Mental Health Threat Assessment Case Study: River
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Case Study One Narrative of Events

River was hospitalized for a Tylenol and medication overdose on 9/15/08 (1a). River was found vomiting in a community bathroom by two other residents and campus safety responded to the call. She was brought by ambulance to St. Lucy’s Hospital and kept on their psychiatric floor. Campus safety and housing notified the assistant Dean of the events. The Counseling Director notified the parents following a conversation with the assistant Dean.

Following a meeting (9/20/08) with the Dean (1b), River was mandated into a counseling assessment following her inpatient stay. River signed a consent form allowing treatment between health and counseling (1c), and consent to treatment with counseling (1d), a release of information for the Dean’s office (1e). Counseling requested records from St. Lucy Hospital and the emergency room screening team.

During a counseling appointment (10/1/08), River admits to cutting self and has the wounds dressed at health services. Counseling continues with an average of two sessions per week (1f) and the testing (OQ-45, BDI-2, BSS, BAI, BHS, FASI, MMPI-2, TAT, PDS) is completed and a summary with recommendations is forwarded to the Dean (1g). The hospital report arrives (1h) at counseling on 10/15/08.

River has another overdose attempt and second inpatient admission (10/18/08) and is called in for a hearing (11/3/08) after being released from the hospital on (11/1/08).

The second Dean hearing results in her separation from college (1i).
Timeline of Events

1st Inpatient  
9/15/08

Cutting Behavior  
10/1/08

Dean Hearing  
9/20/08

Hearing and Separation  
11/3/08  
11/5/08

Overdose and 2nd inpatient  
10/18/08
Resident Advisor Gina Yates arrived on the scene after two residents (TL and LR) reported that River had come into the bathroom looking “sick” and then returned to her room. They knocked on her door and discovered several empty pill bottles and an empty bottle of Tylenol on her desk. They asked her if she “did something” and River reported “It doesn’t matter, just leave me alone.” TL and LR then got RA Gine Yates who called Campus Safety. Resident Director Grant Winland was also called to the scene.

Per protocol, Grant called counseling director Dr. Jeff Lebowski to consult on the case. Dr. Lebowski suggested an immediate ambulance transport to St. Lucy’s Hospital. Ambulance called 10:25, transport 10:40. Scene cleared. Dr. Lebowski consulted with Associated Dean Larry Sellers. Dr. Lebowski called River’s parents to notify of the transport to the hospital.
Sept 20th, 2008

River Tam
Hearst College Box 1845

Dear River:

As you know from our recent meeting, we are concerned about the recent event where you took Tylenol and prescription medication requiring a transport to St. Lucy’s Hospital.

There are concerns about your personal safety and overall concern for you and your safety on campus. While it is good to see you considering and taking steps to get help, we need you to continue to address these issues in a way that will illustrate your ability to seek assistance in appropriate ways.

Based on our discussion, we established that you would abide with the following plan:

1. You are to complete a meeting with Dr. Jeff Lebowski and Margaret Houlihanon September 22nd or 23rd. This meeting should, at least in part, complete the release process you signed and set up future meetings with the counseling staff. Specifically, you have been asked to sign the following releases:

   - Hearst College combined services and emergency form
   - Release of Information for St. Lucy’s Hospital
   - Release of Information for your past psychotherapist
   - Release of Information for your past psychiatrists

2. You are required to maintain weekly meetings at the Hearst College Counseling Center until further notice. These will need to be with a clinical member of the counseling staff. If you choose to continue your relationship with our off-campus counselor, that will be in addition to your meeting at Hearst College Counseling Center.

3. You are to comply with reasonable assessments and tests that are part of the normal assessment process for potentially suicidal students seen at the health and counseling center.
We realize that these requirements may present a challenge for you, but we feel that they are minimal ways that we can better assess your personal safety and assure that your presence on campus does not pose a threat to yourself or the community.

River, we are committed to your education at Hearst College and want to make your experience here as comfortable as possible. With that in mind, we do need to be assured of your physical safety and that you are able to participate appropriately as a member of our community. We hope our future discussions are positive ones and that you are able to complete your education successfully.

Please feel free to contact any of us if you have any questions about this letter.

Sincerely,

Larry Sellers
Larry Sellers, Jr.
Associate Dean of Students

Jeff Lebowski
Dr. Jeff Lebowski
Director of Counseling

Maggie Houlihan
Margaret Houlihan
Director of Health Services
Hearst College
Health and Counseling Center

This is to certify that by accepting services from Hearst College Health and Counseling Center employees, I understand that all records are accessible by staff. I am also aware there are confidentiality standards in place to protect my privacy and no records can be released outside the Health and Counseling Center or discussed without my written permission. I am also aware that in the event of an emergency where I may be considered harmful to myself or others, this waives my confidentiality to allow for coordinating and/or providing emergency services on my behalf.

NAME: River Tam    DATE: 9/22/08

SIGNATURE: River Tam

WITNESS: Karen Davis    DATE: 9/22/08
Hearst College Counseling Services

Authorization for Treatment

I, River Tam, 07-24-81, authorize the Hearst College Counseling Services to:

RT conduct a mental health threat assessment that may include the use of the specific testing instruments (such as MMPI-2, HCR-20, Beck scales). I understand this evaluation will be a minimum of two meetings and a maximum of four.

RT develop a violence prevention treatment plan including but not limited to: group support meetings, educational workshops and further counseling sessions beyond an evaluation.

RT I understand that there is no charge for this evaluation.

RT I have read the attached description of counseling services in the event I am to seek treatment at the Hearst College Counseling Center.

I agree to release the following:

**Mental Health Assessment**

RT I specifically authorize disclosure of information concerning my mental health and violence assessment, testing and/or assessment.

___ I specifically authorize disclosure of information concerning my mental health safety or violence prevention treatment following the evaluation. This disclosure is specifically limited to attendance of sessions and a general opinion about the quality of involvement in the treatment.

To:

RT Hearst College Associate Dean, Dean and judicial affairs.

___ Other: ____________________________________________

This consent will expire on, 10/22/08, or upon receipt of my written request. If no date is specified, the release will expire one year from the signed date below. I understand I may revoke this authorization in writing at any time.

River Tam 9/22/08
Client Signature

Karen Davis 9/22/08
Witness Signature

A photo copy of this authorization will be considered effective and valid.
Hearst College Institute of Technology

Authorization to Release Information

I, River Tam, Date of Birth 07-24-81, authorize the Hearst College Counseling Center to release the following records to:

Name: Mr. Donald Kerabatsos
Address: Judicial Affairs Hearst College
Phone: 888-923-3945

RT

I specifically authorize disclosure of information concerning my psychological testing and assessment. I understand this includes information gathered during the initial interview as well as subsequent mandated or non-mandated sessions with the Hearst College Counseling Center staff. I also understand the following:

I retain the right to first review the testing and assessment results with the Counseling Center staff.

I retain the right to obtain a second opinion of the testing results at my own expense from another trained interpreter or evaluator. My raw test data may only be released directly to another appropriately trained clinician as defined by the testing manual and APA/ACA ethical board.

Psychological testing and assessment does not provide exact data concerning the predication of future violence, substance abuse, or other psychopathology.

Psychological testing and assessment data should always be interpreted by qualified individuals and presented in conjunction with the benefit of a full psychotherapeutic interview and mental status examination.

This consent will expire on 9/22/09, or upon receipt of my written request. If no date is specified, the release will expire one year from the signed date below. I understand I may revoke this authorization in writing at any time.

River Tam
Client Signature 9/22/08 Date

Karen Davis
Witness Signature 9/22/08 Date

A photo copy of this authorization will be considered effective and valid.
Name: River Tam  
Date: 9/23/08, Tuesday 2pm

Clinical Notes: I met with River following her hospitalization at St. Lucy’s hospital. We discussed how this hospitalization had impacted her how she was feeling being back at Hearst College. She reports “the whole thing was a waste of time. I don’t know why they even thought I needed to go to the hospital. I threw up. Any medication I had taken was in the toilet. Screw Lisa and Tara---they didn’t need to tell anyone what was going on.”

