Practicing with the DSM5: Adults

Case Study #1

Ms. D, a 55-year old real estate executive reports a history of past periods of hopelessness, sadness, despair, and melancholy, which ultimately went away without hospitalization or the use of psychotropic medications. She states that she can hardly remember a period in her life, beginning in adolescence, where she felt good about things. She began to feel poorly after the recent housing crisis. Her hopelessness became more and more pronounced until she has not been able to report to work for four weeks. She feels very guilty that she has let her partners and co-workers down, by "not being with it." She spends her days and nights lying in bed awake and staring at the ceiling. "It's as if I don't have enough energy to move."

Ms. D reports that, if she ever is able to fall asleep, she wakes up at two or three in the morning and then becomes angry and irritated that she can't fall back asleep. The worst time for her is right before dawn and that she may have thoughts of killing herself at that time, just to be "out of my misery." She has stopped eating, "because it is too much trouble to cook and I don't feel like going out." She reports dropping from 140 pounds to 115 pounds, "with no end in sight."

Her face shows no emotion as she talks about this and "there is nothing in life that is enjoyable or worth living for." Ms. D reports that there are times that she is overwhelmed with guilt, but cannot identify anything specific that she should be guilty about. She feels that she has let everyone down and that it will be her fault if the business collapses. Her business partner has started to make rumblings of wanting to dissolve the partnership. Ms. D. reports that for the last three years she can hardly remember any days where she felt normal, let alone happy. She denies any hallucinations or delusions, but "I do feel like I am dead inside and have felt that way for about three years." She states that she has felt a similar emptiness right after her mother died several years ago," but it was never anything like this." She says that it is difficult to describe her feelings and that she has an emotional ache that is "horrid beyond words."

Primary Symptoms/Dysfunctions

_____

_____

_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #2

Melissa is a 23 year old, recently married woman who was referred for evaluation after a suicide attempt by an overdose of pills. On the night of the attempt, she had a fight with her husband of three months about his ongoing contact with a female friend. Her husband stormed out of the house, and she later wrote a note saying that she couldn't deal with his attitude and that her jewelry should be given to her sister. When her husband returned home he found her comatose and called 911.

During the last couple of months, Melissa has been crying frequently, and has lost interest in her friends, school, and work. Her grades have taken a real nose dive and she is considering dropping all her classes as "I'm so far behind it is hopeless." She has been eating constantly and has gained 20 pounds since the wedding. Her husband constantly criticizes her weight. He complains that all she ever wants to do is sleep and they never go anywhere or hang out with friends like they did before they were married. Melissa states that she is too tired to go out and that there is nothing that is of interest to her. She is struggling with adjusting to being married and states that "I had no idea being married would be so hard."

Since early adolescence Melissa has had a pattern getting too quickly involved in relationships and "absolutely freaking out if the guy showed any loss of interest in me, which of course ultimately led to him being annoyed and abandoning me." All of her relationships were "filled with heat initially, but then they get bored and leave me." Usually after a breakup, she

reported going on spending sprees and buying a new wardrobe and then playing the bar scene to get attention. Melissa reports that she always had a "hot red-headed temper" and can go off on people. This is not her first suicide attempt, but in the past she "told people ahead of time that she was going to do something and they stopped me."

She views herself as dumb, boring, and uninteresting and that no one wants to spend time with her. She feels ignored and rejected by her husband and spends most of her time alternating between crying and being angry. Melissa states that she constantly feels tense, can't concentrate because "I'm worried that my marriage is already on the rocks, and I'm afraid that I might lose total control of myself." She notes that these mood swings seem to tie in to her menstrual cycle, but present almost all the time, even after she has completed her period. "I don't want to be this way, but I just can't help it. It's just not worth continuing to live."

