

American psychiatric association case study

[Business](#)



Case Study ay maintain Name: Debra Age: 26-year-old Family History: Debra is a 26-year-old married woman. She is an elder sister to two of her punier brothers. Both of Debris's parents loved and cared for all children although Debris's mother was rather an anxious and somewhat depressed person and also suffers from specific phobias, like the fear of spiders and snakes. Debris's father is not one to show affection very often as he demands for good performance, in both academic and social areas, and a lack of performance usually meant some form of direct punishment as well as emotional distance from him.

Personal History: Since her childhood years, Debra has always been afraid of snakes and insects.

During high school, she became anxious if closed in for any length of time in a small room. She also occasionally experienced periods during which she would feel anxious for no apparent reason that she could put her finger on and then, more rarely would become depressed. Her grades were above average throughout grade school and high school and although Debra struggle academically in college, she did manage to graduate with a business degree with a major in marketing.

She started to Nor on her MBA but felt “ Just burnt out” with school so she quit to take a lower- echelon Job in the marketing department of a large firm in a major city about 300 miles from the area she grew up and went to college. She was introduced to her future husband shortly after moving to that city, and they were married after a brief but intense courtship of 4 months.

This intensity waned almost immediately after the marriage ceremony, and they settled into a routine marked neither by contentment nor by obvious problems. They seldom fought openly but they developed increasingly parallel lives” wherein interactions (including the sexual ones) were pleasant but minimal. Diagnostic Rationale: It is noted that Debra suffers from a variety of phobias as well as varying degrees of depression and anxiety throughout most of her life.

Hence, she met the criteria in the Diagnostic and Statistical Manual for Mental Disorders, fourth edition, text revision (ADSM-IV-TRY; American Psychiatric Association, 2000) for anxiety disorder under the type of phobia and the class of specific phobias under the categories of Inch have been identified are situational phobia and animal phobia. Anxiety is a DOD state characterized by marked negative effect and bodily symptoms of tension in which a person apprehensively anticipates future danger or misfortune.

Anxiety may involve feelings, behaviors, and physiological responses. Phobia is an irrational and excessive fear of an object or situation. In most cases, the phobia involves a sense of endangerment or a fear of harm. Specific phobia is an irrational fear of a specific object or situation that markedly interferes with an individual’s ability to function. Features for specific phobias includes persistent, excessive or unreasonable fear of a specific object or situation (e.

, heights, animals, seeing blood) with a duration of at least 6 months, immediate anxious or fearful response upon exposure to the phobic object or situation, recognition that the fear is excessive or Seasonable, or marked

distress about having the phobia and the phobic situation or object is avoided or is endured with intense anxiety or distress. Specific phobias affect an estimated 6.3 million adult Americans and are twice as common in women as in men. Childhood phobias usually disappear before adulthood.

However, those that persist into adulthood rarely go away without treatment. Many psychologists believe the cause lies in a combination of genetic predisposition mixed with environmental and social causes.

Traumatic events often trigger the development of specific phobias and phobias can be acquired by direct experience, where real danger or pain results in an alarm response (a true alarm), experiencing a false alarm (panic attack) in a specific situation; observing someone else experience severe fear (vicarious experience); or under the right conditions, being told about danger.

Debra also met the criteria for mood disorder under the type of major depressive episode. Mood disorder is one of a group of disorders involving severe and enduring disturbances in emotionality ranging from elation to severe depression. Major depressive episode is the most common and severe experience of depression, including feelings of worthlessness, disturbances in bodily activities such as sleep, loss of interest and inability to experience pleasure, persisting for 2 weeks.

Features of major depressive episode includes depressed mood for most of the day (or irritable mood in children or adolescents), markedly diminished interest or pleasure in most daily activities, significant weight loss when not dieting or weight gain, or significant decrease or increase in appetite,
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ongoing insomnia or hypersonic, psychosomatic agitation or retardation, fatigue or loss of energy, feelings of Unearthliness or excessive guilt, diminished ability to think or concentrate, recurrent thoughts of death, suicide ideation or suicide attempt, clinically significant distress or impairment, not associated with bereavement and persistence for longer than 2 months. Depression is not a selective illness; it affects children, teenagers, adults, and senior citizens.