We continued to talk about her overdoes attempt and what lead to her taking the pills. She explained that “I was feeling depressed. That isn’t anything new. I feel depressed all the time. I feel depressed right now.” We talked about her depression and how it has been with her since high school. She talked to me about how high school was hard for her and that she often felt picked on by other girls. She talked about having the same kind of problems her on campus, not feeling connected to others and feeling isolated with her classmates.

We talked about the importance of her staying connected to therapy. She agreed to complete several tests I had for her over the next day or two and then we would go over the results together. She also understands that these results will go (in summary form) to the Dean to ensure that she is safe to be at school.

River was most upset that her mother was called; “That stupid bitch” as she calls her. She talked about being angry at her for years following an incident with her step-father (who died two years ago.) River seemed uncomfortable talking about this potential early abuse and we agreed to come back to the discussion later.

River denies any current suicidal intent and agreed to avoid taking any more pills. We discussed the cues that she would need to pay attention to if she was having these feelings again (talking to her mother, feeling alone and isolated) she would call our emergency services number for counseling. She also agreed to continue taking her medication (anti-depressant) as prescribed by her doctor at St. Lucy’s hospital.

Plan to meet again later in the week. River agreed to call if feeling like she may hurt herself. She talked briefly with the Health Director and signed releases for St. Lucy’s hospital.

Zoe Washburne, LICSW
Name: River Tam  Date: 9/25/08, Thursday 2pm

Clinical Notes: I met with River a second time as per her requirement from judicial services. She reports having a good few days since we last met and completed the required tests with Dr. Lebowski. We talked about the testing results and how they indicated a tendency towards depression and anxiety.

River and I talked about the difficulty she has been having with our office manager and other students in the waiting room prior to her appointments. [the office manager told me that River had been talking about sex and being provocative with another student in the waiting room]

River denied having any more depression feelings like the ones that lead to her overdose attempt. She still denies the need for her to go to the hospital and reports that “it was ok, I spent most of my time coloring while I at the hospital. I wasn’t into the group stuff and I found that coloring calmed me down.”

River confided in me that she used to cut herself in high school as a way of dealing with her stress. We talked about her last time cutting (over two months ago) and she was willing to show me some of the scars on her arms. She said she did this more when she talked about her step father touching her when she was in 9th grade before he had gotten sick. He mother was at work and had her own mental health problems to deal with (River talks about her mother being on medication for bi-polar disorder).

We talked about her catching up in her class work while being back at school. She talked about an upcoming party this weekend that she was excited to go to. River and I talked about the importance her not drinking while on her medication. She agreed to think about it, but couldn’t make any promises.

River denies any current desire to cut and reports no fights or arguments with her floor mates. Plan to meet again next week. She agreed to call if she had feelings of wanting to hurt herself or take any pills.

Zoe Washburne, LICSW
Name: River Tam  Date: 9/29/08, Monday 1pm

Clinical Notes: I met with River who was excited and more animated than I have seen her before. She explained that she had met a boy at the party over the weekend and that they had gone back to his place and had sex. She also talked about several other boys at the party getting her drinks in exchange for them being able to “touch my boobs…it was sweet…like free alcohol.”

We talked about this risky behavior and my concern that drinking while on her medication wasn’t a good idea. She told me that she hadn’t taken the medication all weekend, so she would be able to drink. We talked some about her choices and how they would likely lead her further away from being able to stay at college.

River asked if I would write a letter to her college writing professor about the missed classes during her time at the hospital. She agreed to sign a release of information for me to send a letter to her professor letting them know that there was an emergency during the past week. A copy of the letter is at the end of the chart.

We talked a bit more about her frustration towards her mother and her sexual assault by her step-father in 9th grade. This was a difficult session for her and she spent most of it crying and being upset around the memories. We once again went over her safety plan and she agreed to call if she had any thoughts of cutting or suicide.

Zoe Washburne, LICSW
Name: River Tam  Date: 10/1/08, Wednesday 10am

Clinical Notes: River came in about 30 minutes before her appointment to health services to get some treatment for her arms. She reports that she had “fallen off a horse during riding practice” and had 10-20 horizontal cuts on her left forearm that the nurse had treated.

When River came into her appointment we talked about the importance of her being honest about the cuts. She was able to explain that she had being feeling upset last night after her new boyfriend had not called her back after 10-12 text messages that she had sent him. She then found out he was out at another party with some other girls and became depressed and despondent.

I had River once again take the OQ-45, BDI-2 and BHS to better assesses her depression, suicidal feelings and overall symptom levels. Her scores were slightly lower than the originals.

River and I talked about her behavior around the cutting and she reports that she cut because she was feeling bad, not because she wanted to kill herself. She agreed to try to find other ways and activities to do when she feels this way (we discussed a rubber band, ice water, working out and taking a shower). She agreed to try these out.

We agreed to meet again at the end of the week to check in. River agreed to spend some time away from her boyfriend and avoid looking for his texts or Face Book page as they tend to get her more upset.

Zoe Washburne, LICSW
Name: River Tam  Date: 10/2/08, Thursday 10am

Clinical Notes: River called and reports she is unable to keep her 10am appointment and wants to reschedule for tomorrow. She said she was studying for a test and catching up on her homework. She denied any depressive symptoms or thoughts of cutting.

Zoe Washburne, LICSW

Name: River Tam  Date: 10/3/08, Thursday 1pm

Clinical Notes: I met with River, who had rescheduled her appointment from yesterday. She denies any feelings of suicidal thoughts or desire to cut. She reports checking in with health services around the cuts on her wrists.

She reports struggling to catch up in her classes and talking to her mother about coming home over fall break. She has mixed feelings about going home as her mother has been more strict with her after the hospitalization.

We talked about her plans for the weekend and how she could avoid finding herself in those situations where she becomes frustrated and isolated. We talked about other strategies she could use to deal with her anger and frustration dealing with her stepfather and when she feels like other people are supposed to do things they do not (e.g. her boyfriend calling her back).

Plan to meet next week. River agreed to call if any feelings of suicide returned.

Zoe Washburne, LICSW
Name: River Tam  
Date: 10/7/08, Tuesday 11am

Clinical Notes: I met with River who reports having a good weekend. She spent it watching some of her favorite “care bear” movies and hanging around with another boy she had met in her writing class. She talked at length about how she feels better than him, but still fools around with him because “it’s something to do” and that she likes the attention.

We talked some about these feelings of attention and having people who care about her in her life. She has an awareness that her sexuality is one thing she can offer to develop connections with others and we discussed some different ways that she could form connections with others. We talked about the possibility of joining a club on campus that might match some of her interests like the radio station or yearbook. She agreed to think about this.

River denies any suicidal thoughts, but did struggle with some around cutting herself again. She reports making some marks on her arm with the sharp part of a broken pencil (the piece that connects the eraser to the pencil).

River talked about her difficulty with going home for break. We discussed some strategies for her dealing with her mother when home. She agreed to call the crisis number at St. Lucy’s hospital if she needed something.

Zoe Washburne, LICSW
Clinical Notes: I met with River who reports having an "ok" visit at home with her mother. She was excited to see her pet cat “Snowball” and had a good time playing with her. She denies any major fights with her mother, just arguing about her depression and keeping up with courses at school. Her mother wants River to stay at home and get a job to help with family finances and keep her stress level down.

We talked about the pros and cons of her trying to stay at school versus taking a semester off to help with the family finances. River didn’t think that was something that she could do and said “my mother would drive me crazy. I don’t think living with her is an option.”

She denies having any desire to cut while at home or feelings of depression. We talked some more about her past abuse at the hands of her step father and his death two years ago. She remains upset at her mother for how she handled the situation. They spoke briefly about it over the weekend and River’s mother continues to deny that it happened. River said her mother just goes upstairs and drinks, saying “It’s all done anyway…he’s gone, why are you bringing this all up now?”