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study 3#

Zeke is a 45-year-old married accountant who was recently admitted to a psychiatric hospital for evaluation for depression. He has had four prior psychiatric consultations for depression and suicidal ideation during the preceding year. At the time of admission, as in earlier admissions, he denies having any psychiatric difficulties but according to him, is "dying" from a mysterious illness that no one has been able to diagnose. "I'm going blind, my bowels don't work, my skin is coming off, and I'm losing my hair." During the two weeks before his admission Zeke spent most of his time lying in bed and not being able to work. His wife reports that his mood has been persistently gloomy and pessimistic and that he is frequently irritable with her.

According to his wife, throughout their marriage Zeke has always fluctuated between periods of alternating depression and sudden bursts of excessive energy, that usually only last for a few days. During his energetic periods, he stays late at work, keeping several secretaries busy with his production. He also suddenly becomes involved in volunteer activities and begins extensive exercise programs, which he quickly abandons. During his most recent energetic period, he announced that he had made arrangements for a trip to Australia in place of the family beach vacation and they were leaving in four days. While his wife accompanies him on these impromptu trips, they are usually not a pleasant experience due to the whirlwind pace and his overscheduling everything. She reports that this pattern of behavior was well established when she met him in college. He did fairly well in school but would fluctuate between "glum" periods when he would sleep all day and miss classes, and then go on to a three-day all-nighter study binge.

Zeke's wife says that his brief outburst of energy tend to vanish as suddenly as they come. Then he fails to follow through on activities, becoming irritable, sad, moody, and pessimistic. His wife reports that his depressive episodes have tended to "go on forever" in the fall and winter, whereas his really energetic periods have been especially common in summer. When questioned about his energetic periods, Zeke says that he realizes that he sometimes goes too far and lose his control, but that he much prefers these to the "down times, "as he feels intensely alive, fun-loving, energetic, and can accomplish so much. He says that he can remember having these brief outburst of productivity since he was in his early teens and that he's always been a "flighty" person whose moods fluctuate quickly. "I'm just like my father in that way.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #4

Kelli is a 30 year old single woman who lives at home with her parents. She was brought to the hospital by her parents, with each one holding an arm and dragging her into the admissions area. She is loudly singing the "Battle Hymn of the Republic" at full volume when the psychologist enters the room. She consoles the psychologist about his misfortune of having blue eyes, but reassures him that he can change their color by trying to look through the top of his head. She rapidly switches from topic to topic in an incoherent ramble.

She reports that she recently broke up with her "dog of a boyfriend" who was secretly a Bishop in the church who tried to sexually abuse her. Since that time, she hasn't slept in four days, has lost 8 pounds, and ordered thousands of dollars of merchandise from the Home Shopping Network, "since I was awake anyway." She reported that has booked a flight to Paris that is scheduled to leave in three hours, "so make this fast." She reports being troubled by both male and female voices in her head that call her a "dumb whore." She reports that the voices only talk to me when I'm in my "down" phase.

Her parents report that Kelli was an only child who was "spoiled and pampered." She was a difficult child who could have tantrums that could last for hours. She was able to get her degree and teaches in a local kindergarten. Kelli's parents report that their daughter "drinks

too much," has wrecked two cars while drinking, has been fired for drinking on the job, and always says that she is going to quit, but never does. She has an outstanding warrant and is due in court Friday for arraignment on a DUI. Relationships with men in the past have been intensely emotional at first, but eventually deteriorate into mutual hatred. "All men are "heartless SOB's" who take advantage of her sexually. On several occasions, when relationships have ended, she made suicidal gestures, but always called her parents. She has had long bouts of depression when these relationships have ended and has acted out sexually by having unprotected sex with strangers who she meets in bars. During these periods after a breakup she tends to be unhappy, lethargic, tearful, and suicidal. These feelings tend to lift immediately after she meets a new man.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #5

Annabelle is a 44-year old woman whose twenty year marriage recently fell apart after the discovery that her husband and her sister had been having an ongoing sexual relationship for about 15 years. Her husband is actually the father of her niece. Annabelle was told by her sister that the father of her child was a "one night stand." Her niece's health issues triggered

the search for a compatible donor and paternity was established. Upon learning the truth Annabelle "threw the rat out." She also has nothing to do with her sister who she was formerly close with, and "shared everything."

