

Abnormal Behavior

Case Study Paper Assignment

Due no later than the beginning of class (10:00 am) on December 4

To complete this assignment, you will write a brief case study of a hypothetical client who meets the criteria for one of the disorders listed in the DSM-5. As you complete this assignment, please keep in mind these guidelines:

- Your client should be 21 years of age or older.
- Your case should be based on a hypothetical client; no real people, please.
- Your case should be something **you write yourself**, not something you borrow from a case study book or other sources (such as a web site).
- Clients often meet the criteria for more than one DSM-5 diagnosis. However for this assignment you are only required to develop a case where a single diagnosis is appropriate (unless you simply choose to write a case where 2 or more diagnoses are at play).

As you prepare to write your case, please complete each of the following steps:

1. Select a disorder in the DSM-5.
2. Carefully review all of the criteria (i.e. the symptoms) for your selected disorder.
3. Write a case in which the majority of the required symptoms are reflected or present in your client. Please make sure that you are clear and specific as you describe your client's struggles or symptoms (imagine someone else is going to read your case to double-check to make sure you assigned the right diagnosis).
4. At the conclusion of the case, identify the correct diagnosis by name.
5. Provide a brief rationale as to why you feel your assigned diagnosis is appropriate or accurate.

Your case should be typed, single-spaced, using 11- or 12-point font, and should be uploaded for grading through the assignment drop-box in D2L. Your case should be at least one full page in length, and a sample case study has been provided below as an example of how it might look.

Sample Case Study

The client is a 43 year old man who is referred for evaluation by his family physician. The client states he made an appointment with his doctor after a trip to the emergency room, however he says his doctor has told him he is in good health and suggested he see a counselor or psychologist.

The client reports that about a year ago he was at work one afternoon when he began to feel tense and anxious for no reason. He says he became short of breath, began to feel faint, and that his mind began to race. These symptoms only lasted a few minutes and then went away, however he says he had a few more experiences just like this one over the next few weeks and months (each one "coming out of nowhere").

However these symptoms began to grow worse, beginning about four months ago. The client says he woke up one night with the feeling that he was choking or being strangled and he couldn't catch his breath. He said he also felt very panicked, and thought he was going to die. He drove himself to the emergency room, thinking he was having a heart attack. He was sent home after it was determined his heart was fine, and then two days later he had another attack while driving to work. This attack was so severe the client had to pull over to the side of the road, and again he says he felt anxious, was short of breath, was sweating, and he felt nauseous and sick to his stomach. He says this attack was totally unexpected, and that after 20 minutes or so it gradually went away and he went on to work.

Since that time these “episodes” have become fairly regular, although the client can’t tell when the next one is going to happen. In the past month, for example, the client has had at least two severe attacks per week, occurring at various times (some at night, others during the day, etc). The client also says the episodes appear to be increasing in intensity as time progresses. For example, he says, “When they first started, they scared me but I could handle them pretty well. Now, they’re out of control. I honestly thought I was going to die when I had the last one a couple of days ago – I couldn’t breathe, I was feeling crazy, and my mind was running 100 miles an hour”.

As a result of these attacks, the client reports he has changed his lifestyle a great deal. For example, the client says that for the past three weeks or so he has essentially been home-bound, not wanting to leave his house for fear of when another attack might happen. He has left home recently to visit his family doctor for an evaluation, however the client shares that while waiting in the doctor’s office that he found himself becoming nervous because of how crowded the office was, wondering how he would escape or get to his car if he were to have another attack. The client says that this nervousness about public and crowded spaces has never been a problem for him, although it’s something he struggles with today each time he leaves home.

Diagnosis Panic Disorder, Agoraphobia

Rationale for Diagnosis

The client meets the criteria for **Panic Disorder** because he is experiencing unexpected and unpredictable panic attacks, as evidenced by his becoming short of breath, feeling faint, feeling as if he is choking, feeling nauseous and sick to his stomach. These attacks have no specific trigger, they are persistent, and are disruptive to the client’s normal functioning. It also does not appear the panic attacks are connected to a larger anxiety-related problem, such as PTSD.

The additional diagnosis of **Agoraphobia** is also warranted due to the client’s report of being home-bound due to the panic attacks, becoming worried while in the crowded doctor’s office, etc. It appears this fear has developed as a result of his panic attacks, and further disrupts his behavior and normal functioning.