

Please note: This report is a SAMPLE only. All names and information appearing are fictitious; any resemblance to real persons, living or dead, is purely coincidental.

This is a sample of the printed version of the Patient Curriculum output report. The underlined text shown below represents active links, where upon completion of the actual online assessment, you will be directly to resources and information, giving you immediate access to help and education for issues causing you the most concern.

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“My Needs” Concise Assessment Sample Patient Curriculum Report

This report has been generated for: Joe Smith.

This is feedback regarding the information that you have provided on March 20, 2010 9:00 am EST. Let me start with REASSURANCE if you find yourself with a long list of needs. Typically, by the time people reach a point of intervention, a wide variety of needs are present. We will prioritize things later but just stay open-minded to potential areas of attention. Next, nearly all conditions benefit by treating them in bio-psycho-social ways; that is, for the best possible outcome, it is best to treat biologically, examining the influences of medical illnesses, provide medications, etc. but also to examine psychological conflicts and issues as well as provide needed training and education for dealing with those specific problems more effectively. This allows you to exercise the most control, make changes and build the life that you want. If you have identified medical problems or concerns, please contact a primary care provider as soon as possible to address them, but also include the educational, psychological and social components. These are, unfortunately, the components most missed in the course of fast-paced medicine, yet they are central and vital for sustained relief. (This is preliminary feedback and guidance only; your provider may give more complete guidance following a complete evaluation.) The following presents issues, more or less in the order of priority for maximum health:

Safety and Crisis Situations

Any safety or crisis situations take absolutely top priority for treatment. Such crisis situations include acute suicidal thoughts, homicidal thoughts, acutely dangerous substance use, self-harming acts, acute confusion or psychotic symptoms. The maintenance of your life is the most crucial consideration at this point. All the medication, psychotherapy, education or any other kind of treatment will not help if you are not alive. The best possible treatment may be to completely abandon this evaluation and proceed immediately to the nearest emergency room or hospital. Alternatively, there is [information available here that explains emergency and crisis situations](#) and what you could do right now.

Psychological Pain

You have indicated some degree psychological pain, which is why you are here. Please carefully examine the following recommendations.

Stress

You have indicated some degree of stress in your life. You might find [resources for dealing with stress and anxiety](#) helpful.

Anxiety

You have indicated some degree of anxiety in your life. You might find [resources for dealing with stress and anxiety](#) helpful.

Suicidal Thoughts

No suicidal thoughts reported. Wonderful.

Self-Hate

We are glad to know that you have limited or no self-hate. This is a great starting place.

Hopelessness

You have indicated some degree of hopelessness, which translates to some risk for suicide. This requires immediate attention by a health care professional. You may also benefit from [educational resources about crisis situations](#).

Violence

You have indicated that your anger may be to such an extreme level that there may be a danger of harming others or yourself. This is a potential emergency. It may be that your first and most important step would be to seek out emergency care at an emergency room or hospital and completely abandon this evaluation to do so. There may be acute medical conditions that require the service of a psychiatrist or primary care provider skilled at dealing with anger situations. Partnering with someone whom you trust at this point to help you through this crisis in your life may be absolutely needed. I encourage you to pursue the next action that would be safe and appropriate for your situation. You may also benefit from [education about crisis situations](#) and/or [resources about anger management](#).

Physical Safety

You don't feel like you are in danger. Good for you.

Self Harm

You may or may not have had an experience with self harm and if so, it is a secretive and perhaps, embarrassing thing to talk about. If you should have problems with this, you may be interested in [educational resources for understanding self-harm](#).

Possible Psychosis

You reported having no psychotic symptoms. Please, do not be afraid to indicate if you should experience unusual things like this. Even minor psychotic symptoms can change the direction for your treatment and knowing that they are existent will greatly improve your chances for effective intervention.

