

Initial Assessment Report

Confidential and Personal

Client information:

Full name:	Marie Enanga Sass	
Date of birth:	June 12, 1979	Age: 45
Gender:	Female	
Assessed by:	Amjed Abojedi, PhD, RP, CCC	
Date of assessment:	August 10, 2024	

Referral information:

Referral source:	Dr. Shiva Ahanchian , London Intercommunity Health Centre	
Referral date:	August 06, 2024	
Referral reason:	Psychotherapy for anxiety and likely PTSD.	

Orientation to psychotherapy consultation

Dr. Shiva Ahanchian, from the London InterCommunity Health Centre, referred Ms. Enanga to us for psychotherapy to address her symptoms of anxiety and potential PTSD. The initial assessment was conducted on August 10, 2024, and on September 7, 2024, she completed a series of self-report assessment tools. The evaluation included a 2-hour clinical interview and psychometric, with an additional 2 hours dedicated to preparing and finalizing the assessment report.

Ms. Enanga was thoroughly informed about the purpose of the assessment and how the results would be used to seek approval for psychotherapy services. Prior to the start of the assessment, she was made aware of the entire process, including the limits of confidentiality, and she confirmed her understanding of all aspects. Ms. Enanga was encouraged to ask questions throughout the assessment to ensure clarity and comfort.

No conflicts of interest were identified during the evaluation. The clinical impressions and treatment recommendations outlined in this report are based on Ms. Enanga's presentation, her self-reports during the clinical interview, and the results of the psychometric tests administered. It is important to note that any missing information could have influenced the opinions provided in this report.

Professional qualifications

Mr. Amjed Abojedi, PhD, RP, CCC, is an adjunct faculty member at Yorkville University, where he teaches counseling and psychotherapy-related courses for the Master of Arts in Counseling Psychology program. In addition to his academic role, he brings to bear over five years of experience in conducting mental health assessments for refugees in Canada, a critical application of his deep expertise in psychology and mental health, fields where he has amassed over 20 years of experience, including notable work in Jordan.

Mr. Abojedi earned his PhD in Counseling Psychology from the University of Jordan in 2004, and an MA in Educational Psychology with a focus on measurement and assessment from the University of Yarmuk in 1999. He is also a registered psychotherapist with the College of Registered Psychotherapists of Ontario (CRPO) and a member of the Canadian Counseling and Psychotherapy Association (CCPA).

His specialization lies in the mental health assessment of immigrants and refugees, a crucial and ever-evolving field. As a psychometric researcher, Mr. Abojedi has developed several assessment tools used for mental health evaluations in Arabic, Mr. Abojedi spearheaded two major research projects to translate and standardize the Leiter International Performance Scale and the MerrillPalmer-Revised (M-P-R) Scale, under a 10-year agreement with Stoelting Co USA.

Over the past two decades, he has worked extensively with traumatized children, youth, and adults, including a three-year tenure in Canada. Most recently, he has been offering mental health assessments and psychotherapy services to refugees and newcomers in Canada.

As a scholar in the field of immigration, Mr. Abojedi synergizes his profound understanding of refugee and immigrant mental health needs with hands-on experience in intervention approaches, making him a respected figure in the realm of mental health.

Informed consent

During the assessment session, Ms. Enanga was informed of the purpose of the assessment and the limits of confidentiality. She was also advised that the psychological assessment report would include personal information, the assessor's clinical impressions, a psychotherapy plan, and the main therapeutic interventions. Ms. Enanga was encouraged to ask any questions regarding the assessment process and the release of information before signing consent forms. Additionally, she was informed that the report would be sent to Medavie Blue Cross – Interim Federal Health Program (IFHP) for pre-approval of psychotherapy sessions.

Sources of information

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The information contained in this report was derived from the following sources:

- A semi-structured clinical interview that details Ms. Enanga's current and past psychological status and her relevant social history. In addition, the interview allowed for pertinent behavioral observations to be made.
- Psychological testing provided norm-based data on relevant clinical and personality issues Ms. Enanga is facing. The assessment instruments included the Beck Depression Inventory II (BDI-II), the Beck Anxiety Inventory (BAI), and the PTSD Checklist (PCL).

Behavioral observation and mental status

On August 10, 2024, Ms. Enanga visited our clinic in person, demonstrating a willingness to openly share her experiences. She reported ongoing difficulties with sleep and appetite, along with heightened anxiety about her health and the stability of her living conditions. During the assessment interview, Ms. Enanga became tearful several times, conveying a tone that reflected a complex mix of sorrow, fear, and vulnerability, yet also a sense of hope and faith that serve as sources of resilience.

Throughout the interview, Ms. Enanga was forthcoming in her responses and established a positive rapport with the therapist. The observations made during the session were consistent, and the assessment findings were considered reliable. However, the possibility of misrepresentation due to potential secondary gain was taken into consideration.

At the conclusion of the assessment, Ms. Enanga was invited to voice any additional concerns. She expressed that she continued to feel worried about her circumstances.

