

Anxiety disorders: case study

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Axis M. Social environment, occupational problems, educational problems, and problems within his primary support group (explanation within report)

Axis V: Not required
Sonny Ford is a 24-year-old male who NAS experienced several difficult stages throughout his young life. Sonny was adopted at birth, but was not the only child present in his home.

Both Sonny and his parents confirm that he has never had many friends throughout his childhood. His parents state that their son has always had a problem with social interaction.

It has come to my attention that Sonny may have an anxiety problem derived from social interactions, called Social Anxiety Disorder. According to WebMD “ Social anxiety disorder, also called social phobia, is an anxiety disorder in which a person has an excessive and unreasonable fear of social situations. Anxiety (intense nervousness) and self-consciousness arise from a fear of being closely watched, judged, and criticized by others,” (WEBMD, 2011).

This explains why Ford didn't prefer much company during his adult and childhood years, and only felt comfortable with his father.

For the past year and a half Sonny has held an individualized position as a Janitor to prevent contact with others. My belief is that the main source of dysfunction with Sonny is his beliefs that federal forces are out to get him since his use of drugs. I don't agree that the drugs made him start hallucinating, and hearing voices; but I do think that they may have triggered something neurologically within him. Sonny has a paranoid type of schizophrenia, which is demonstrated plenty times throughout this case.

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Sonny is a homosexual who is always fearful of catching HIV through sex with other men. Also, he has a fear that nothing was ever wrong with him until he used drugs in his early college years. The main evidence for a claim of schizophrenia is the hearing of angry voices, and auditory hallucinations in his mind. Ford is demonstrating the positive signs of paranoid schizophrenia which include delusions, and hallucinations while the negative symptoms include lack of speech, and lack of emotion. Changes in key brain functions, such as perception, emotion and behavior lead experts to conclude that the brain is the biological site of schizophrenia,” (Nordstrom, 2013). Before eating Nonresident’s selection I believed that his estranged relationship to his mother, and his relationship with his father being destroyed by his sexual preference brought on his problems. ‘ Catatonic schizophrenia includes episodes of behavior at extreme opposite ends of the spectrum.

You may seem like you’re in coma-like daze ? unable to speak, move or respond ? or you may talk and behave in a bizarre, hyperactive way,” (Bison, 2010). So at first our team concluded that Sonny may have experienced catatonic schizophrenia, but I believe it is not enough evidence of such.

He could just have had episodes, but symptoms could just be combined to paranoid schizophrenia. Sonny was diagnosed on April 22, 2014 for having paranoid schizophrenia and social anxiety disorder. He is suggested to attend cognitive behavior therapy, psychotherapy, and vocational skills therapy.

It may also be a great decision to attend family involvement therapy with his parents as a way to build a support group, so Sonny doesn’t think he’s alone

in this. He is not required to attend therapy but it is highly recommended for his diagnosis and safety. It is required that he to take both antibiotics and antidepressants.

His prescribed medications will help with the vices and the paranoia that he experiences; also it will assist with his fear of social relationships. It takes a lot of analyzing to come up with what some may think is the right diagnoses, but our team went through a lot of considerations.

We had several possibilities we went through such as: -Sex/Gender- No symptoms -Mood Disorders- No evidence of symptoms -Paranoid Personality- falls under Schizophrenia -Major Depressive Disorder- share with Schizophrenia Dissociation Disorder- No symptoms Adjustment Disorder- No symptoms -Separation Anxiety- No symptoms Cannabis Related- falls under substance related -Substance Related Disorders: he isn't an addict (only one use) I am also adding catatonic schizophrenia to the list because I strongly oppose of him having it, he just has symptoms.

On Axis ' V, it is clear that Sonny has problems related to his social environment, educational problems, occupational problems, and problems with primary support group. Sonny isn't comfortable being around others, or being in an unfamiliar presence.

He had problems focusing within a school setting, this resulted in average grades and dropping out of college. Sonny is only able to work and function in an environment preoccupied solely for himself.

Last but not least Sonny has a dysfunctional relationship with his parents, and maybe if he had a steady support group we would see changes through him. Hopefully Sonny receives the help he needs and takes our recommendations seriously, also he should receive assistance during the beginning uses of his medication. There is no limit on how long he will need medication, but he should check in with a family doctor and psychologist regularly.