Annabelle almost immediately began having feelings of overwhelming fear and moments where she was emotionally and physically paralyzed. She became jittery and would sit at a stoplight unable to move because she was shaking so badly. " I'm always waiting for the other shoe to drop" and she wonders what else has gone on in her marriage that she will ultimately find out about. Her soon to be ex-husband travels for work and she is afraid that he might have another family somewhere. Annabelle reports that she is "crushed" and so overwhelmingly sad that she can hardly function. She has lost weight and has no appetite. She denies hallucinations, delusions, or suicidal ideation. She sees the situation as hopeless and that she can never trust another human being.

Partly as a result of the discovery and partly as a result of "I just don't give a damn any more," Annabelle began to purchase pain medications on the street, but finds that she can't afford enough to kill the pain. As a result she has increased her drinking and has gotten a DUI. She also has gone through a series of male "drinking buddies" and occasionally brings them home to smoke weed and to use for sex "when the mood suits me." "The weed has become a real problem since I have asthma, but I do it anyway." On a recent morning, she awoke to find one of these men going through her purse and he had removed her credit cards from her wallet. She states that this isn't really her, but "I just don't give a crap about my life any more."

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____

_____

_____

Case Study #6

Terri is a 28 year old insurance executive who presents herself at the local weight loss clinic for "eating problems." She grew up in a family where both mother and father were high priced corporate attorneys. Her mother placed a great deal of emphasis on "looking good" and was on all of her daughters to avoid getting fat. At 14 Terri went to a boarding school in Boston to greater insure that she would have a chance at being accepted into an "Ivy League" school. At boarding school, she excelled both academically and athletically. She was particularly impacted by a coach's remark that if she wanted to get into an "Ivy League" school, she could guarantee her admission as a field hockey player if she would just lose some weight. At the time she was 5'7" and weighed 128 pounds.

Terri began a vigorous program of exercise and diet including 10 aerobic classes per week and eliminating all red meat and sweets. Her social relationships suffered because "she was always exercising, practicing, or studying." She dropped from 128 pounds to 90 pounds, and her menstrual cycle, which had been regular since age 13, ceased. Her body mass index was measured by her coach at 16.5 $kg/^{m2}$ who praised her dedication. At home during the summer she found her appetite uncontrollable and would set her alarm for 3:00 am to raid the refrigerator where she consumed an entire half gallon of ice cream three or four times per week and then make herself throw up. Her weight gradually returned and she was at 125 pounds by the time she returned for her sophomore year.

Upon graduation she was accepted into an Ivy League school, but was not recruited for field hockey. During college, her weight increased to 150 pounds and her mother was very critical of her weight when she came home for Christmas Break. During that vacation she began to induce vomiting after her eating bouts. This pattern of eating and purging has continued fairly consistently for approximately 10 years. Terri now shares an apartment with her best friend from college, but has never told her about her eating and purging rituals. On nights when she knows her roommate will not be home, about twice a week, she usually stops at the market and buys, cookies, candy and ice cream and then eats everything quickly before her roommate gets home and then purges. Terri spoke with great shame about this "disgusting habit" and has tried to stop, but has never gone for more than 2 weeks without purging.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #7

Betty is a 17-year-old girl who lives with her parents and is seeking therapy because her parents found her hanging from her closet door with a belt around her neck. Her parents came to her rescue only because they heard her violently kicking the door. Betty states that she changed her mind about wanting to die "and the belt hurt my neck." Betty has a history "eating when she is upset" but no history of purging or other compensatory efforts Her weight has ranged from 160 pounds at age 14 to the current low of 125. She has a tendency to be slightly heavy but is five feet six inches call. She's an excellent athlete, jogs 6 miles a day, and plays competitive basketball on her high school team.