Relevant background information:

Ms. Enanga is a 45-year-old woman who conveyed her deep emotional distress, sharing that the loss of her father at a young age and the challenges of being raised by foster parents in Cameroon profoundly affected her, while also shaping her spirit of resilience. She expressed a sense of powerlessness as she faces significant health challenges, including high blood pressure, diabetes, and the uncertainty of further medical diagnoses.

Her narrative took on a sombre tone when she recounted the trauma of being locked in a police cell for three weeks. She also shared that she had been a successful teacher for 22 years before fleeing Cameroon. Speaking with pride, Ms. Enanga described how, as a teacher in her home country, she took responsibility for her family, supported less privileged communities, and provided for her children. However, her tone shifted to one of sorrow as she reflected on how the

transition to life in Canada has left her feeling overwhelmed and disconnected from her previous sense of purpose.

Her voice often broke with emotion as she talked about the constant fear for her two biological daughters, five adopted children, and her mother, who remain in Cameroon, where imminent danger looms due to attacks on anglophones, English Cameroonians and most villages. She recounted vivid memories of violence, killings, burnings and abductions that continue to haunt her, triggering her trauma and exacerbating her emotional pain and blood pressure. Despite these overwhelming challenges, Ms. Enanga spoke of her faith with a sense of hope and willingness to make her late father proud of her. She described how her Christian beliefs give her strength, even in the face of adversity. However, she admitted that integrating into Canadian society feels daunting, and she is unsure of how to access new opportunities that would help her rebuild her life.

Risk factors

Ms. Enanga reported that she has not had any suicidal intent in the past. However, she agreed to contact a hotline if she experiences any suicidal thoughts and to go to the nearest emergency department if she develops suicidal intent with a plan. Additionally, she confirmed that he does not have any thoughts of self-harm or harm to others now.

Presenting concerns

Ms. Enanga is currently facing significant challenges in multiple areas of her life. She reports feeling persistently sad, unable to shake off the sadness, and deeply dissatisfied with her life, often feeling bored with everything around her. She has experienced a notable loss of interest in relationships and activities she once enjoyed. Ms. Enanga frequently finds herself crying and struggles with making decisions, feeling easily irritated and as though she is being punished. Her sleep is disrupted until now, often waking up several hours earlier than usual and unable to return to sleep, alongside a significantly reduced appetite.

She also described experiencing constant anxiety, with physical symptoms such as feeling hot, unsteady, and unable to relax. She often experiences sudden episodes of terror, accompanied by heart palpitations, dizziness, trembling, difficulty breathing, and sensations of choking. Ms. Enanga expressed persistent fears of losing control, and a continuous sense of nervousness, along with a fear of impending doom. Especially with the recent killings and instabilities prior to the October 12th, 2025, presidential elections approaching.

Additionally, Ms. Enanga recounted vivid and distressing memories of traumatic events, frequently experiencing flashbacks and disturbing dreams. She becomes very upset when reminded of these experiences and endures intense physical reactions such as heart pounding and sweating. To cope, she avoids thinking or talking about these events and steers clear of

activities or situations that might remind her of the trauma. Ms. Enanga struggles with sleep, constantly feeling on edge and easily startled. She also reported irritability, difficulty concentrating, and a persistent fear that her future may be abruptly cut short.

Objective findings

In addition to the clinical interview, Ms. Enanga administered three psychological self-report tools to assess her mental health symptoms.

The first assessment measured her depressive symptoms. Ms. Enanga completed this on August 10, 2024, and her responses indicated a score that placed her in the "moderate depression" range. She expressed severe sadness, stating, "I am sad all the time and I can't snap out of it." She also reported significant feelings of dissatisfaction, saying, "I am dissatisfied or bored with everything." Additionally, she described feelings of being punished, crying frequently, difficulty in decisionmaking, and increased irritability. Her responses highlighted a moderate to significant loss of interest in activities and relationships, along with a complete loss of sexual interest. Sleep disturbances and changes in appetite were also noted, with Ms. Enanga waking up much earlier than usual and unable to return to sleep, alongside a worsened appetite.

The second tool assessed her anxiety levels. Ms. Enanga's score indicated potentially concerning levels of anxiety. She reported significant symptoms such as feeling hot, unable to relax, unsteady, terrified or afraid, experiencing indigestion, feeling faint, and having hot or cold sweats. She also noted moderate symptoms of numbness or tingling, fear of the worst happening, dizziness, a racing heart, nervousness, sensations of choking, trembling hands, difficulty breathing, fear of losing control, fear of dying, and feeling flushed or scared.

The third assessment focused on trauma-related symptoms. Ms. Enanga's score suggested a significant level of distress and impairment related to her past traumatic experiences. She reported being extremely bothered by repeated, disturbing memories and dreams of a traumatic experience, feeling very upset when reminded of the trauma, and experiencing physical reactions such as heart pounding, trouble breathing, or sweating when triggered. Ms. Enanga actively avoids thinking or talking about the trauma and avoids activities or situations that could remind her of it. She expressed a significant loss of interest in activities she once enjoyed, trouble sleeping, and being constantly alert or on guard. Additionally, she reported feeling jumpy or easily startled, and experiencing flashbacks, memory problems related to the trauma, irritability, anger outbursts, difficulty concentrating, and a sense that her future may be cut short.