Addictions

After you have attended to safety and crisis issues, the most important thing is to continue in treatment. Addictions most interfere with a life worth living, so consider the following:

Nicotine

On 2010-03-19 13:07:43 you reported that you are/were a **Minimal** user of **Cigarettes** with **Low** concern about it. You reported that you last used **yesterday**.

Nicotine is still the behavior that kills the most people. You may have interest in [resources for smoking cessation](#).

Alcohol

On 2010-03-19 13:08:24 you reported that you are/were a **Minimal** drinker of **beer** with **Low** concern about it. You reported that you last used **Yesterday**.

You may have interest in [resources pertaining to alcohol use](#).

Others

You do not use illicit drugs or non-prescribed medication. Great.

General Health Considerations

Of next highest priority is your general physical health promoting behaviors.

Diet and Exercise

You saw your weight as being **About Right** and your appetite being **About Right**. Additionally, your Body Mass Index (BMI) is **27.1**. The healthiest possible weight range (as measured by the BMI) is between 20 and 25. If you find yourself out of this range, you may have interest in [resources for eating disorders](#) or [diet and exercise](#).

On 2010-03-19 13:07:04 you reported that you exercised by **Cross-Trainer** for **About 1 hour 5x per week** with **Minimal** concern about your level of exercise.

Government recommendations for minimal level of exercise are for at least 30 minutes of moderately strenuous exercise three days per week. If weight loss is desired, your exercise level would need to be considerably more. If you should find your physical activity to be outside of these recommendations, you may be interested in [diet and exercise information](#).

Sleep

You reported that you are getting about **8** hours of sleep and consider that to be **About Right**. When asked about what disturbs your sleep, you have reported . The healthiest range of sleep is probably between seven and eight hours per night (decreasing with age). If you are getting less than that amount, you may be interested in [educational resources for insomnia](#). If you find yourself sleeping excessively, you may wish to look at [stress and anxiety information](#) and/or speak directly to your physician about this.

Pain

You have no complaints of pain. You are fortunate. Enjoy.

Psychological and Emotional Issues

Self-Esteem and Goal Setting

Many people have issues of self-esteem and goal setting challenges. This has been assessed by asking about helplessness, worthlessness, guilt, shame and even self-hate. If you should have concerns about any of these issues, then building of your self-esteem is an excellent starting place. You may be interested in [Self-Esteem and Goal Setting resources](#).

Stress and Anxiety

Stress and anxiety affect most people, especially in this fast paced world of ours. There are many considerations and causes of anxiety. The non-addictive management of anxiety can be involved and complicated, but in the end, it is much more effective than using addictive medications long-term. If you ultimately choose this as a focus for your attention, you will be first directed to an overview of those various causes of [anxiety and depression](#), which will help you direct your attention further. This will offer additional education in the psychosocial realm that is not even possible in a typical medical appointment; however, seeing a psychiatrist or a primary care provider who specializes in treating anxiety conditions may also be useful. You may also be interested in [information about solitude and silence](#). Many people have issues involving dealing with stress, anxiety, loss or anger more effectively. If this is the case, you may be interested in resources for [stress and anxiety](#), [loss](#) and [anger](#).

Financial Stress

No financial worry reported. Congratulations. If you should experience financial concerns, you may be interested in [additional resources for Economic Depression](#).

Depression

You have indicated that you might have a problem with depression. Despite how miserable depression feels, it is actually an optimistic condition to treat and research tells us that the best treatments for depression involve a combination of medications and psychoeducation/psychotherapy. The psychoeducational and psychosocial aspects of depression treatment are at least as important, if not more important, than the medical/medication management and yet are a missing element. Antidepressant medications are prescribed in an effort to get the most out of therapy because it has been shown that the benefits of psychotherapy are more long lasting while the benefits of medication are more immediate. Often, there are several psychotherapeutic approaches for depression, so an [informative overview of possible contributions to depressed mood](#) is offered with branches to more effective styles of treatment. There are also biologic aspects of treatment and evaluation, so ideally you would also follow up with a psychiatrist or primary care provider who specializes in the treatment of depression. This person could then assist in your evaluation as well as provide any medications that maximally benefit your treatment.