There are periods when she feels depressed, because of the way she looks and the friction at home between her parents. " I can't take it any more." She is more likely to binge during these times, eating in secret, rapidly devouring huge quantities of food, usually junk food, even though she is not hungry. She has been known to eat an entire chicken at one setting, only to later purge through self-induced vomiting. She then becomes depressed about how fat she looks and refuses dates because of her embarrassment. She has been binging several times a week for months. She reports having a "stash" of junk food hidden in her closet, which her

father does not know anything about. She is afraid that if he discovers the "stash," he'll constantly pull room checks and increase his anger at her daily "weigh ins." She feels a great deal of pressure from her father to win an athletic scholarship.

She is a good student and is curious about the psychological basis for bingeing. She says she now understands how an alcoholic must feel because she knows that bingeing is bad for her but she simply can't stop when she starts to eat. "Something must be terribly wrong with me. Sometimes I am amazed that any human can eat that much" She has kept her bingeing a secret from her parents and only one of her friends knows about her habits.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #8

Wanda is a 28 year old mortgage banker who is married and the mother of a six year old child. Her mother who is an AA member convinced her to get into counseling for drinking too much and having "an enlarged liver." Wanda is the oldest of four girls and her youngest sister was diagnosed with Fetal Alcohol Syndrome. She reports that both of her parents, one of her grandfathers, and several aunts and uncles are alcoholics. "I've been around drinking my whole life and I can handle my booze."

Wanda began drinking at age 13 and by the time she was in college "I spent every weekend drunk, but would then sober up on Sunday and study like hell to get a 3.8 gpa." She knows that

she drinks too much, "but compared to my mother and my fiancee, I don't have a problem. As a young couple "we continued to drink and party every weekend until I found out I was pregnant and then I stopped for about 10 months." She had great difficulty not drinking during her pregnancy, but got through it by reminding herself of her younger sister and not wanting to harm the baby. Wanda reports that she started drinking again after the baby was born to deal with the pressure of a new baby and a demanding job during the height of the mortgage crisis. Her drinking escalated to 5 to 10 drinks a day during the work week and 10 to 15 drinks on weekend days. She frequently called in sick on Mondays, was frequently hung over, was arrested for a DUI. "If I get another DUI, I'll have to serve time and lose my job." Her physician diagnosed her with gastritis and has insisted that she quit drinking, but she has continued to drink. She feels terribly guilty about her child who has seen her drunk on many occasions and who begs her "Mommy don't drink."

During the interview Wanda reports that she has not had a drink in 12 hours, but is really craving a drink. She reports insomnia and drinks to fall asleep. At one point she began to cry and said that it was hopeless and "I just can't quit." Wanda reports that she has tried marijuana, but "it just doesn't do it for me." She does report smoking two packs of cigarettes per day for 10 years, "but I can't quit those either." She denies any depressive symptoms, panic attacks, or hallucinations or delusions. She reports that she has many friends at work and in the neighborhood who think she is a lot of fun to be around.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #9

David is a 32 year old graduate student who is seeking therapy because he feels that he is getting nowhere in his career or love life. He has been trying to complete his dissertation for five years and has amassed thousands of references and extensive data, but has not been able get himself organized enough to complete the document. He works part-time as a barrista and is afraid that he will "be at Starbucks for the rest of my life." This is particularly painful for him because he dislikes his job, is constantly criticized by customers for mistakes, and is frequently threatened by his boss with termination.

David is painfully shy and has trouble in conversations because he is afraid that he will say something stupid and embarrass himself. He has difficulty with "small talk," fearing that something that will lead to embarrassment, rejection, and ridicule. When asked to attend social events at the University he will make up excuses , or if required to go he feels miserable and obsesses about being awkward and "blushing constantly." He often finds an excuse to leave early without having really engaged with anyone.