We scheduled to meet again later in the week.

Zoe Washburne, LICSW

Clinical Notes: River missed her appointment with no phone call. A message was left for her to reschedule.

Zoe Washburne, LICSW
9/29/08

To Professor Hardin,

This letter is in reference to one of your students in college writing 1010, River Tam. River was away from school from 9/15/08- 9/19/08 for a medical emergency.

I know you have a strict attendance policy in your class and it would be helpful if you could work with River directly on making up the work over the missed classes. River has agreed to talk with you about this.

I understand that at Hearst College, the professor alone is in charge of their classroom policy. I wanted to make a request to work with River as the situation she was involved in was rather serious.

If I can be of further assistance, please contact my office. River has signed a release for me to talk with you.

Zoe Washburne, LICSW
Patient: River Tam

Tests completed:

Outcome Assessment-45 (OQ-45) *(125 overall) **high
Beck Depressive Inventory II (BDI-II) *(35, t=92) ***severe
Beck Anxiety Inventory (BAI) *(25, t=83) moderate
Beck Suicidal Scale (BSS) *(14, t=79) moderate
Beck Hopelessness Scale (BHS) *(14, t=79) moderate
Paulus Deception Scale (PDS) *(7, T=46) low
Firestone Assessment of Suicide Intent (FASI) *(59, T=93) ***extremely elevated
Thematic Apperception Test (TAT) narrative
Minnisota Multiphasic Personality Inventory II *(high 2/4/8 scales, t=81/79/86)

Summary of Results:

River completed a number of assessments for Dr. Jeff Lebowski on 9/23/08 and 9/25/08. Despite the mandated nature of this assessment, River responded in an open and honest manner throughout the assessments.

Results indicate she is experiencing symptoms of depression and anxiety. She often feels lonely, has conflict with others and has difficulty with maintaining intimate relationships. She frequently struggles to get through the day and often wishes “she could go to sleep and not wake up.” Though she reports thoughts of wanting to kill herself, she does not have a clear plan to do so and agrees that “I would not carry them out.”

She scores high on scales which measure depression, negative emotions and maladjustment to college. It is also of concern that River sees the future as “vague and uncertain” and with feelings of pessimism, “There's no use in really trying to get anything I want because I probably won't get it.”

River experiences a great deal of difficulty adjusting to college. She struggles with negative emotions (depression, worry, being self-critical) and has difficulty imagining a better future. River has a distrust of others (perhaps related to her family of origin) and will likely resent authority and have a history of trouble in legal situations.

She experiences a number of symptoms which match the diagnosis of major depressive disorder. River scores similarly to those who have experienced trauma in their past.

River experiences strange and odd thoughts at times and has difficulty concentrating—likely contributing to her difficulties balancing her social and academic lives at college.

River’s view of self is one of, at best, low-self esteem and poor self-concept. At worst, she sees herself as hopeless and suicidal.
Mr. Kerabatsos
Judicial Affairs Hearst College
888-923-3945

Mr. Kerabatsos,

I have completed my assessment of River Tam, referred to our office on 9/19/2008.

River’s testing indicates that she is experiencing a significant depression, with low feelings of self-worth and overwhelming critical thoughts. She has often thought of suicide, yet has no current plan to kill herself. She also struggles with thoughts of cutting herself, though these thoughts do not seem to be related to her suicidal thoughts.

River also has difficulty forming lasting relationships with others and has difficulty with those in authority. She is compliant in treatment and working closely with our staff therapist, Zoe Washburne.

River has been working hard to remain at Hearst College. We have assisted her with a letter to help her make up some missed work in her writing 1010 class.

Respectfully Submitted,

Jeff Lebowski

Dr. Jeff Lebowski
Case Study_VanBrunt

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Session # Date 9/23/08

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You are missing items 11-20.

11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark “never”)
12. I find my work/school satisfying.
13. I am a happy person.
14. I work/study too much.
15. I feel worthless.
16. I am concerned about family troubles.
17. I have an unfulfilling sex life.
18. I feel lonely.
19. I have frequent arguments.
20. I feel loved and wanted.
21. I enjoy my spare time.
22. I have difficulty concentrating.
23. I feel hopeless about the future.
24. I like myself.
25. Disturbing thoughts come into my mind that I cannot get rid of.
26. I feel annoyed by people who criticize my drinking (or drug use).
    (If not applicable, mark "never")
27. I have an upset stomach.
28. I am not working/studying as well as I used to.
29. My heart pounds too much.
30. I have trouble getting along with friends and close acquaintances.
31. I am satisfied with my life.
32. I have trouble at work/school because of drinking or drug use.
    (If not applicable, mark “never”)  
33. I feel that something bad is going to happen.
34. I have sore muscles.
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.
36. I feel nervous.
37. I feel my love relationships are full and complete.
38. I feel that I am not doing well at work/school.
39. I have too many disagreements at work/school.
40. I feel something is wrong with my mind.
41. I have trouble falling asleep or staying asleep.
42. I feel blue.
43. I am satisfied with my relationships with others.
44. I feel angry enough at work/school to do something I might regret.
45. I have headaches.

Total = 125
Client's Name: River Tam
Client ID: RT07-24-81
Sex: Female
Marital Status: Single
Occupation: student
Education: freshman

Report Summary

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<td>Dr. Jeff Lebowski</td>
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Assessment Results

The following graph and table presents the client's $T$ score, which is based on the norm for a non-clinical sample. This information may be useful in estimating the severity of the client's symptoms relative to this group. $T$ scores of 50 are average for the group (standard deviation = 10 $T$ score points.)

![Graph showing BDI-II scores]

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Interpretation

The clinician should consider the possibility that River Tam is at **SIGNIFICANT RISK FOR SUICIDE**. She endorses the following statement:

- I have thoughts of killing myself, but I would not carry them out.

The clinician should probe the depth and breadth of the patient's suicidal thoughts, especially if she has a major affective disorder or history of suicide attempts. Administration of the Beck Scale for Suicide Ideation or other appropriate assessment procedure is recommended. The patient's condition should be closely monitored.

The combination of suicide ideation and high level of depression is a clear danger signal. The clinician should note that the patient endorses the BDI-II statement "I feel my future is hopeless and will only get worse." Endorsement of this statement indicates a level of despair about the future consistent with a significant risk for eventual suicide and therefore, should be carefully investigated. The clinician may wish to ask the patient how she copes with her depression and sense of pessimism about the future. Administration of the Beck Hopelessness Scale or other appropriate assessment procedure is recommended.

For a statistically significant* change to have occurred, the patient's subsequent BDI-II score must be above 37 or below 28.

*90% confidence level, controlling for regression to the mean and the reliability of the test.

**Endorsed Items**

**BDI-II**

River Tam endorses the following statements on the BDI-II:

- I feel my future is hopeless and will only get worse.
- I feel I am being punished.
- I feel like crying but I can't.
- I have trouble making any decisions.
- I wake up 1-2 hours early and can't get back to sleep.
- I am sad all the time.
- I am disappointed in myself.
- I criticize myself for all of my faults.
- I have lost most of my interest in other people or things.
- My appetite is much less than before.
- I have failed more than I should have.
- I don't enjoy things as much as I used to.
- **I HAVE THOUGHTS OF KILLING MYSELF, BUT I WOULD NOT CARRY THEM OUT.**
- I feel more restless or wound up than usual.
- I don't consider myself as worthwhile or useful as I used to.
- I have less energy than I used to have.
- I am more irritable than usual.
- I can't concentrate as well as usual.
- I get more tired or fatigued more easily than usual.
- I am less interested in sex than I used to be.
- I don't feel particularly guilty.
Client's Name: River Tam
Client ID: RT07-24-81
Sex: Female

Marital Status: Single
Occupation: student
Education: freshman

Report Summary

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Administration Date</th>
<th>Raw Score</th>
<th>Diagnostic Range</th>
<th>Administered by</th>
<th>Client's Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAI</td>
<td>11/24/2008</td>
<td>25</td>
<td>Moderate</td>
<td>Dr. Jeff Lebowski</td>
<td>18</td>
</tr>
</tbody>
</table>
Assessment Results

The following graph and table presents the client's T score, which is based on the norm for a non-clinical sample. This information may be useful in estimating the severity of the client's symptoms relative to this group. T scores of 50 are average for the group (standard deviation = 10 T score points.)

