her parents and in the meantime she got the news of the demise of her grandmother. These situations one after one was tough for her to cope up with. These incidents make her more stressed and worried and she becomes addicted to alcohol. She becomes more depressed and sees others as unsupportive that in turn increases the suicidal ideation that increases the risk factors. Her reports also indicate that she is suffering from depression due to the difficulties in some major areas of her life. *Further clinical evaluation is needed in order to rectify her lifestyle and she should start doing moderate exercise and start going out in order to enhance her mood and fight with depression and loneliness.*

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