Very occasionally, David has had a brief involvement with a woman, "but they are usually a fix up arranged by a friend or a significantly older and more aggressive woman." Women in general are surprised at his lack of aggressiveness which they typically ascribe to him as a lack of interest in the relationship. Sexually, when the relationship has reached that point, David has become very self conscious, fears that the woman will make fun of his lack of experience, becomes anxious about performing badly, and ultimately has a premature ejaculation. "Sometimes I'm not even inside before I've already come" and then I'm totally ashamed and embarrased.

David grew up as the oldest of five boys, and "I always knew that I was the apple of my mother's eye, but she had very high expectations for me, and I know I am a disappointment to her." His father was an extremely religious man whose favorite saying was "pride is the greatest of all sins," which David heard whenever he felt like he accomplished anything. Despite the tension with his parents, David continues to live at home and socializes with his parents and their friends who treat David like a "mascot." David has some insight into his family situation and feels like his problems of self-consciousness and fear of criticism may stem from his parents tracking his behaviors. He relates an incident when he was about five, when his father caught him "playing doctor" with the six year old girl next door. His father beat him mercilessly. He was required to meet with a minister once a week for a year "who preached hell and brimstone." These lectures about the sinfulness of sex would be the topic of conversation at the supper table in front of his brothers, "for their own good." When asked

about how he sees this impacting him, he laughed and said, "sometimes when I'm with a woman, it's like my father is in the room watching me and telling me that I'm going to hell."

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #10

Jeremy is a 30 year old married real estate broker who introduces himself as "I'm Jeremy and I'm having a nervous breakdown." "I've always been a big worrier, but this is totally out of control." Jeremy insists that his wife is in on the interview because he is falling apart and can't think straight. His wife reports that Jeremy is always keyed up and acts as if driven by a motor. He complains that he has chronic diarrhea , a chronically upset stomach, and can't concentrate at work. At work, he misses important details, his mind is elsewhere, starts projects and doesn't finish, misses appointments, and fails to return calls. He is constantly losing things and becomes very angry at others when this happens.

Jeremy grew up "as a caboose child" as the son of older parents in an affluent, privileged, and steeped in southern tradition, family. His father and grandfather attended a Northeastern Ivy League school, and Jeremy felt compelled to continue the tradition, but was an average student with average ability. He became a "legacy admission" who felt tremendous pressure to achieve and he began obsessing about grades, the right social activities, and at times would become

overwhelmed and literally paralyzed, to the point of inaction. "Somehow I got through, but college took a toll on me."

Once he married "the right girl" and moved back home to be employed in his parents' real estate firm, the pressure and worry lifted. Things were fine until two years ago when his father was caught in a long-term affair and was divorced by Jeremy's mother. The business, which Jeremy was running by this time almost went bankrupt in the divorce. While the company is back on its feet, Jeremy has been unable to suppress his nervousness and worry. He lies awake at night worrying about how he would support himself if the company goes "belly-up." He is obsessed about the fact that his daughter, who has significant medical issues, might not be able to get health insurance if the company goes broke and he has to take another job. He acknowledges that he comes home at night and "has a couple of beers to take the edge off," but does not feel he has a problem with alcohol. His wife agrees with this assessment, but is concerned that he could develop a drinking problem in the future if he doesn't get control of his worry.

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #11

Larry, a 43 year old airplane flight engineer is seeking therapy after his wife discovered a phot album of him dressed in women's clothes and a "stash of women's clothing" that he

acknowledges wearing when his wife is out of town. He reports that he has episodically cross-dressed since adolescence, but has kept this behavior secret from his parents and his wife of 13 years. When his wife caught him she demanded that he seek psychiatric help or she was filing for divorce.