<table>
<thead>
<tr>
<th>BAI</th>
<th>Raw Score</th>
<th>25</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T Score</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Percentile</td>
<td>98.4</td>
</tr>
<tr>
<td></td>
<td>Diagnostic Range</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Interpretation

River Tam expresses a moderate level of symptomatology associated with anxiety. Her anxiety may occasionally interfere with information-processing functions and result in insufficiently planned responses to environmental pressures. The clinician should make anxiety-reduction strategies the primary focus of treatment. However, the clinician might also examine the patient for depression using the Beck Depression Inventory II or other appropriate assessment procedure, because of the high rate of co-morbidity between anxiety and depression.

For a statistically significant* change to have occurred, the patient's subsequent BAI score must be above 27 or below 19.

*90% confidence level, controlling for regression to the mean and the reliability of the test.

Endorsed Items

BAI

River Tam endorses the following subjective and panic-related symptoms of anxiety on the BAI:

- Unable to relax. (moderate)
- Fear of the worst happening. (moderate)
- Heart pounding or racing. (mild)
- Terrified. (mild)
- Nervous. (mild)
- Fear of losing control. (severe)
- Fear of dying. (moderate)
- Scared. (severe)

She endorses the following somatic symptoms of anxiety on the BAI:

- Numbness or tingling. (mild)
- Feeling hot. (mild)
- Dizzy or lightheaded. (mild)
- Unsteady. (moderate)
- Hands trembling. (moderate)
- Shaky. (moderate)
- Face flushed. (mild)
Client's Name: River Tam
Client ID: RT07-24-81
Sex: Female

Marital Status: Single
Occupation: student
Education: freshman

Report Summary

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Administration Date</th>
<th>Raw Score</th>
<th>Diagnostic Range</th>
<th>Administered by</th>
<th>Client's Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHS</td>
<td>11/24/2008</td>
<td>14</td>
<td>Moderate</td>
<td>Dr. Jeff Lewbowksi</td>
<td>18</td>
</tr>
</tbody>
</table>
Assessment Results

The following graph and table presents the client's $T$ score, which is based on the norm for a non-clinical sample. This information may be useful in estimating the severity of the client's symptoms relative to this group. $T$ scores of 50 are average for the group (standard deviation = 10 $T$ score points.)

<table>
<thead>
<tr>
<th>BHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Raw Score</strong></td>
</tr>
<tr>
<td><strong>$T$ Score</strong></td>
</tr>
<tr>
<td><strong>Percentile</strong></td>
</tr>
<tr>
<td><strong>Diagnostic Range</strong></td>
</tr>
</tbody>
</table>
Interpretation

The depth of River Tam's despair about the future is cause for concern. In long-term studies BHS scores in the moderate and severe ranges have been found to be associated with significant risk for eventual suicide. Thus, the patient's condition should be closely monitored over time. The clinician should carefully investigate the degree of suicide risk and consider the need for suicide precautions. Administration of the BSS or other appropriate assessment procedure is recommended. To gain a better understanding of the patient's beliefs about her future, the clinician may wish to compare the pessimistic BHS statements to which the patient responds "true" with the optimistic BHS statements to which she responds "false".

For a statistically significant change to have occurred, the patient's subsequent BHS score must be above 16 or below 9.

*90% confidence level, controlling for regression to the mean and the reliability of the test.

Endorsed Items

BHS
River Tam responds "True" to the following pessimistic statements on the BHS:

• I can't imagine what my life would be like in ten years.
• My future seems dark to me.
• I just can't get the breaks, and there's no reason I will in the future.
• All I can see ahead of me is unpleasantness rather than pleasantness.
• I don't expect to get what I really want.
• Things just don't work out the way I want them to.
• The future seems vague and uncertain to me.
• There's no use in really trying to get anything I want because I probably won't get it.

River Tam responds "False" to the following optimistic statements on the BHS:

• I look forward to the future with hope and enthusiasm.
• I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.
• My past experiences have prepared me well for the future.
• When I look ahead to the future, I expect that I will be happier than I am now.
• I have great faith in the future.
• I can look forward to more good times than bad times.
Client's Name: River Tam
Client ID: RT07-24-81
Sex: Female

Marital Status: Single
Occupation: student
Education: freshman

Report Summary

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Administration Date</th>
<th>Raw Score</th>
<th>Diagnostic Range</th>
<th>Administered by</th>
<th>Client's Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSS</td>
<td>11/24/2008</td>
<td>15</td>
<td>&quot;-&quot;</td>
<td>Dr. Jeff Lebowski</td>
<td>18</td>
</tr>
</tbody>
</table>

* Not applicable for the BSS
Assessment Results

The following graph presents the client's raw score for the BSS administration.

[Graph showing a score of 15]
Interpretation

The clinician should consider the possibility that River Tam is at \textbf{SIGNIFICANT RISK FOR SUICIDE}. She endorses the following BSS statements reflecting active suicide ideation:
\begin{itemize}
  \item I have a weak desire to kill myself.
  \item I would take a chance on life or death if I found myself in a life-threatening situation.
\end{itemize}
These responses are more alarming given the patient's reported history of multiple suicide attempts.

The clinician should seriously consider the need for suicide precautions.

The clinician might ask the patient about the frequency and intensity of her suicidal thoughts. The overall level of risk should be assessed in the context of the full clinical picture, including the patient's level of adaptive functioning, degree of psychosocial stress, personality structure, and clinical syndrome.

The clinician may wish to consider using the Beck Depression Inventory II and the Beck Hopelessness Scale or other appropriate procedures to assess the patient's level of depression and view of the future. Evidence of high depression and hopelessness warrants greater concern about suicide. In addition, the clinician may wish to administer the BSS again, asking the patient to respond as she would have at the worst point in her life. The resulting BSS raw score can then be used to evaluate the severity of the patient's current condition.

The clinician should carefully examine the pattern of the patient's BSS responses for indications about the reasons for and deterrents to suicide that the patient perceives, along with the extent of planning she has undertaken. The particular statements endorsed by the patient should be considered clues that require further scrutiny and that can be used to structure a clinical interview.

\textbf{Endorsed Items}

\textbf{BSS}

River Tam endorses the following BSS statements:
\begin{itemize}
  \item I have a weak wish to live.
  \item I have a weak wish to die.
  \item My reasons for living or dying are about equal.
  \item I have a weak desire to kill myself.
  \item I would take a chance on life or death if I found myself in a life-threatening situation.
  \item I have long periods of thinking about killing myself.
  \item I have frequent thoughts about killing myself.
  \item I accept the idea of killing myself.
  \item I am unsure that I can keep myself from committing suicide.
  \item I am somewhat concerned about killing myself because of my family, friends, religion, possible injury from an unsuccessful attempt, etc.
  \item My reasons for wanting to commit suicide are primarily aimed at influencing other people, such as getting even with people, making people happier, making people pay attention to me, etc.
  \item I have considered ways of killing myself, but have not worked out the details.
  \item The method that I would use for committing suicide takes time, and I really do not have a good opportunity to use this method.
  \item I do not have the courage or the ability to commit suicide.
  \item I do not expect to make a suicide attempt.
\end{itemize}
• I have made no preparations for committing suicide.
• I have not written a suicide note.
• I have made no arrangement for what will happen after I have committed suicide.
• I have held back telling people about wanting to kill myself.
• I have attempted suicide two or more times.
• My wish to die during the last suicide attempt was moderate.
# Case Study

Created by Brian Van Brunt, Ed.d.

Jan 25, 2009   brian.vanbrunt@wku.edu

### Instructions:
Read each statement, and circle the number that best describes you, from *Not True* to *Very True* about you.

