**Topic 5: Disorder Case Studies 1 Worksheet**

**Part 1: Case Studies**

**Directions:** Identify the *DSM-5* diagnostic criteria that you notice in the case studies below and explain how the client meets the criteria. Include the diagnosis that these symptoms are related to. Your response to each case study should be 50-75 words. Include scholarly resources in addition to the textbook when appropriate, a minimum of two should be used in this worksheet.

1. Tom is a 30-year-old male who was near the World Trade Center during the 9/11 attack. He witnessed horrific scenes, including people jumping from the World Trade Center. Since that day, he has had nightmares. Whenever a plane flies overhead, he has the feeling that he needs to run to a secure place. He has thought of moving out of New York City because he finds himself reliving the event every time he is down in the area of the 9/11 attack.

In this case, the criterion identified is stressor. Witnessing of the attack affected the mental stability of the client, leading to nightmares and even being scared when he sees objects that reminds him of the attack. Diagnosis such symptoms are related to include anxiety disorders, which are which involve associated by panicking effects on victims (Foa et al, 2016).

1. Jennifer is worried about her friend Mark, who is a 19-year-old male who recently started hiding in his apartment bedroom. He told Jennifer that the government could hear everything he says, and does so in every room but his bedroom. More recently, Jennifer has visited him and found out he is not going to work, as he is feeling very low and depressed. She also recognized that he is smoking more pot than usual.

*DSM-5* diagnostic criteria related to this is avoidance. This is seen when the clients stays away from other people and settling in a region where he feels it’s safer, away from other people. Taking of excessive drugs is also a way of him running away from the reality. This criteria is related to substance abuse disorders, where the victims believe that taking of specific drugs is the most effective way of releasing stress.

1. Angela is a 35-year-old human resources manager and mother who has found that methamphetamines allow her to work long hours and also gives her enough energy when she is home to manage her household and children. More recently, she has started to think that her boss has been planning to fire her, even though there is no visible sign that her work has been suffering due to her use. When she passes by his office and he is on the phone, she is sure he is talking about her and his plans to fire her.

DSM-5 criteria in this case is alteration in arousal and reactivity. The client meets this criteria a by having Hyper-vigilance characteristics. This involve being disturbed in a certain environment due to the assumption that something bad might happen. The victim even by just passing by the office and she hears her boss talking she feels that she is going to be fired. These symptoms are related to anxiety disorders.

1. Justin is a 20-year-old college student who recently started lining his single dorm room with tin foil. He thinks that his neighbors have been listening in on his phone conversations and wants to prevent their listening with the use of this foil. He has stopped going to classes and interacting with his friends. His friends are very worried about him and decided to go to the dean to talk to her about his behavior.

DSM-5 criteria in this case is social functional significance. The client meets this criteria by avoiding interacting with his friends, since he felt that the used to listen to his conversations (Stinchfield et al, 2016). Such criteria are usually accompanied with isolation due to the events that revolve around the life of the client. Diagnosis related to this criteria is personal disorders, which cause difficulties when it comes to socializing with other people/friends.

**Part 2: Scenarios**

**Directions**: Provide a 50- to 75-word response to each of the following scenarios. Include scholarly resources in addition to the textbook when appropriate, a minimum of two should be used in this worksheet.

1. Imagine that you are working with a client who has been diagnosed with a psychotic disorder. Select a psychotic disorder from the *DSM-5* and discuss the approach you would you use for treating this client.

If at all the client is suffering from **schizoaffective disorder, which involves symptoms like mood disorder and depression, then there are various approaches which might be taken. One is by proving the client with anti-psychotic drugs. Long term treatment will be effective in ensuring that the client can handle various duties at the workplace well.**

1. How will you tell if the client suffers from a psychotic disorder as opposed to a substance-induced disorder?

The history of people can also tell. If the history of the victim is associated with drugs, then it becomes evident that various symptoms are as a result of substance abuse, otherwise if such symptoms occur naturally then it can be termed as psychotic disorders. Psychotic disorders may arise from traumatic events, which end up affecting the mental status of the victim.

1. Imagine that you are working with a client with co-occurring posttraumatic stress and substance use disorders. How would you approach treating this client? What special considerations should you make?

In approaching the client, it is first important to consult him/ her on her past experiences. This will be important in relating causes of different symptom, making it easier to decide the most appropriate way to deal with the issue (Moos 2017). This might either involve medical assistance of simply psychological attention. Consideration that need to be made include the symptoms and their effects, so as to decide the appropriate duration that need to be taken in to prevent adverse effects.

References

Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Rauch, S., Porter, K., ... & Kauffman, B. Y. (2016). Psychometric properties of the Posttraumatic Stress Disorder Symptom Scale Interview for DSM–5 (PSSI–5). *Psychological Assessment*, *28*(10), 1159.

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Stinchfield, R., McCready, J., Turner, N. E., Jimenez-Murcia, S., Petry, N. M., Grant, J., ... & Winters, K. C. (2016). Reliability, validity, and classification accuracy of the DSM-5 diagnostic criteria for gambling disorder and comparison to DSM-IV. *Journal of gambling studies*, *32*(3), 905-922.