Larry remembers beginning to wear his mother's panties and bra at about age seven. He was very close to his mother, but she was a harsh demanding woman who "brooked no nonsense." By adolescence he would wear his mother's clothing and make-up on a regular basis, usually accompanied by sexual excitement and masturbation. In college he began ordering women's clothes through catalogues and via the internet. After college he joined the military and received many awards and citations for service and bravery. In his twenties, he would often have to travel for extended periods overseas due to his occupation and would go out in public dressed as a woman, "but I've never had the courage to do that at home for fear of getting caught." Larry describes his wife as "extremely gentle and caring person who takes care of everything around the house and makes sure I have whatever I need." He expressed sorrow at being caught and the pain he has caused his wife. He denies any marital infidelity and does not feel that there is any problem with their sex life, which is mutually satisfying and consists of intercourse once or twice a week.

Cross-dressing provides Larry with extreme sexual excitement, much more than does actual sex with his wife or any women before his wife. He describes his fetish as "overpowering and preoccupying, particularly after I have had a few drinks." He enjoys that his job puts him on the road several times per month which gives him free reign to dress up and masturbate five or six times a night. He denies any homoerotic fantasies, homosexual experiences, and "feels quite comfortable being a man who is attracted to women, but has a 'quirk'." He has never considered gender reassignment, and the thought of surgery is "extremely frightening." He has no anxiety or guilt about his behavior, but "wishes his wife hadn't found out about it because it caused her so much pain." He became very upset when his wife discovered him and had a "nervous breakdown" where his heart was racing uncontrollably and he couldn't catch his breath. He reports that it was like there was a blockage in his throat and his thoughts became jumbled and fuzzy. "It was like I was having a heart attack. I worry constantly that it could happen again." He wants to stop feeling the urge to dress up and wants desperately to continue his marriage, "but I'm not sure that I can give up the women's clothes."

Primary Symptoms/Dysfunctions

_____

_____

_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____

Case Study #12

Fred is a 37-year-old fireman who was hospitalized for second and third degree burns over a third of his body. During the month he spent on the burn unit, he was the model stoic patient, always cracking jokes and making the nursing staff smile. At its first follow-up appointment with the clinic, staffed unity. Shaking, stuttering, and generally unresponsive. The head of the clinic called in the staff psychiatrist to consult. Upon being introduced, Fred mumbled I sort of expected that you'd call in the "shrink." .

At first he continued to joke around and then suddenly burst into tears. After calming down he explained that he cannot stop thinking about how, for the first time in his career, he entered a building alone, totally against all procedures, and nearly killed himself. "You see before you the wreck of what used to be a pretty good man." He states that while he was in the hospital he was troubled by frequent nightmares about the fire, but kept it to himself since it was his fault. He assumed they would stop once he got back home, but since being home he is "jumpy" and nervous and the "only thing that seems to help is if I drink until I pass out. Now it takes more and more alcohol to achieve that." He feels humiliated that he made a mistake at the fire, and cannot help replaying it over and over in his mind. He is having difficulty going to sleep for fear that the recurrent nightmares, in which he is burned over and over, will start.

His co-workers invited him back to the firehouse where he was given a hero's welcome, "but I know what they were thinking, and I'm sure they were saying it was my own fault." While at the firehouse, the buzzer sounded to call out the engine in response to an alarm, and "I jumped

out of my skin and started shaking all over." I left quickly saying I was sick at my stomach, but I was really just scared. I'm sure my brothers could see right through me." He voices doubt that he will ever be able to go back to work again. "I don't know if I can ever trust my judgment again, and I don't want to be responsible for one of my brothers getting hurt."

At home, he paces the floor, won't leave the house by himself, and feels dizzy, numb, and detached from reality. When I try to concentrate it feels like I'm walking around in a fog, my whole life after the fire feels like a horrible dream that I'm going to wake up from, but I never do." He expresses a sense of total helplessness and is appalled by the way he looks. "I can't find any reason to go on living."

Primary Symptoms/Dysfunctions

_____
_____
_____

Differential Diagnoses to be Considered

_____
_____
_____

Diagnosis:

_____
_____
_____