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My first impressions of people usually turn out to be right.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>2. It would be hard for me to break any of my bad habits.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>3. I don’t care to know what other people really think of me.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>4. I have not always been honest with myself.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>5. I always know why I like things.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>6. When my emotions are aroused, it biases my thinking.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>7. Once I’ve made up my mind, other people cannot change my opinion.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>8. I am not a safe driver when I exceed the speed limit.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>9. I am fully in control of my own fate.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>10. It’s hard for me to shut off a disturbing thought.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>11. I never regret my decisions.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>12. I sometimes lose out on things because I can’t make up my mind soon enough.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>13. I have sometimes doubted my ability as a lover.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>14. It’s alright with me if some people happen to dislike me.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>15. I’m just an average person.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>16. I sometimes tell lies if I have to.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>17. I never cover up my mistakes.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>18. There have been occasions when I have taken advantage of someone.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>19. I never swear.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>20. I sometimes try to get even rather than forgive and forget.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>21. I always obey laws, even if I’m unlikely to get caught.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>22. I have something bad about a friend behind his or her back.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>23. When I hear people talking privately, I avoid listening.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>24. I have received too much change from a salesperson without telling him or her.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>25. I always declare everything at customs.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>26. When I was young, I sometimes stole things.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>27. I have never dropped litter on the street.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>28. I sometimes drive faster than the speed limit.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>29. I never read sexy books or magazines.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>30. I have done things that I don’t tell other people about.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>31. I never take things that don’t belong to me.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>32. I have taken sick-leave from work or school even though I wasn’t really sick.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>33. I have never damaged a library book or store merchandise without reporting it.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>34. I have some pretty awful habits.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
<tr>
<td>35. I don’t gossip about other people’s business.</td>
<td>1 2 3 4 5</td>
<td>5</td>
</tr>
</tbody>
</table>
Instructions: Copy the circled number from each row into the white box. Then, sum each column to obtain the Impression Management (IM) and Self-Deceptive Enhancement (SDE) subtotals. The PDS Total is the sum of these subtotals. On the profile, circle the IM, SDE, and PDS Total scores under the appropriate column.
### Instructions

Please read these instructions before completing this Rating Form. Mark all of your answers directly on this form. Please read each statement carefully and indicate how often you have each thought by circling the number that best matches your answer. Circle one number for each statement. If you make a mistake or want to change your answer, **DO NOT ERASE**. Instead, draw an X through the answer you want to change and then circle the correct answer.

### Answer Sheet

**Instructions:** Please indicate the frequency with which you experience the following thoughts:

<table>
<thead>
<tr>
<th>1. Life would be so much easier if you just killed yourself. Life would be simple; there would be no life and you wouldn’t have to torture yourself any longer.</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. You coward, just do it already. Kill yourself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. It’s too bad you have to kill yourself to show people how much you’re hurting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Why don’t you end it all? Go ahead! It’ll be over in a minute.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. It’s such a struggle to simply get through a day. You can always choose death as a last resort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Look at all the trouble you’re causing. If you were dead, there would be no more trouble.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Smash yourself! You don’t deserve to be alive!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. You’ve got to get together enough pills to really do it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. You have decided you’re going to kill yourself. Now how are you going to do it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. There’s a way out of this pain. Just end it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. How are you going to do it? How are you going to kill yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Look at the effort it takes to get through the day. Why go on?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. You’re so miserable; you can’t stand it anymore. Just get out of it. Get the pills to do it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. When are you going to do it? You’ve got to find a place no one will find you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Don’t you wish you could go to sleep and not wake up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. No matter how hard you try, you can’t cope with everything. Get out! Kill yourself!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Nothing makes any difference anymore. Why go on living?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. This is really something you should do. You’ve thought about it long enough, now do it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quit putting it off. Just kill yourself and get it over with!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Look, you’re miserable every minute. There’s no letup. Just end it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Look at all this pain you have to go through. If you just weren’t here, you wouldn’t have to go through this pain.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. You’re a burden to your family. They’d be better off without you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. When are you going to do it? Better find a time to kill yourself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. You better plan it, it’s the only thing you can do. Kill yourself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Why don’t you just give up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. The world is not a place that you can live in.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Smash yourself, get yourself off this earth!</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Scoring Instructions**

1. Remove the perforated stub from the Rating Form and detach the Answer Sheet to reveal the Scoring Sheet.
2. Sum the item scores in each column of the Scoring Sheet and enter the subtotals in the corresponding boxes at the bottom of each column.
3. Sum the 5 subtotals and enter the total in the FASI Total Raw score box at the bottom of the page.

   Transfer the FASI Total Raw score to the FASI Total Raw score in the column on the Scoring Summary Table below.

5. Locate the Suicide Intent Composite Table Appendix A of the FAST/FASI Professional and find the FASI Total Raw score in the Raw score column on the left.
6. Read across the row to the right to find the corresponding T score, Percentile, and 90% Confidence Interval (CI), and enter the data in each in the appropriate columns on the Scoring Summary Table below.

7. Transfer the T score from the Scoring Summary Table to the Profile below by marking an X on tick mark corresponding to the T score.

**Scoring Summary Table**

<table>
<thead>
<tr>
<th>FASI Total Raw score</th>
<th>T score</th>
<th>%ile</th>
<th>90% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>63</td>
<td>99</td>
<td>89.47</td>
</tr>
</tbody>
</table>

**Profile**

- **□ = Nonclinical Range**
  - Most nonclinical (individuals who have never sought mental health services and who have never made a suicide attempt) score in this range.

- **□ = Equivocal Range**
  - Some nonclinical and most clinical outpatients without suicide ideation score in this range.

- **□ = Elevated Range**
  - Some clinical outpatient suicide nonideators score in this range and most clinical suicide ideators score in this range or above.

- **□ = Extremely Elevated Range**
  - Many clinical suicide ideators score in this range.
### Scoring Sheet

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Once in a While</th>
<th>Frequently</th>
<th>Most of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
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<td>2</td>
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<td>8</td>
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<td>9</td>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
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FASI Total Raw score: **59**
Stage 1: Validity Stage

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<th>Are stories of sufficient length?</th>
<th>Very Long</th>
<th>Average</th>
<th>Very Short</th>
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<table>
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<tr>
<th>Are stories open and uninfluenced?</th>
<th>Open/engaged</th>
<th>Guarded/influenced</th>
<th>Overall Check</th>
<th>good</th>
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<tr>
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<table>
<thead>
<tr>
<th>Do stories have a hero present?</th>
<th>All hero</th>
<th>Many heroes</th>
<th>Few heroes</th>
<th>No heroes</th>
<th>Overall Check</th>
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<table>
<thead>
<tr>
<th>Are stories told to for shock or please?</th>
<th>Direct/Pure</th>
<th>Guarded/Influenced</th>
<th>Overall Check</th>
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<th>Preservation? Lack of variety to stories</th>
<th>Original/Varied</th>
<th>Perseverate/Repeated</th>
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Overall Check Key: good=1-3, fair= 4-7, poor=8-10

Stage 2: Recurrent Themes and Figures

Stories to happy ending: 9GF
Ambivalent ending: 8BM, 10, 12M
Future better:
Future worse:
Religious themes: 12M
Hero as martyr:
Hero alone:
Avoid troubling stimulus: (3BM-gun, 11-dragon, 13MF-naked, 15 evil)
Parental Figures: (2, 5, 6BM, 7BM, 7GF, 12F)
Stories to sad ending: 1, 2, 3BM, 4, 6BM, 7GF, 13MF

Other Themes:
Wounded, sick, disenfranchised or dying hero: 2, 3BM, 4, 7GF, 8BM, 9GF, 10, 13MF
Parents helpless, dead, controlling or absent: 1, 2, 7GF, 6BM, 8BM, 9GF, 10, 13MF
Death in an idealized way: 4, 6BM, 8BM, 10, 12M, 13F
Male-female relationships in turmoil: 4, 10, 13F

