

# Psychological disorder final essay sample



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## Psychological Disorder Analysis

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PSY/270

04/06/2012

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### Psychological Disorder Analysis

We were presented with a case of a 42 year old woman named Marla. She is complaining of having difficulties sleeping, troubles with concentration, and at times feeling a bit jumpy. These are symptoms that are causing her to have problems at work in which she holds a position as an accountant and must be able to focus as she has little room for error in her type of work. She has decided to seek help so that she can once again function properly. When we began Marla's intake services we decided that we needed more in depth information for her. After all, she has symptoms that could truly be diagnosed by many disorders.

She fits into several different categories of disorders including; PTSD, Generalized Anxiety, Major Depression, and Dysthymia Disorder (McGraw-Hill, 2007). We are going to have to make sure that a more thorough assessment is done so that she may be properly diagnosed (Comer, 2005). Due to this we are going to begin by asking some more questions to gain a deeper knowledge of what the patient has been feeling and going through. Once we have made a diagnosis of the patient we will confront what the possible causes are and how we are going to move forward and the treatment plans that will be necessary for her to regain normal functionality.

Clinical Assessment

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We need to get a thorough clinical assessment of Marla for proper diagnosis so we will begin by asking you some more in depth questions. Marla, you have mentioned that you are having problems with sleeping, feeling jumpy, and lack of concentration, how long have these problems presented themselves? Has there been an event in your life that has changed your life in any way recently?

Have you noticed when there is a time that these symptoms are better or worse? Are you currently trying to self-medicate yourself with any kind of drugs or alcohol and if so how much would you say that you use or drink per day? Is there anything in your current situation that you feel that you could change to make your symptoms better? Do you have any kinds of depression or anxiety that runs in your family? Are you currently taking any kinds of medication to treat depression or anxiety? Do you have thoughts of hurting yourself or anyone else?

Have you seen a doctor recently for a physical exam?

Do you have any history of any kind of abuse or assault?

What are you hoping to accomplish by coming here today and what goals would you like to achieve with treatment? Due to the responses to Marla's questions it has become clear that Marla seems to be suffering from a disorder called PTSD. There have been signs of depression and anxiety in the family history, but she also has had history of abuse both sexual and physical from her father. She also had witnessed the assaults take place many times to her other sister and their mother.

These were very traumatic. Marla had tried to put the past behind her and forgive her father so that she may once again have a normal life. She locked the memories away and acted as if they had never happened. If you do not think about them then they will not exist right. She has recently lost her father and has begun reliving the abuse in the past. She has been having nightmares of him. The passing of her father has made her have very mixed feelings of emotions such as shame and even guilt.

She is unable to focus or concentrate at work due to daydreaming or flashbacks of memories that took place when she was a child. She felt that all of these things were in the past, but it seems that the current loss of her father has brought everything back into the light. She has seen a medical doctor and he referred her to get a psychological assessment and treatment plan in place. She is not currently taking any medications and does not self-medicate. She does not seem to be a danger to herself or others at this time during the assessment. She hopes to be able to put this in the past and to be able to move on with her life and begin functioning normally again. We will begin to collaborate on a treatment plan that we feel will suit her needs. We are confident in the diagnosis of Marla and the results from the DSM-IV Multiaxial Evaluation for Marla are: Axis I 309. 81 Posttraumatic Stress Disorder

Axis II V71. 09 No Diagnosis

Axis III none

Axis IV Inadequate Sleep, Occupational Related Problems, Anxiety Axis V

GAF= 51-60

Post-Traumatic Stress Disorder

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Post-Traumatic Stress Disorder can be a very debilitating anxiety disorder that so many people have and will experience due to some kind of traumatic experiences in their lives whether in the past or current. Some traumatic experiences that can trigger the onset of PTSD are rape, assault, abuse or neglect as a child, or even a car wreck.

This disorder can present symptoms of flashbacks, nightmares, insomnia, avoidance, trouble with concentration and memory, irritability, guilt or shame, self-medication, being jumpy, or even hearing and seeing things that others do not. This is a disorder that many war veterans commonly have and they may even relive events that happened during war. As little as 8% of people who experience a traumatic incident will actually go on to develop PTSD. It is those who either act as if they never happened and choose to avoid talking about it or those who just plain are in denial that usually develop this disorder (McGraw-Hill, 2007). Treatment Plan

At this time we feel that the best plan of action for Marla at this time will be for her to get on a long term and effective psychotherapy treatment and a combination of medications. The first medication will be an anti-anxiety medication to help her to keep from feeling so jumpy. It is called Xanax. Due to the possibility of developing a dependency on the drug I feel it is in the best interest of the patient to take a low dose for a short term period on an as needed basis. The other medication is one that is used to help treat insomnia as well as help those who are having nightmares and it is called Prazosin. It is in our hopes that once the patient begins getting the adequate amount of sleep a typical person needs that she will once again be able to concentrate, focus, and begin normally functioning again (Mayo Clinic,

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2011). She will also begin cognitive therapy so that she can begin talking out the things in her past that have begun to haunt her today.

It is very important for Marla that she be able to focus on her future and not to be stuck in the past anymore. It may even be helpful for Marla to participate in group therapies so that she can see that she is not the only person that is living with this disorder. Sometimes just knowing that you are not alone and that there are others out there just like you can help so much. Also, we will suggest that Marla help us to put together a small support group of people that she can turn to when she is need of talking to someone when therapy is not something that is available at that very moment (Comer, 2005). Conclusion

Marla exhibited many symptoms that could have been diagnosed as another disorder. Had we not gotten a thorough analysis and questioned her more deeply she would have been misdiagnosed and would have been on the wrong kind of treatment plan. PTSD can be very debilitating for a patient and the symptoms if left untreated can lead to very negative outcomes. It was Marla's in depth responses to the questions that she asked and the ability to open up to us that helped to lead us to this proper diagnosis.

She is now able to be on her way to get the proper supports that include: therapies, medications, and community supports (Comer, 2005). As long as Marla stays on her treatment plan as discussed in the above report she should be able to regain all normal functionality and successfully complete her treatment plan. When one is dealing with situations that have caused

them severe trauma it is important not to tuck them away. They have to be talked about to successfully be able to get past them.

#### References

Comer, R. J. (2005). *Fundamentals of abnormal psychology* (4th ed.). New York: Worth.

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McGraw-Hill. (2007). *Fascies of Abnormal Psychology Interactive*. Retrieved from <http://www.mhhe.com/socscience/psychology/faces/#>