The percentage of the population that is depressed at any one time is about three percent in the United States, and over a period of one year, the rates are around seven percent. Between ten and fifteen percent of the population will have a major depressive episode during their lifetime. The last study conducted in the United States found that the chance of someone having major depression in their lifetime is about one in six. Research has shown that depression is influenced by both biological and environmental factors. Studies show that first degree relatives of people with depression have a higher incidence of the illness, whether they are related with this relative or not, supporting the influence of biological factors.

Situational factors, if nothing else, can exacerbate a depressive disorder in significant ways. Examples of these factors would include lack of a support system, stress, illness in self or loved one, legal difficulties, financial struggles, and job problems. These factors can be cyclical in that they can worsen the symptoms and act as symptoms themselves. Treatment interventions: For specific phobias the therapist could use one of the most successful treatments is behavior therapy. In behavior therapy, one meets with a trained therapist and confronts the feared object or situation in a

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carefully planned, gradual way and learns to control the physical reactions of fear.

The behaviorist's involved in classical conditioning techniques believe that the response to phobic fear is a reflex acquired to non-dangerous stimuli. The normal fear to a dangerous stimulus, such as a poisonous snake, has unfortunately been generalized over to non-poisonous ones as Nell. If the person were to be exposed to the non-dangerous stimulus time after time without any harm being experienced, the phobic response would gradually extinguish itself. In other words, one would have to come across ONLY non-poisonous snakes for a prolonged period of time for such extinction to occur. This is not likely to occur naturally, so behavior therapy sets up phobic treatment involving exposure to the phobic stimulus in a safe and controlled setting.

Exposure treatment, so called because the patient is exposed to the phobic stimulus as part of the therapeutic process. One simple form of exposure treatment is that of flooding, where the person IS immersed in the fear reflex until the fear itself fades away. The key is keeping the patient in the feared situation long enough that they can see that none of the dreaded consequences they fear actually come to pass. Some patients cannot handle flooding in any form, so an alternative classical conditioning technique is used called counter-conditioning. In this form, one is trained to substitute a relaxation response for the fear response in the presence of the phobic stimulus.

This counter-conditioning is most often used in a systematic way to very gradually introduce the feared stimulus in a step-by-step fashion known as systematic desensitizing, first used by Joseph Wolfe.

In desensitizing, three steps are involved: . Training the patient to physically relax . Establish an anxiety hierarchy of the stimuli involved 3. Counter-conditioning relaxation as a response to each feared stimulus beginning first with the least anxiety provoking stimulus and moving then to the next least anxiety provoking stimulus Jinni all of the items listed in the anxiety hierarchy have been dealt with successfully. Also, systematic desensitizing can be paired with modeling, and application suggested by social learning theorists.

In modeling, the patient observes there (the “ model(s)”) in the presence of the phobic stimulus who are responding Ninth relaxation rather than fear.

In this way, the patient is encouraged to imitate the model(s) and thereby relieve their phobia. For major depressive episodes, the therapy could combine medications and psychological treatments. Antidepressant drugs appear to work by altering levels of serotonin, morphogenesis, and other neurotransmitters in the brain. Commonly used antidepressant drugs fall into three major categories: tricycles, nominee oxides inhibitors (MAO inhibitors) and selective serotonin reuptake inhibitors (SSRIs).

Tricycles, named for their three-ring chemical structure, include imipramine (Eluvia), nortriptyline (Topsail), desipramine (Moraine), doxepin (Sequins), and amitriptyline (Pamela). Side effects of tricycles may include

drowsiness, dizziness upon standing, blurred vision, nausea, insomnia, constipation, and dry mouth.

MAO inhibitors include carbonized (Marlin), epinephrine (Inward), and transliteration (Parent). People who take MAO inhibitors must follow a diet that excludes trainee - a substance found in wine, beer, some cheeses, and many fermented foods-to avoid a dangerous rise in blood pressure. In addition, MAO inhibitors have many of the same side effects as tricycles.

Selective serotonin eruptive inhibitors include outline (Approach), ascertains (Zloty), and proportionate (Paxar). These drugs usually produce fewer and milder side effects than do other types of antidepressants, although Girl's may cause anxiety, insomnia, drowsiness, headaches, and sexual dysfunction. Studies have shown that short-term psychotherapy can relieve mild to moderate depression as effectively as antidepressant drugs, without the physiological side effects.

Because people learn to change a behavior, those treated with psychotherapy appear less likely to experience a relapse than those treated with only antidepressant medication. However, psychotherapy usually takes longer to produce benefits. There are many types of psychotherapy.