Family Conflict:
Others helpful: 2, 7GF, 9GF
Death: 4, 6BM, 8BM, 10, 12M, 13MF
Healthy relationships:
Questioning authority:
Hero as hedonist:
Hero compromises:
Hero sad/depressed: (3BM, 3GF, 14, 17GF)
Suicide: (1, 3, 6, 7, 12M, 14, 16)
### Stage 3: Nomothetic Analysis

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<tr>
<th>Card</th>
<th>Themes common to cards</th>
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<th>Set</th>
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<tr>
<td>1</td>
<td>parental pressure, achievement, aspiration for the future</td>
<td>yes</td>
<td>mf</td>
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<tr>
<td>2</td>
<td>occupational concerns, aspiration, economic pressure</td>
<td>yes</td>
<td>mf</td>
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<tr>
<td>3BM</td>
<td>suicide, parental pressure, behavior disorders</td>
<td>yes</td>
<td>m</td>
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<tr>
<td>3GF</td>
<td>death of child, pressures from partner, unrequited female partner</td>
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<td>4</td>
<td>pressure from partner, succorncance from a partner</td>
<td>Yes</td>
<td>mf</td>
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<tr>
<td>5</td>
<td>curiosity, pressure from parents, illicit sex</td>
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<td>6BM</td>
<td>parental pressure, departure from parents, marriage of a child</td>
<td>yes</td>
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<tr>
<td>6GF</td>
<td>pressure from partner, fear or worry, ordinary activity</td>
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<tr>
<td>7BM</td>
<td>succorncance from a parent, parental pressure, occupational concern</td>
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<tr>
<td>7GF</td>
<td>parental pressure, facts of life, sibling in coming</td>
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<td>8BM</td>
<td>aspiration, war, death or illness of a parent</td>
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<td>8GF</td>
<td>happy reminiscence, aspiration, occupational concern</td>
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<tr>
<td>9BM</td>
<td>retirement, exhaustion, homelessness, work vs. leisure</td>
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<tr>
<td>9GF</td>
<td>escape from peril, curiosity, jealously, female peer relationships</td>
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<td>contentment and nurturance to partner, departure from partner</td>
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<td>aggression from impersonal source or peer, escape from peril</td>
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<tr>
<td>12M</td>
<td>hypnotism, religion, illness or death of central character</td>
<td>yes</td>
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<td>12F</td>
<td>disappointment with a parent, pressure or succorncance from a parent</td>
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<td>happy harmonious scene, loneliness, suicide</td>
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<td>13MF</td>
<td>death or illness of a partner, guilt and remorse, illicit sex</td>
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<tr>
<td>13B</td>
<td>childhood, loneliness, neglect and abuse, poverty</td>
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<td>13G</td>
<td>childhood, loneliness, vastness of the world</td>
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<td>curiosity, aspiration, reminiscence, childhood, fears</td>
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<tr>
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<td>death or illness of a partner or peer, religion</td>
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<td>favorable environment, war, contentment with a partner</td>
<td>mf</td>
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<td>17BM</td>
<td>self-esteem, exhibition, competition with a peer, escape from danger</td>
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<tr>
<td>17GF</td>
<td>suicide, ordinary activity, curiosity, separation from loved one</td>
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<tr>
<td>18BM</td>
<td>self-esteem, exhibition, competition with peer</td>
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<td>succorncance from parent, parental pressure, death of illness of a child</td>
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<tr>
<td>19</td>
<td>aggression from impersonal source, loneliness, vacillation</td>
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<td>20</td>
<td>vacillation, economic pressure, aggression from impersonal source</td>
<td>mf</td>
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m=Murray male, f=Murray female, mf= used in both, BOLD= Bellak/Abrams

### Stage 4: Idiographic Analysis

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<tr>
<th>Does the subject match the hero?</th>
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<table>
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<tr>
<th>Do stories, themes match subject’s life</th>
<th>Close match</th>
<th>Clearly unrelated</th>
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**What are the similarities between hero and subject’s own life:** Cards 1 and 2 match description of River’s relationship with her parents and growing up. Cards 3BM and 7GF match River experience with attempted suicide her inpatient hospitalization. Card 8BM matches abuse from River’s father. Card 12M matches her self-report of intrusive voices.
River appears to have given honest and varied stories that closely match expectations for the normative sample. There is some evidence stories were told to communicate her thoughts and feelings powerfully to the therapist and not to mask any potential pathology. Stories almost seem to loudly exclaim their themes to the interpreter. Subtle communication is not used. Narratives are of sufficient length and all have heroes present. The stories seem to match River’s own life very closely.

The most prevalent theme in River’s narratives is the hero as wounded, sick, disenfranchised or dying (2, 3BM, 4, 7GF, 8BM, 9GF, 10, 13F). This matches well with her current view of herself and results obtained from MMPI-2 and additional testing. River’s view of self is one of, at best, low-self esteem and poor self-concept. At worst, she sees herself as hopeless and suicidal. Many of the stories also end sadly for the hero (1, 2, 3BM, 4, 6BM, 7GF, 13MF). River likewise has a rather bleak and pessimistic outlook for her own future.

The stories often portray death in an idealized way (4, 6BM, 8BM, 10, 12M, 13F). The person who dies is often portrayed as the martyr, giving up their life for some greater good or ideal (often romantic love, relief from financial burden, protection of others or paternal love).

There is also a communication that comes with death that seems to indicate “If I die, people will finally understand the message I am trying to communicate.” Examples of this are the pictures by the old woman’s bed as she drinks the poison in 6BM and the message the father tries to pass with the gift of the bullet in 8BM. The suicide in card 13MF is described in an idealized way by the hero becoming clean and showered before death. The death itself attempts to convey the deep depression and sorrow that has come from the abortion and feelings of her mother’s sickness (as if to imply the only way this pain could be understood would be through the exaggerated act). This reinforces the idea that death holds a more ritualized, message-laden meaning.

This is a theme in River’s own life. Suicide and thoughts of death as an idealized way to offer a final message, a communication, to the world are common themes in River’s therapy. She often feels misunderstood and sees suicide as a way to finally communicate with those who do not understand her suffering and frustrations. Parental figures are often seen as helpless, dead, controlling or not available (7GF, 6BM, 1, 2, 8BM, 9GF, 10, 13F). This indicates River often sees parental figures as a burden or, at best, unhelpful in offering guidance and direction for her life. This may be a potential root frustration for her when attempting to communicate with others. She reports a long-standing frustration with her parents not understanding her and her feelings. This has recently improved with River discussing her own bi-sexuality with her mother and finding her receptive and supportive.

Help is often obtained from other sources such as a maid, a mental institution or other neutral figures (2, 7GF, 9GF). This may reflect the way the River views help from others or help from therapy. She often reports help has come more from others outside the family then from within. Male-female relationships are often portrayed with some deal of turmoil (4, 10, 13MF). No cards describe a happy relationship between a man/woman, husband/wife, mother/father. Card 12M indicates some potential intrusive thoughts and voices which River reports in her own life. The theme of dying or killing oneself as an elegant and noble choice is also supported through this narrative.
River Narratives

(minimum length: 86, maximum length: 198, average length: 131)

Card 1
Billy, Can I name him that? He lives in a home with his parents are really controlling. His parents want him to play but he doesn’t want to. He feels distraught, lonely and empty. Can’t do the things he wants, maybe that would make his life better or would be fun for him. He attempts to play, doesn’t do well and disappoints his parents and loses interest in everything. He contemplates what his interests are, but has no energy to do anything. He’s sad and trapped.

Card 2
This is a girl named Anna holding the books. She wants to get out of her home life. She lives with her brother and his pregnant wife. Her parents, her mother died and her father can’t take care of her. They were hopping her brother’s wife would help. Hoping that she would learn from the farm. The decision to move there wasn’t her own. The wife is mean and controlling, the brother just ignores the whole thing. She does really well in school—part of that is just to get out of the situation she is in. It won’t really make her happy. She feels empty and sad. She doesn’t have any friends. Brother wants her to stay and help out. She is like their slave. She wants to run away. She wants to find her place in the world if given the chance. She does go to school and gets a English and Writing degree and teaches writing. She writes her own stuff and works with younger girls. She stays single and has no children of her own. She has a plants and a garden. She has pets and she is not married. She is not satisfied.

