

Panic attack with agoraphobia case study

[Business](#), [Strategy](#)



Clinical case formulation

Annie described her childhood as being chaotic. Her description included night terrors that commenced when she was approximately aged four-years, reoccurring again at ages eight and twelve.

Annie stated she began having panic attacks when she was about fifteen years old. She said it was “ about the time her hormones started kicking in” She began self-analyzing he abuse and familial discord in her life and began seeing a psychiatrist. Her initial feelings were those of relief. Her counselors began a course of treatment that included private counseling, family counseling and medication. She followed a course of medication for approximately six or six and one half years. She decided to cease medication because of the side effects and complications she suffered. Since that time, Annie described employing a series of coping mechanisms.

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Predisposing Factors

Annie did not suffer from a predisposing physical factor. She did not report any potential predisposing physical biological factors such as an inherited tendency for agoraphobia with panic attacks. She made no mention of a premature birth, complications at birth or a low birth-weight, birth complications. She did include in the beginning portion of her interview that she considered her childhood problems and could not recall any problems until around age four. At that time she began suffering what she called “ night terrors” that could constitute a predisposing factor These did not manifest in an intentionally oppositional manner generally called a difficult

temperament. Never the less it must have been difficult for her family to cope with her at that time. Her symptoms manifested in unusual nightmares when she would become physically active without be consciously aware. She did not regain awareness in the initial phase. When she did it would be in an unexpected situation such as on the front porch in the presence of her parents, Even after regaining awareness she did not immediately regain the ability to fully hear and understand her parents, describing their voice coming to her as if from a distance or from underwater. She did tie some of these episodes to high fevers, but did not report the cause of the fevers. She was also rather certain that some occurred with no physical illness. These “night terrors” returned when she was about eight and twelve.

Annie’s psychosocial risk factors included a childhood environment that she described as a chaotic, abusive environment.” She reported that she coped with her environment in her childhood by having “angles in her life,” that they were “in her head” but “not a part” of her. She said she would call on them for strength and they would reassure that she “wasn’t a horrible person,” she did not deserve what was happening and there was something better. This gave her strength but also resulted in her creating other realities. Annie went on to expand upon this by relating that as an adult, she found out that other people who experienced difficult childhoods developed similar coping mechanisms in order to exert control over what was otherwise a situation over which she had no other means of control. During the course of this question and answer period, she never specified how the chaos and adverse environmental stresses manifested themselves. Annie’s chaotic

childhood and night terrors created a predisposing condition for Agoraphobia and Panic Attacks.

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Precipitating Factors (Triggers)

The factors temporally involved in the onset of the symptoms where her passage through puberty the resulting physical and particularly hormonal development. At that point, she saw her first psychiatrist and felt reassured that she was not alone, there was a name for what she was going through and medications she could take for it. Her parents responded by “ saying, okay good, there’s something, you know, there is something wrong with her, it’s not

really, uh, you know, something wrong with the situation or anything” when she heard about the medications she recalled thinking that there was already a stigma that she was living with and if the medications would help she was ready to try anything. She recalled her impression when her psychiatrist informed her that she could be on medication for the rest of her life feeling that it was “ pretty intense.” Annie’s entrance into puberty was the precipitating factor for Agoraphobia and Panic Attacks.

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Perpetuating (Maintaining) Factors

Annie’s chaotic childhood and night terrors created a predisposing condition for Agoraphobia and Panic Attacks. He entrance into puberty was the precipitant factor. Since the onset of her agoraphobia and panic attacks, she has experienced a number of perpetuating and mitigating factors.

Medications afforded some relief of Annie's symptoms, however she side effects can be seen as perpetuating factors. Following the initial diagnosis, Annie was prescribed a course of medications for six years that included Adderall, Risperdal, Paxil, Xanax, anafranil, Luvox, and Klonopin. Although she found benefits from these medications, she also suffered side effects and stopped taking medicines two or two and one half years prior to the time of the interview.