Assessment summary

Ms. Enanga, a 45-year-old woman referred from the London InterCommunity Health Centre, sought psychotherapy to address her anxiety and potential PTSD. Her emotional distress is rooted

in early life experiences, including the loss of her father and being raised by foster parents in Cameroon. She described feeling powerless as she navigates ongoing health issues such as high blood pressure and diabetes, while also awaiting further medical diagnoses.

Ms. Enanga recounted the trauma of being locked in a police cell for three weeks. She also shared that she was a successful teacher for 22 years. Once a dedicated educator, proud of her ability to care for her family and support her community, she now feels overwhelmed and disconnected from her sense of purpose.

Additionally, her constant fear for her two biological daughters, five adopted children, and her mother—who remain in Cameroon and face imminent danger from violence—has heightened her emotional burden. She specifically expressed fear for her mother’s life, as her mother is forced to run and hide in the bushes during attacks, which often include raids and incidents of sexual violence.

Findings from her psychological assessment confirmed significant overlap with the reasons for her referral. Ms. Enanga reported persistent sadness, frequent crying, irritability, and a notable loss of interest in previously enjoyable activities, all of which suggest moderate depression. She also experiences intense physical symptoms of anxiety, including heart palpitations, dizziness, sensations of choking, and a constant fear of losing control. These symptoms align with her reports of feeling anxious and overwhelmed.

Furthermore, Ms. Enanga described vivid memories of trauma, disturbing dreams, and flashbacks, which are consistent with PTSD. She avoids thinking about or discussing her traumatic experiences, which further exacerbates her distress. These assessment findings highlight the critical need for psychotherapy to address her symptoms of anxiety, trauma, and adjustment to her new life in Canada.

Treatment plan

Short-term goals/objectives

- Reduce Anxiety Symptoms: Work on managing Ms. Enanga's physical and psychological symptoms of anxiety, such as heart palpitations, dizziness, and constant feelings of fear and nervousness. Techniques like relaxation exercises, grounding techniques, and mindfulness will be introduced to help her cope with overwhelming anxiety.
- Process and Manage Trauma: Create a safe space for Ms. Enanga to explore and process her past traumatic experiences. Gradually help her reduce the intensity of disturbing memories, flashbacks, and nightmares through trauma-focused interventions, such as Cognitive Processing Therapy (CPT) or trauma narrative work.
- Improve Sleep and Emotional Well-being: Address Ms. Enanga’s disrupted sleep patterns and emotional distress through cognitive-behavioral strategies. Encourage the

development of a structured sleep routine and methods for managing underlying emotional triggers that contribute to her sleep difficulties and emotional imbalance. ○ Enhance Decision-Making and Emotional Regulation: Help Ms. Enanga regain confidence in her decision-making abilities and reduce feelings of irritability, helplessness, and being punished. This can be achieved through cognitive restructuring techniques to challenge negative beliefs and build emotional regulation skills.

- Support Integration and Strengthen Resilience: Foster Ms. Enanga's ability to adapt to her new environment in Canada by exploring available resources and coping strategies. Reinforce her sense of hope and strength through her Christian faith, while addressing the challenges she faces in rebuilding her life and accessing opportunities.

Intervention/action

An individual psychotherapy intervention will be implemented to address Ms. Enanga's mental health challenges. This intervention will combine Cognitive-Behavioral Therapy (CBT) and Cognitive Processing Therapy (CPT) techniques, including reframing, psychoeducation, cognitive restructuring, and a solution-focused approach to manage her negative thoughts, depression, and PTSD symptoms. CPT will specifically target the processing of her traumatic experiences, helping her reduce the intensity of disturbing memories and flashbacks. Additionally, behavioral strategies will be employed to improve her sleep and emotional well-being, while motivational interviewing will be used to address her unhelpful coping mechanisms and enhance decision-making. The intervention will also focus on supporting her integration into Canadian society and strengthening her resilience by exploring resources and reinforcing her faith as a source of hope. The aim is to help Ms. Enanga process the trauma of leaving her home country, cope with current stressors, and improve her overall emotional and psychological well-being.

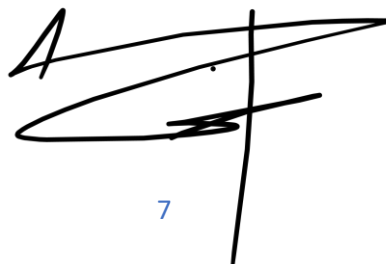
Treatment time frame

This plan consists of 10 intervention sessions, each lasting 60 minutes and held once per week. Each session will focus on providing information, teaching new skills, and assigning homework and exercises for Ms. Enanga to practice between sessions. The treatment is designed to be completed within a 10-week period, beginning once pre-authorization for treatment is received.

Name
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Signature

Date
September 15, 2024



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