

Cases to review for final exam

On your final exam, you will be provided with a number of cases to read, and based on the information provided, arrive at the appropriate Axis I clinical diagnosis (I have included the numeric code for the diagnoses, but you are not responsible for this information) as well as the appropriate global assessment of functioning (GAF) score on Axis V. You will not be responsible for Axes II-IV of the Multiaxial diagnoses, though I have included all five axes in these example cases for your review. In addition to your four 3 x 5 index cards, for the case diagnosis part of the final exam, you may also use the handout that I gave you early in the semester that describes the details of rating using the GAF scale. The correct diagnoses for the cases are on a separate page following the last case. I encourage you to try to diagnose these cases yourself prior to looking at the correct answers.

Practice case #1: A 36-year-old London meter maid was referred for psychiatric examination by her solicitor. Six months previously, moments after she had written a ticket and placed it on the windshield of an illegally parked car, a man came dashing out of a barbershop, ran up to her, swearing and shaking his fist, swung, and hit her in the jaw with enough force to knock her down. A fellow worker came to her aid and summoned the police, who caught the man a few blocks away and placed him under arrest.

The patient was taken to the hospital, where a hairline fracture of the jaw was diagnosed by X-ray. The fracture did not require that her jaw be wired, but the patient was placed on a soft diet for 4 weeks. Several different physicians, including her own, found her physically fit to return to work after a month. The patient, however, complained of severe pain and muscle tension in her neck and back that virtually immobilized her. She spent most of her days sitting in a chair or lying on a bed board on her bed. She enlisted the services of a solicitor as the Workmen's Compensation Board was cutting off her payments and her employer was threatening her with suspension if she did not return to work.

The patient shuffled slowly and laboriously into the psychiatrist's office and lowered herself with great care into a chair. She was attractively dressed, well made up, and wore a neck brace. She related her story with vivid detail and considerable anger directed at her assailant (whom she repeatedly referred to as that "bloody foreigner"), her employer, and the compensation board. It was as if the incident had occurred yesterday. Regarding her ability to work, she said that she wanted to return to the job, would soon be severely strapped financially, but was physically not up to even the lightest office work.

She denied any previous psychological problems and initially described her childhood and family life as storybook perfect. In subsequent interviews, however, she admitted that as a child, she had frequently been beaten by her alcoholic father, and had once had a broken arm as a result, and that she had often been locked in a closet for hours at a time as punishment for misbehavior.

Practice case #2: Mary Kendall is a 35-year-old social worker who was referred to a psychiatrist for treatment of chronic pain caused by a reflex sympathetic dystrophy in her right forearm and hand. She had a complex medical history that included asthma, migraine headaches, diabetes mellitus, and obesity. She was found to be highly hypnotizable, and quickly learned to control her pain with self-hypnosis.

Mary was quite competent in her work, but had a rather arid personal life. She had been married briefly and divorced 10 years earlier, and she had little interest in remarrying. She spent most of her free time volunteering in a hospice.

As a thorough psychiatric evaluation continued, she reported the strange observation that on many occasions, when she returned home from work the gas tank of the car was nearly full, yet when she got into car to go to work the next day, it was half empty. She began to keep track of

the odometer, and discovered that on many nights 50 to 100 miles would be put on the car overnight, although she had no memory of driving it anywhere. Further questioning revealed that she had gaps in her memory for large parts of her childhood.

Because of the gaps in her memory, the physician suspected a dissociative disorder, but it was only after several months of hypnotic treatment for pain control that the explanation for the lost time emerged. During a hypnotic induction, the physician again asked about the lost time. Suddenly a different voice responded, "It's about time you knew about me." The (alter) personality with a slightly different name, Marian, now spoke and described the drives that she took at night, which were retreats to the nearby hills and seashore to "work out problems." As the psychiatrist got to know Marian over time, it was apparent that she was as abrupt and hostile as Mary was compliant and concerned about others. Marian considered Mary to be rather pathetic and far too interested in pleasing, and said that "worrying about anyone but yourself is a waste of time."

In the course of therapy, some six other personalities emerged, roughly organized along the lines of a dependent/aggressive continuum. Considerable tension and disagreement emerged among these personalities, each of which was rather two-dimensional. Competition for control of time "out" was frequent, and Marian would provoke situations that frightened the others, including one who identified herself as a 6-year-old child. The subjective experience of distinctness among some of the personality states was underscored when one rather hostile alter personality made a suicide threat. The therapist insisted on discussing this with other personalities, and she objected that to do so would be a "violation of doctor-patient confidentiality." The memories that emerged with these dissociated personalities included recollections of physical and sexual abuse at the hands of her father and others, and considerable guilt about not having protected other children in the family from such abuse. Mary recalled her mother as being infrequently abusive, but quite dependent, and forcing Mary to cook and clean from a very early age. After 4 years of psychotherapy, Mary gradually integrated portions of these personality states. Two similar personalities merged, although she remained partially dissociated. The personality states were aware of one another, and continued to "fight" with each other periodically.

Practice case #3: Dorothea Cabot, a 42-year-old socialite, has never had any mental health problems before. A new performance hall is to be formally opened with the world premiere of a new ballet; Dorothea, because of her position on the cultural council, has assumed the responsibility for coordinating that event. However, construction problems, including strikes, have made it uncertain whether finishing details will meet the deadline. The set designer has been volatile, threatening to walk out on the project unless the materials meet his meticulous specifications. Dorothea has had to calm this volatile man while attempting to coax disputing groups to negotiate. She has also had increased responsibilities at home as her nanny has had to leave to visit a sick relative. In the midst of these difficulties, her best friend has been decapitated in a tragic auto crash. Dorothea herself is an only child, and her best friend had been very close to her since grade school. People have often commented that the two women were like sisters.

Immediately following the funeral, Dorothea becomes increasingly tense and jittery and able to sleep only 2-3 hours a night. Two days later she happens to see a woman driving a car just like the one her friend had driven. She is puzzled, and after a few hours she becomes convinced that her friend is alive, that the accident had been staged, along with the funeral, as part of a plot. Somehow the plot is directed toward deceiving her, and she senses that she is in great danger and must solve the mystery to escape alive. She begins to distrust everyone except her husband, and begins to believe that the phone is tapped and that the rooms are "bugged." She pleads with her husband to help save her life. She begins to hear a high-pitched, undulating sound, which she fears is an ultrasound beam aimed at her. She is in a state of sheer panic, gripping her husband's arm in terror, as he brings her to the emergency room the next morning.

Answers

Case #1 Diagnosis

- Axis I: 307.89 Pain disorder associated with psychological factors and a general medical condition
- Axis II: None or deferred
- Axis III: Hairline fracture of the jaw
- Axis IV: Threat of job loss (Occupational problems)
Decrease of income (Economic problems)
Victim of assault
- Axis V: Current GAF: 41-50, would not be higher because she is definitely having more than "moderate" work problems and would not be any lower because impaired reality testing would be required.

Case #2 Diagnosis

- Axis I: 300.14 Dissociative identity disorder
- Axis II: None or deferred
- Axis III: Multiple medical problems
- Axis IV: Inadequate social support
- Axis V: Current GAF: 45-60

Case #3 Diagnosis

- Axis I: 298.8 Brief psychotic disorder (with marked stressors)
- Axis II: No diagnosis
- Axis III: None
- Axis IV: Death of friend, work difficulties, absence of nanny
- Axis V: Current GAF: 21-30