Annie's coping strategies include perpetuating and mitigating factors. After stopping medications, she has employed a number of coping strategies. Most of these involved identifying and avoiding triggering situations. However, she also is attentive to always having her own automobile available so she can leave a situation if she does not feel comfortable and practice breathing exercises.

Annie's avoidance strategies resulted in a loss of her ability to maintain employment, and participate in normal daily activities such as shopping, and waiting on lines because of this, they are considered perpetuating strategies. In high school, it prevented her from taking the bus to school and the medications often made her drowsy so that she would sleep and miss classes. These side effects constituted a perpetuating factor. She reported avoiding coincidental social meeting such as one might have in a supermarket because the social exchange would make her feel trapped so that she could not just walk away and that would bring on a panic attack. She also said she avoided parties and other social gatherings for much the same reason. She stated that knowing about a party well in advance intensified her concerns. This avoidance of social interaction is a

perpetuating factor. However, having her own car that she knew she could escape to helped her cope with the situation that is a mitigating factor. Since she stopped taking medication, she became involved with support groups and other supportive individuals and felt that this helps, which is a mitigating factor. She is also involved with helping other people, this is a very positive experience for her, and this constitutes her strongest mitigating factor. Annie finds that reaching out to others reassures both herself and the other person so each feels less isolated. She summed this up by stating “ And just knowing that there are other people around that are thinking those same things, it’s just like: oh, okay. It’s like, Phew! Alright, well that’s that.”

Bibliography

About. com - Staff. (2014). Articles related to dsm5 agoraphobia diagnosos.

Retrieved from About. com: [http://panicdisorder. about. com/sitesearch.](http://panicdisorder.about.com/sitesearch.htm?q=dsm5+agoraphobia+diagnosos&pg=2&SUName=panicdisorder&ac=&cs=&TopNode=999)

[htm? q= dsm5+agoraphobia+diagnosos&pg= 2&SUName=](http://panicdisorder.about.com/sitesearch.htm?q=dsm5+agoraphobia+diagnosos&pg=2&SUName=panicdisorder&ac=&cs=&TopNode=999)

[panicdisorder&ac=&cs=&TopNode= 999](http://panicdisorder.about.com/sitesearch.htm?q=dsm5+agoraphobia+diagnosos&pg=2&SUName=panicdisorder&ac=&cs=&TopNode=999)

Anderson, T. (2014). A HISTORY OF DRUG AND ALCOHOL ABUSE IN AMERICA.

Retrieved from University of Delaware: [http://www. udel.](http://www.udel.edu/soc/tammya/pdf/crju369_history.pdf)

[edu/soc/tammya/pdf/crju369_history. pdf](http://www.udel.edu/soc/tammya/pdf/crju369_history.pdf)

Anderson, T. (n. d.). Sociological Theories of Drug Abuse. Retrieved from

University of Delaware: [http://www. udel.](http://www.udel.edu/soc/tammya/pdf/crju369_theory.pdf)

[edu/soc/tammya/pdf/crju369_theory. pdf](http://www.udel.edu/soc/tammya/pdf/crju369_theory.pdf)

CDC. (2014). Child Maltreatment - Facts at a Glance. Retrieved from CDC:

[http://www. cdc. gov/violenceprevention/pdf/cm-data-sheet--2013. pdf](http://www.cdc.gov/violenceprevention/pdf/cm-data-sheet--2013.pdf)

CDC. (2014). Strategic Direction for Child Maltreatment Prevention. Retrieved

from CDC: [http://www. cdc.](http://www.cdc.gov/violenceprevention/pdf/cm-data-sheet--2013.pdf)

<https://assignbuster.com/panic-attack-with-agoraphobia-case-study/>

[gov/ViolencePrevention/pdf/CM_Strategic_Direction--Long-a.pdf](#)

Center for Disease Control and Prevention. (2014). Child Maltreatment Prevention. Retrieved from Center for Disease Control and Prevention:

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html>

Ghrohol, PSY. D., J. M. (2013, 05 19). DSM-5 Changes: Anxiety Disorders & Phobias. Retrieved from PsychCentral: <http://pro.psychcentral.com/2013/dsm-5-changes-anxiety-disorders-phobias/004266.html#>

<http://pro.psychcentral.com/2013/dsm-5-changes-anxiety-disorders-phobias/004266.html#>

Ketwig, J. (2010). Putting PTSD and Military Suicides in Perspective. Retrieved 02 07, 2012, from Vietnam Veterans Against the War: <http://www.vvaw.org/veteran/article/?id=1744>

Litz, & Orsillo. (2012, 01 10). The Returning Veteran of the Iraq War:

Background Issues and Assessment Guidelines. Retrieved 02 08, 2012, from

U. S. Department of Veterans Affairs: <http://www.ptsd.va.gov/professional/pages/vets-iraq-war-guidelines.asp>

<http://www.ptsd.va.gov/professional/pages/vets-iraq-war-guidelines.asp>

McKeen, J. D., Smith, H. A., & Queen's University. (2007). DEVELOPMENTS IN PRACTICE XXVII: DELIVERING IT FUNCTIONS: A DECISION FRAMEWORK.

Communications of the Association for Information Systems, 725 - 739.

McNally, R. J. (2013, 07 19). Obstacles to the Study of Risk Factors for

Posttraumatic Stress Disorder. Retrieved from AnxietyBC: <http://www.anxietybc.com/feature-article-risk-factors-ptsd>

<http://www.anxietybc.com/feature-article-risk-factors-ptsd>

MedicalCRITERIA.com-Staff. (2014). DSM-IV Diagnostic Criteria for

Agoraphobia. Retrieved from MedicalCRITERIA.com: <http://www.medicalcriteria.com/criteria/agoraphobia.htm>

<http://www.medicalcriteria.com/criteria/agoraphobia.htm>

MedicalCRITERIA.com-Staff. (n. d.). DSM-IV Diagnostic Criteria for Panic

Disorder With or Without Agoraphobia. Retrieved from MedicalCRITERIA.

<https://assignbuster.com/panic-attack-with-agoraphobia-case-study/>

com: http://www.medicalcriteria.com/criteria/panic_disorder.htm

National Police Cadet Corps. (2014). Why do young peoples abuse drugs or inhalants? Retrieved from National Police Cadet Corps: <http://www.oocities.org/collegetpark/Campus/7008/why.html>

Psychiatry On Line - Staff. (2014). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Retrieved from Psychiatry On Line: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>

Rothe, E. M. (2005, 10). Considering cultural diversity in the management of ADHD in Hispanic patients. Retrieved 2 17, 2012, from Journal of the National medical Association : <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2640625/?tool=pmcentrez>

Star, PhD, K. (2013, 06 05). New Diagnostic Criteria for Panic Disorder, Panic Attacks, and Agoraphobia. Retrieved from About. com: <http://panicdisorder.about.com/od/diagnosis/a/New-Diagnostic-Criteria-For-Panic-Disorder-Panic-Attacks-And-Agoraphobia.htm>

Swanson, E., Edmonds, M. S., Hairrell, A., Vaughn, S., & Simmons, D. c. (2011, 01 19). Intervention in School and Clinic. Retrieved 08 31, 2013, from Sage Pub: <http://isc.sagepub.com/content/46/5/266>

Wong, J. Y.-H., Fong, D. Y.-T., Lai, V., & Tiwari, A. (2013, 07 22). Bridging Intimate Partner Violence and the Human Brain: A Literature Review. Trauma, Violence & Abuse. Retrieved from Sage Journals: <http://tva.sagepub.com/content/early/2013/07/18/1524838013496333.abstract>