

# [﻿case study: anxiety answer sheet essay sample](https://assignbuster.com/case-study-anxiety-answer-sheet-essay-sample/)

1a. Refer to the DSM-IV checklist for generalized anxiety disorder. Which of Tina’s symptoms meet any of the criteria? (Be sure to match specific symptoms with specific criteria.) Tina’s symptoms match all four of the criteria in the DSM-IV checklist for generalized anxiety disorder. Tina worries constantly something is going to happen to her twins which is in correlation with the first criteria listed. The second criteria of having difficulty controlling the worry is exhibited in Tina’s own admission that she worries sll the time and this causes her to smoke, eat and drink excessively to deal with the worry. She exhibits all the symptoms in criteria number three. She is easily irritated by her girls, rarely sleeps and feels tired all of the time. Although a friend has suggested she get a massage to relieve muscle tension, she drinks at night in order to relax. Her fear of bridges and the fact she will not leave her house shows there is impairment and meets criteria four in the DSM-IV checklist. 1b. Based upon your review of Tina’s symptoms and the diagnostic criteria, could Tina be diagnosed with generalized anxiety disorder or not (and if not, why not)? Tina could be diagnosed with genaeralized anxiety disorder because her symptoms are in correlation with the DSM-IV critera.

Diagnosing Specific Phobia:   
2a. Refer to the DSM-IV checklist for specific phobia. Which of Tina’s symptoms meet any of the criteria? (Be sure to match specific symptoms with specific criteria.) Her persisitent fear of bridges, the avoidance of driving because of this fear, the immediate anxiety she experiences when she approaches a bridge and the fact she recognizes her fear is unreasonable shows she meets all of the criteria for specific phobia. 2b. Does Tina have a specific phobia and if yes, what is the feared object? Tina has gephyrophobia, a fear of bridges and agoraphobia, anxiety related to going outside of her home. She will not drive because of this fear and when she approaches a bridge exhibits physical symptoms of GAD.

Diagnosing Panic Disorder:   
3a. Refer to the DSM-IV checklist for panic disorder with agoraphobia and the checklist for panic disorder without agoraphobia. Which of Tina’s symptoms meet any of the criteria? (Be sure to match any specific symptoms with specific criteria.) Tina’s recurrent sudden panic attacks meet the criteria for panic disorder with agoraphobia. She experiences recurrent unexpected attacks, worries about the implications and stays at home because of them, which is a significant change in behavior related to the attacks. These attacks are not due to drug abuse and not accounted for by another mental disorder. 3b. Does Tina meet the diagnostic criteria for panic disorder with agoraphobia or panic disorder without agoraphobia or neither? Explain why you believe your choice is the most appropriate diagnosis. Tina meets the diagnostic criteria for panic disorder with agoraphobia. I believe this is the appropriate diagnosis because her symptoms meet the criteria in the DSM-IV.

Understanding Tina’s Disorders:   
1. How would the Socio-Cultural Perspective explain Tina’s GAD? The Socio-Cultural Perspective might explain Tina’s GAD comes from the loss of her husband. She has lost that social connection and that has triggered this disorder. 2. Explain Tina’s GAD from the Existential Perspective.

Tina is not living her life with meaning. The Existentialist would say she is shrinking from responsibility and this is causing the dysfunction of GAD. 3. Explain Tina’s GAD from the Cognitive Perspective (please identify any basic irrational assumptions that Tina is making, even if they may be unspoken). Tina’s unreasonable assumptions that the bridges are going to collapse or something is going to happen to her daughters cause the abnormal behavior or the symptoms of GAD. 4. Explain Tina’s Phobia from a Behavioral Perspective (please use classical conditioning as a possible example). Tina has conditioned herself to fear the bridges and her response of panic and avoidance of driving are a conditioned behavior. 5. Explain Tina’s Phobia from a Psychodynamic Perspective. From a Psychodynamic Perspective, Tina was consistently under control by her parents and then her husband.

She denied or suppressed impulses and her phobia has derived from this. 6. Considering the biological correlates or causes of Tina’s panic disorder, what role does the neurotransmitter norepinephrine play in her panic disorder? The neurotransmitter, norepinephrine, carries messages between the neurons in the brain. It is working overtime because of the panic disorder and basically feeds the panic. 7. What does Tina’s locus ceruleus have to do with her panic disorder? The locus coeruleus secretes norepinephrine and stimulates the other areas of the brain to do the same. The stress of her husband’s illness and death has caused her brain to be overtaken by neurons which has put her in a constant state of stress and anxiety. 8. What role might GABA play in her symptoms?

GABA receptors can be binded on neurons to stop the neurons from firing and creating anxiety.

Treating Tina   
1. Which Psychodynamic technique has been found to be the most useful in the treatment of GAD? I think Free Association would be the most helpful in treating Tina’s GAD. This would allow her to speak freely to resolve the underlying issues. 2. Explain why a humanistic approach would be helpful in treating Tina’s GAD. A Humanist approach would help Tina uncover her issues with her low self esteem and address why she let people control her all her life. 3. How might you use Rational-Emotive Therapy to treat Tina’s GAD? Rational-Emotive Therapy would help Tina address the many irrational thoughts she has, such as something bad will happen to the twins or they son’t want her around. This form of therapy might make her view things from a more rational perspective. 4. How would Systematic Desensitization be used to treat Tina’s phobia of bridges? Tina would be given tools to use to gradually overcome her phobia of bridges. Relaxation techniques would be helpful in dealing with the anxiety that is brought on by bridges. 5. What medications have proven useful for treatment with panic disorder? Xanax, Klonipin, Prozac and Effexor

6. What role could cognitive therapy play in Tina’s treatment for panic disorder? In Cognitive Therapy, Tina could learn about her behavior and learn how to effectively manage her irrational negative thinking. 7. Considering that Tina may be treated for comorbid disorders, how do you see the treatments for the various disorders complementing each other? I think Cognitive Therapy along with medication would be a good course of treatment. The Cognitive Therapy would help her get to the bottom of her behavior and the medication would help ease the anxiety until she is able to to work it out with Therapy. 8. Is there any reason to think that any of the treatments would be contraindicated when utilized together? Explain why/how or why/how not. No, because I think they would treat two different aspects of the problem. The therapy would treat the issues Tina has causing the anxiety and the medication would treat the symptoms of the anxiety.