

Assignment 5.1 - Case Study of Crystal Smith

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Diagnosis

I would provisionally diagnose Ms. Smith with F32.0 Major Depressive Disorder, single episode, mild, with anxious distress severe (American Psychiatric Association, 2022, p. 183). Ms. Smith is currently experiencing a major depressive episode because she meets criteria A-C under Major Depressive Disorder. She meets criterion A.1. because she reports experiencing feelings of sadness for two or more weeks. She meets criterion A.4. because she has been having trouble sleeping at night. She demonstrates psychomotor agitation (criterion A.5) during our meeting because she is fidgeting in her seat while completing the intake paperwork (this is not a subjective criterion so I need to ask someone else if they have noticed psychomotor agitation in her behavior for the past two weeks). Not knowing the timeframe of the psychomotor agitation is what causes me to provisionally diagnose Ms. