

# BEHAVIORAL HEALTH ASSOCIATES

Comprehensive Psychological Services  
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**NOT A REAL MEDICAL RECORD**

## COMPREHENSIVE PSYCHOLOGICAL EVALUATION

### PATIENT INFORMATION

**Name:** John A. Doe  
(FICTIONAL)  
**DOB:** 01/15/1985  
**Age:** 40 years  
**Sex:** Male  
**Marital Status:** Married  
**Evaluation Date:** 12/20/2025

### EVALUATION DETAILS

**Referring Physician:** Dr. Patricia Painfree, MD  
**Evaluating Psychologist:** Dr. Emily Mental, Psy.D.  
**Reason for Referral:** Post-trauma psychological assessment  
**Evaluation Duration:** 3.5 hours over 2 sessions  
**Date of Trauma:** 07/30/2025

**REMINDER: FICTITIOUS TESTING DOCUMENT**

### REFERRAL QUESTIONS

Mr. Doe was referred for comprehensive psychological evaluation to assess:

- Current mental health status and symptoms
- Impact of chronic pain on psychological functioning
- Presence of trauma-related psychological conditions

- Relationship between physical and psychological symptoms
- Treatment recommendations for psychological issues
- Capacity for return to work from psychological perspective
- Potential psychological factors affecting recovery

## BACKGROUND AND HISTORY

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### **Presenting Problems:**

Mr. Doe reports significant psychological distress following motor vehicle accident on 07/30/2025. Primary complaints include persistent depressed mood, anxiety, sleep disturbance, irritability, and social withdrawal. He describes feeling "like a different person" since the accident and reports that his chronic pain has "taken over my life."

### **Trauma History:**

- Index trauma: Motor vehicle accident 07/30/2025
- Reports vivid memories of impact and immediate aftermath
- Denies previous significant trauma exposure
- No prior motor vehicle accidents
- Some avoidance of driving, especially highway travel

### **Psychiatric History:**

- No prior mental health treatment
- No previous psychiatric medications
- No history of depression, anxiety, or other mental health conditions
- No prior substance abuse treatment
- No psychiatric hospitalizations

### **Family Mental Health History:**

- Mother: History of anxiety, treated with medication
- Father: No known mental health issues
- No family history of serious mental illness or suicide

### **Social History:**

- Married to Jennifer for 12 years, describes relationship as supportive
- Two children: ages 8 and 6

- Previously active in community sports leagues
- Close relationships with coworkers prior to accident
- No history of legal problems
- Occasional social alcohol use, no substance abuse

## CURRENT SYMPTOMS AND FUNCTIONING

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### **Mood Symptoms:**

- Persistent depressed mood most days for past 4+ months
- Significant loss of interest in previously enjoyed activities
- Feelings of hopelessness about recovery and future
- Guilt about impact on family financial situation
- Irritability and anger outbursts (2-3 times per week)
- Feelings of worthlessness related to inability to work

### **Anxiety Symptoms:**

- Generalized worry about health, finances, and future
- Specific anxiety about medical procedures and driving
- Physical symptoms: racing heart, sweating, muscle tension
- Anticipatory anxiety about pain increases
- Hypervigilance to bodily sensations

### **Sleep Disturbance:**

- Difficulty falling asleep due to pain and worry (1-2 hours)
- Frequent awakening due to pain (3-4 times nightly)
- Early morning awakening with inability to return to sleep
- Non-restorative sleep, fatigue throughout day
- Occasional nightmares about accident (1-2 times per week)

### **Cognitive Symptoms:**

- Concentration difficulties, especially with complex tasks
- Memory problems, particularly for recent events
- Indecisiveness about even minor matters
- Negative cognitive bias and catastrophic thinking
- Rumination about pain and disability

## Behavioral Changes:

- Social withdrawal from friends and family activities
- Decreased physical activity beyond medical restrictions
- Avoidance of previously enjoyed activities
- Increased dependence on spouse for daily activities
- Reduced self-care and personal hygiene attention

## MENTAL STATUS EXAMINATION

**Appearance:** Appropriately dressed but appears tired and disheveled. Minimal eye contact.

**Behavior:** Cooperative but appeared uncomfortable throughout evaluation. Frequent position shifts.

**Speech:** Normal rate and volume, but monotone quality.

**Mood:** "Depressed and frustrated"

**Affect:** Dysthymic, restricted range, mood-congruent

**Thought Process:** Linear and goal-directed, no formal thought disorder

**Thought Content:** Preoccupied with pain and disability. No delusions. Passive death wishes but no active suicidal ideation.

**Cognition:** Alert and oriented x3. Memory intact for remote events, mild impairment for recent events. Abstract thinking intact.

**Insight:** Good awareness of psychological symptoms and their impact

**Judgment:** Intact for safety and decision-making

## PSYCHOLOGICAL TESTING RESULTS

Assessment Tool	Score	Interpretation	Clinical Range
Beck Depression Inventory-II	28	Moderate Depression	20-28 = Moderate
Beck Anxiety Inventory	22	Moderate Anxiety	16-25 = Moderate
PTSD Checklist for DSM-5	35	Probable PTSD	≥33 = Probable PTSD
Pain Catastrophizing Scale	34	High Catastrophizing	≥30 = High
Pain Disability Index	42	Severe Disability	≥40 = Severe
Chronic Pain Acceptance Questionnaire	28	Low Acceptance	<40 = Low
SF-36 Mental Component	32	Significantly Impaired	<40 = Impaired

### **Personality Assessment (MMPI-2-RF):**

- Valid profile with appropriate responding
- Elevated scales: Depression (T=75), Anxiety (T=68), Somatic Complaints (T=72)
- No evidence of symptom exaggeration or malingering
- Profile consistent with genuine psychological distress
- Significant elevation on chronic pain and medical concerns scales

### **IMPACT ON DAILY FUNCTIONING**

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#### **Occupational Functioning:**

- Unable to return to work as staff accountant due to concentration difficulties
- Reports inability to focus on detailed tasks for more than 15-20 minutes
- Anxiety about work performance and making errors
- Fear of being perceived as unreliable or incompetent
- Financial stress exacerbating psychological symptoms

#### **Social Functioning:**

- Significant withdrawal from social activities and relationships
- Stopped participating in recreational sports leagues
- Declined invitations to social gatherings due to pain and mood
- Strain on marital relationship due to role changes
- Children expressing concern about father's mood changes

#### **Activities of Daily Living:**

- Requires assistance with some household tasks
- Decreased motivation for self-care activities
- Avoidance of activities that might increase pain
- Over-reliance on spouse for emotional support
- Difficulty making decisions about daily activities

### **DIAGNOSTIC IMPRESSIONS**

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Based on clinical interview, mental status examination, and psychological testing, the following diagnoses are supported:

## **Primary Diagnoses (DSM-5-TR):**

### **1. Major Depressive Disorder, Single Episode, Moderate Severity (296.22)**

- Onset clearly related to motor vehicle accident and subsequent chronic pain
- Meets 6 of 9 criteria including depressed mood, anhedonia, fatigue, concentration difficulties, and feelings of worthlessness
- Significant impairment in occupational and social functioning
- No prior history of depression

### **2. Generalized Anxiety Disorder (300.02)**

- Excessive worry about health, finances, and future functioning
- Difficulty controlling worry
- Associated with muscle tension, fatigue, and concentration problems
- Present for over 6 months since accident

### **3. Post-Traumatic Stress Disorder (309.81)**

- Exposure to motor vehicle accident with perceived threat to life
- Re-experiencing through nightmares and intrusive memories
- Avoidance of driving situations similar to accident
- Negative alterations in mood and cognition
- Hypervigilance and exaggerated startle response

### **4. Psychological Factors Affecting Other Medical Conditions (316)**

- Psychological symptoms adversely affecting chronic pain management
- Pain catastrophizing interfering with rehabilitation
- Depression and anxiety complicating medical treatment

## **Rule Out:**

- Adjustment Disorder with Mixed Anxiety and Depressed Mood
- Pain Disorder Associated with Psychological Factors

## **TREATMENT RECOMMENDATIONS**

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### **Immediate Interventions:**

1. **Individual Psychotherapy:** Weekly sessions using Cognitive Behavioral Therapy (CBT) for chronic pain and trauma
2. **Psychiatric Evaluation:** Assessment for antidepressant medication to address moderate depression
3. **Sleep Hygiene Program:** Structured approach to improve sleep quality
4. **Pain Psychology Program:** Specialized treatment for chronic pain-related psychological issues

### **Specialized Treatments:**

1. **EMDR Therapy:** For processing trauma memories from motor vehicle accident
2. **Acceptance and Commitment Therapy (ACT):** To improve pain acceptance and psychological flexibility
3. **Mindfulness-Based Stress Reduction:** 8-week program for pain and stress management
4. **Couples Counseling:** To address relationship strain and improve communication

### **Group Interventions:**

1. **Chronic Pain Support Group:** Peer support and shared coping strategies
2. **Depression Support Group:** Additional support for mood symptoms

### **Return to Work Considerations:**

- Not psychologically ready for return to work at this time
- Recommend 3-6 months of psychological treatment before work trial
- Will require workplace accommodations for concentration difficulties
- Gradual return with reduced hours and complexity initially
- Ongoing psychological support during transition period

## **PROGNOSIS AND LONG-TERM OUTLOOK**

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### **Short-term Prognosis (3-6 months):** Fair to Good

With appropriate psychological treatment, Mr. Doe can expect improvement in mood symptoms and anxiety. Sleep quality should

improve with targeted interventions. PTSD symptoms may require longer treatment but should begin to decrease.

**Long-term Prognosis (6-24 months):** Good

Given his strong pre-morbid functioning, supportive family, and motivation for treatment, Mr. Doe has good potential for psychological recovery. However, some degree of chronic pain and associated psychological adjustment will likely require ongoing management.

**Factors Affecting Prognosis:**

**Positive Factors:**

- No prior psychiatric history
- Strong social support system
- Good insight into psychological symptoms
- Motivated for treatment
- Stable pre-accident functioning

**Risk Factors:**

- Chronic pain may continue to affect mood
- Financial stress from inability to work
- Potential for developing chronic depression if untreated
- Risk of substance abuse if pain inadequately managed

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## PSYCHOLOGIST ATTESTATION

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I have personally conducted this comprehensive psychological evaluation and reviewed all available information. The above represents my professional psychological assessment and treatment recommendations.

**Completed by:** Dr. Emily Mental, Psy.D.

**Date:** 12/20/2025

**Licensed Clinical Psychologist**

**License #:** PSY-777777 (FICTIONAL)

**Specialization:** Trauma, Chronic Pain Psychology, Disability Psychology

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