Card 3BM
Colette she is right now in a waiting room at the mental institution. She made several attempts, cutting herself in multiple ways. She tried to kill herself several times but no one understands. She feels alone and isolated and can’t make the pain go away. She can’t communicate to anyone. Her parents try to get her help. She doesn’t want to be out of the real world. She doesn’t want to lose her freedom. She has a cat she loves. She doesn’t want to give up her family and friends. She may not be able to survive in the real world even if she did try she would be sad. There is a darkness she can’t explain. People misunderstand her and have misconceptions about her. She is artistic, likes poetry and likes to be outside in nature. She goes to the hospital. Her parents are unsure if she will get out.

Card 4
Jane is a misunderstood prostitute. She is having an affair with a married man. She falls in love and he’s torn between her and his family. He has a son and baby daughter on the way. Jane would do anything to keep him with her. She understands his complaints and he wants to work out a plan. He keeps telling her he has to be with his wife. Jane realizes how empty and unfulfilling her life was before John. She continues as a prostitute making money until she ends up dying from an STD and HIV. She always loves him. He goes to the funeral disguised. He feels sorry there was nothing he could do. She was not just a prostitute to him.
Card 6BM
Ella and her son Michel. She had lost her husband and other son in a war. Michel delivered the news to her. She is very distraught. She lost her youngest son. She may not be able to keep the house now. She may move in with Michel and his family. She doesn’t want to leave her house but realized it would be impossible to stay. The day before Michel is coming to get her she takes poison. She lays on the bed and dies next the pictures of those she lost. Michel finds her, but understands that her life ended. She couldn’t burden him, it was her time to go.

Card 7GF
Suzie is the young girl. Doris is the maid who watched over her since her parents are working and away on business trips. Her parents let Doris live with them. She stopped talking two years ago. She doesn’t speak or write or talk. Her maid has to help bathe her. It doesn’t matter anymore because there is no one to play with. It doesn’t make a difference. She has a doll and a cat. She has trouble getting out of bed. She is 8/10 years old. She grows up and her parents give up on her and send her to a mental institution. She ends up living and dying without opening up again. Something died in her and she was just a thing in a physical body. But Doris still visits her every week until Doris dies.

Card 8BM
(pause)
These are harder to do with boys. They are in the middle of a war. Jack’s father was sent away. He found out his father was wounded. He doesn’t care if his father lives or dies because he was abusive. The boy in the picture has active imagination. With the knife and blood. He wants him to die, but doesn’t say it to others. The father lives, comes back home but can’t work. He is a dry drunk in a way. A dickhead, but not abusive. Grabs Jack’s arm or his mother’s arm. Jack is happy he isn’t abused but he can’t wait to get out of the situation. Both happy he can’t hurt them as much. He goes to college, marries his sweetheart. His father had passed away, but had left Jack with something. When he goes the boy finds something. When he gives the box he finds the bullet that was in his father. It says “I want my son to remember me. I love him” Jack takes it and keeps it. But he cannot love his father as much as his father loved him.

Card 9GF
There was a Titanic like party boat. Shipwreck and a storm. They were stranded on an island. They are best friends. Their parents died in the wreck. They are running for their lives in this unknown area. Pirates live on the island. They are not sure if they did something to the boat that caused it to crash. They are scared to be killed by these men and they are looking for other survivors. After a few months they are able to escape the pirates and they build a raft and go out to sea. They end up at a neutral country that welcomed them. Changed their lives for the better. They got jobs were they landed. They got married, had children and lived in the middle class. Something they were not used to before. They were upper class people before that.
Card 10
This is a couple. The man is a trans-gendered Male to Female. Middle story they are trying to cope with these changes. Lived as gay male couple. Her lover went through the process even though they are gay. Many fights and breaks-ups. They understand where they are. Her loved ends up realizing he will love this person no matter what. Love means more to him than the gender. He helps pay for the surgery. They live a very long life. The woman who used to be a man had HIV. Just showed up now. He nurtures her until she dies and he dies from it as well.

Card 12M
A grandson and grandfather. The son has been having these hallucinations. The grandfather thought he could exercise the demons. The evil devil was inside him. The grandfather tries a prayer but it doesn’t work. He tries to live a stable life with what he has. Grandfather has fear grandson may harm people or turn into devil-like creatures. Grandson is afraid and kills himself so that he doesn’t hurt anyone else. The grandfather proud in a way that his grandson took his life to preserve life itself and died with dignity.

Card 13MF
A couple have been together 5-10 years. Not married but they were engaged for next year. She has been battling depression. Her last partner was abusive. She was pregnant and had an abortion. Hard for her to deal with. Her life didn’t make matters any better. Mother may die and she takes it really hard. She takes a shower, gets really clean. Takes pills and alcohol. She goes to sleep. Her cat is with her. Her husband finds her, but doesn’t know what to do. Her mother lives two years longer. Her mother than dies from a broken heart at losing her daughter because they were so close.
**MMPI-2™ Minnesota Multiphasic Personality Inventory-2™**

Profile for Restructured Clinical (RC) Scales

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---

Name: River Tan

Address: 

Occupation: 

Date Tested: 

Education: 

Age: 

Marital Status: 

Referred by: 

Scorer's Initials: 

Legend:

- RCd  dem  Demoralization
- RC1  som  Somatic Complaints
- RC2  lpe  Low Positive Emotions
- RC3  cyn  Cynicism
- RC4  asb  Antisocial Behavior
- RC5  per  Ideas of Persecution
- RC6  dne  Dysfunctional Negative Emotions
- RC8  abx  Aberrant Experiences
- RC9  hpn  Hypomanic Activation

Raw Score:

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T Score:

- 58
- 57
- 74
- 70
- 65
- 75
- 64
- 48

Jan 25, 2009   brian.vanbrunt@wku.edu

Please use with permission and citation
Profile for Supplementary Scales

Name ____________________________
Address __________________________
Occupation ________________________ Date Tested __________________
Education _________________________ Age _______ Marital Status ________
Referred by _________________________
MMPI-2 Code ________________________
Scorer's Initials ____________________

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T = 67

Generalized Emotional Distress

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T = 76

Behavioral Dyscontrol

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T = 58

Gender Role

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T = 62
**MMPI-2™ Minnesota Multiphasic Personality Inventory-2™**

Harris-Lingoes and Si Subscales Score Record

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| Raw Score | D1 | D2 | D3 | D4 | Hs | D5 | Hy | D6 | Pd | D7 | Py | D8 | Pt | D9 | Sc1 | Sc2 | Sc3 | Sc4 | Sc5 | Ma1 | Ma2 | Ma3 | Ma4 | Si1 | Si2 | Si3 |
|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 108       | 105 | 103 | 101 | 98  | 99  | 96  | 94  | 92  | 90  | 87  | 85  | 83  | 81  | 80  | 77  | 74  | 71  | 68  | 65  | 63  | 60  | 57  | 54  | 51  | 48  | 45  | 42  | 39  | 36  | 33  | 30  |
| 15        | 10  | 99  | 98  | 96  | 94  | 92  | 90  | 87  | 85  | 83  | 81  | 79  | 77  | 74  | 71  | 68  | 65  | 63  | 60  | 57  | 54  | 51  | 48  | 45  | 42  | 39  | 36  | 33  | 30  |
| 20        | 10  | 104 | 101 | 99  | 98  | 96  | 94  | 92  | 90  | 87  | 85  | 83  | 81  | 79  | 77  | 74  | 71  | 68  | 65  | 63  | 60  | 57  | 54  | 51  | 48  | 45  | 42  | 39  | 36  | 33  | 30  |

**FEMALE**

- PI: T = 79
- D3: T = 85

T Score:

- PI: 85
- D3: 63
River experiences a great deal of difficulty adjusting to college. She struggles with negative emotions (depression, worry, being self-critical) and has difficulty imagining a better future. River has a distrust of others (perhaps related to her family of origin) and will likely resent authority and have a history of trouble in legal situations.

She experiences a number of symptoms which match the diagnosis of major depressive disorder. River scores similarly to those who have experienced trauma in their past. River experiences strange and odd thoughts at times and has difficulty concentrating—likely contributing to her difficulties balance her social and academic lives at college.

Patients with codes tend to be erratic, agitated, distressed and unpredictable. They are immature, self-centered, pessimistic, and restless and cope poorly with stress. They have long standing severe adjustments, are suspicious of other people and fear emotional involvement. The code is consistent with borderline personality disorder patients.

Those with elevated scores on Cynicism (RC3 t=70) endorse assertions that people are untrustworthy, untruthful, uncaring, looking out only for themselves and exploit others.

Those who score very high on (RC7 t= 74) Dysfunctional Negative Emotions are at an increased risk to experience anxiety and/or developing an anxiety disorder. They also tend to ruminate and worry a great deal, are sensitive to criticism, and perceive negative appraisals when none is offered. They experience excessive guilt and insecurity, and tend to brood and become preoccupied with their self-perceived failures.

High College Maladjustment (MT T=72) are common among those who are having difficulty adjusting to college, feel anxious and pessimistic. They complain about problems with memory, excessive worry, nervousness and concentration. They tend to develop somatic symptoms when stressed.

High scores on the Negative Emotionality/Neuroticism (NEGE T=67) are often common with those who focus on the problematic aspect of incoming information, worrying, being self-critical, feeling guilty and concocting worse case scenarios.

Physical Malfunctioning (D3 T=85) patients report episodes of vomiting, nausea, poor health, constipation, weight changes, and general complaints of poor health. They feel they never will get well and are quite pessimistic.

Subjective Depression (D1 T=79) indicates a variety of physical symptoms including poor sleep, poor appetite, sweating, and lack of energy. Patient say they are unhappy, feel useless, feel life is not worthwhile, and feel less capable than others.

High Posttraumatic Stress Scales (PK T=75) are often found with patients who have experiences emotional distress associated with trauma. They may have insomnia, nightmares, unwanted intrusive thoughts, may feel guilty, have a startle response and may be anxious depressed or both.
Patients with very high Depression Scale \((t=81)\) scores have feelings of clinical depression and hopelessness; they may be preoccupied with feelings of guilt death and suicide. They may also struggle with feelings of unworthiness or inadequacy. Patients are often highly sensitivity to criticism and may worry excessively over even minor problems. An elevation on Scale 2 raises the possibility of suicide (especially with raised Scales on 4, 7 and 8).

Patients with very high Psychopathic Deviate Scale 4 \((\text{Pd} \ T=79)\) scores tend to be impulsive, rebellious, unreliable, and hostile. They often have a low frustration tolerance. They often maintain superficial relationships and tend to be dramatic, emotional and erratic. They can be described as having an angry disidentification with their family, society, or both. They often blame others for their problems. When stressed, these patients often resort to substance abuse to reduce tension. They often seek therapy to avoid punishment, rather than to seek help. A high score on Scale 4 is often a negative treatment indicator. They will often accept psychological feedback, but will not internalize it. Instead, they blame others for their problems and accept no responsibility for doing the things necessary to change their behavior. Short-term therapy goals should be focused on behavioral change. Some sort of external motivation for therapy might also increase the likelihood they will follow through.

Family Discord \((\text{Pd1} \ T=86)\) Family that was critical, unsupportive, and interfered

Authority Problems \((\text{Pd2} \ T=77)\) reflects bad school behavior and dislike of school, patients who had past troubles with the law, those with troubles due to sexual behavior, those who are not easily downed in arguments, and those who feel that their behavior is not controlled by others. These patients have difficulty adhering to behavioral standards imposed by others. They usually resent authority and report that have been in trouble with the law. Of interest is the fact that high scorers may not be aware of their anger.

Social Imperturbability \((\text{Pd3} \ T=66)\) Socially facile, are not shy, find it easy to talk with people, are generally independent, and are comfortable in embarrassing social situations. They can start conversations easily.

Those with high scores on Schizophrenia Scale 8 \((\text{Sc}=86)\) have unusual beliefs, experience social withdrawal and may display eccentric behaviors. They engage in excessive fantasy and/or daydreaming, present with generalized fear, anxiety and somatic complaints. They often have poor behavioral controls. Those with high scores on this scale also experience difficulties with trusting others and developing relationships. Individuals with high score have difficulty organizing and directing their thoughts.

Emotional Alienation \((\text{SC2} \ T=67)\) Depression, fear, possible suicidal wishes.

Lack of Ego Mastery, Cognitive \((\text{SC3} \ T=86)\) strange thoughts, sense of unreality, poor concentration and memory, loss of mental control.
St. Lucy’s Medical Center
Mental Health Unit
“Best Health Care in the Verse”

Patient River Tam (DOB 7-24-81)

**Date of Admission:** 9/15/08

**Chief Complaint:** Patient brought in by ambulance on medication overdose. She reports “I don’t know why I’m here. They said I took some pills”

**Admission Screening:** Patient is an attractive, 18 year old college freshman, dressed in average college attire moderately groomed. She is oriented X3 and displays an appropriate range of affect throughout the session. She denies any current suicidal or homicidal feelings, though reports when she drinks she “gets out of control and anything is possible”. She reports some history of cutting when overwhelmed, but never to the point “of trying to kill myself”. She denies any history of hallucinations or delusions. She reports normal eating habits and no history of purging. She reports inconsistent sleep patterns having difficulty falling asleep because she is “thinking about too many things” and early waking. Other times she sleeps too much.

She denies any drug use, though reports using alcohol several times this semester. She reports when she drinks she often becomes out of control and cannot recall what happens “Every time I drink, I talk about killing myself”. She recalls a similar incident over the summer where she drank and woke up in another person’s apartment she didn’t know. She reports being compliant with her medication. Her short and long term memory appears intact.

**Date of Discharge:** 9/19/08

**Discharge Summary:** Patient was discharged in the care of her mother with plans to return to school. Started on Lexapro 10 mg BID

Axis I: Major Depression, 296.33

Axis II: r/o bipolar disorder

Axis III: none reported

Axis IV: primary support, financial stressors

Axis V: current 35
November 5th, 2006

Ms. River Tam
Box 1845
Hearst College

Dear River,

As a result of our hearing on Monday, November 3rd, 2008, during which we discussed the second hospitalization in which you were involved on October 18th, 2008, we came to the following agreement:

1. You are suspended from the college and cannot return to classes or any other college-related activities. This suspension is based on recent evaluations by both Alliance Hospital and our counseling staff which found that you are not safe to return to campus.

2. While you are away from campus, you must complete the following in order to be considered for a return no sooner than Fall 2009.

   1. You are required to immediately complete a full evaluation with a licensed off-campus professional. You are required to sign a release of information form, allowing this counselor to communicate with our Counseling Center regarding this evaluation.

   2. You are required to submit all records of past treatment for emotional and psychological disorders to the Health and Counseling Center, in the event that there are any records that the Center does not have. This information should be sent to Dr. Jeff Lebowski at the center.

   3. Before you return to campus or engage in any college activities, you are required to attend and participate in a meeting with the Dean of Students to determine under what conditions you can continue at the college. At this meeting, you will be required to produce information from your off-campus assessment.

River, we realize this is not the decision you were hoping for. We are very concerned for your well being and believe that you need to address your mental health concerns prior to continuing at our institution. We hope you understand that this decision is being made both for your safety and the safety of the Hearst community.

Sincerely,

Larry Sellers, Jr.
Vice President for Student Development and Dean of Student Affairs

cc: Mr. Donald Kerabatsos, Associate Dean of Students
Margaret Houlihan, Director of Health Center