Non-Violent Anger

Short of violent anger considered above, you have also indicated that you may have a problem with anger. Whether appreciated or not, a tremendous number of people (and the people around them) suffer from unresolved anger. Perhaps someone else has pointed this out to you, or you may have some sense of the problem yourself, but there are a variety of useful techniques to assist you with anger problems if you should open yourself up to that possibility. Education and guidance about how this might take place are crucial. Medications and a medical workup may be part of considerations so you may wish to seek out the services of a psychiatrist or primary care provider who is skilled in anger management; however, medications are not the only answer. Effective treatment and lasting change will require education, psychotherapeutic growth and rehearsal, so you may be interested in [anger management resources](#).

Loss and Grief

You have indicated that grief or loss may be a problem. I am sorry for your loss. There are, however, important educational and psychotherapeutic aspects of treatment for loss and grief. Sometimes, we are lucky enough to get those treatments, and sometimes, we are not. You may find it helpful to seek out the services of a psychiatrist or primary care provider who is skilled and sensitive to issues dealing with loss and grief, who could, for example, help you with non-addictive options for getting better sleep and coping; however, the majority of treatment for loss is educational and psychological. This web site can offer some guidance and you may find it helpful to work with a therapist in this process as well. You may want to consider reviewing informational resources for [Loss and Grief](#) and/or [Insomnia](#).

Abuse

You may or may not have been abused. This information is included for those that may need it whether or not it was reported since many people are too embarrassed or ashamed to report it even if it has happened. Only you can know for sure. (If this does not really pertain to you, please disregard this section.) Abuse can obviously take many different forms and it hurts and scars deeply. The natural tendency for people is to run from dealing with abusive situations, and yet this is the opposite of effective treatment. I see dozens of people scarred by abuse every day. There is effective treatment for it, but it is involved. It will require time and energy, and I particularly encourage partnership with a therapist for this process. [Additional resources for the effective resolution of abuse issues are found here.](#) Effective treatment requires attention to biologic as well as psychological dimensions. It is inevitable that people experience anger, loss and trauma, so treatment recommendations ultimately work you through mastering each of these steps while giving you a background for succeeding in dealing with these issues before getting into abuse proper. Medications can be helpful with certain aspects of the psychological process of dealing with trauma, loss and abuse, therefore, working with a psychiatrist or a primary care provider who is experienced and skilled in treating these issues may be helpful.

Trauma

You may or may not have suffered trauma. This information is also included for those that may need it whether or not it was reported since many people are too embarrassed or ashamed to report it even if it has happened. Only you can know for sure. (If this does not really pertain to you, please disregard this section.) It is scientifically proven that you need to ultimately master and become desensitized to the effects of these traumatic events. This is directly in opposition to what you would like to do. Most people would like to run from and never talk about traumatic events ever again and they then become paralyzed with other symptoms. They may become anxious or depressed, or use substances, have nightmares or flashbacks. While medications may help you deal with the psychological aspect of this process, they are usually not sufficient means for dealing with traumatic experiences. [Additional resources for a systematic approach and effective mastery and desensitization of trauma are found here.](#)

Manic Episodes

You reported not ever having had a manic episode in your life.

Social Network

You have indicated that you have close friends that you can count on or call upon when you really need it. You may be interested in [resources for the development of friendships](#).

Obsessive Compulsive Symptoms, Memory and Concentration, Parenting Issues, or Marital and Relationship Issues

If you have experienced difficulties with any of the above areas, there are no direct links (yet) for resources. Discuss these things directly with your provider and/or keep checking back for more resources.

The information and guidance that you have obtained using MyTherapySession.com is of great usefulness to you personally, as well as your provider. We sincerely hope these additional resources may be helpful and inspirational in your journey toward health and wellness. Thank you for using MyTherapySession.com. Please visit <http://www.MyTherapySession.com> for additional information.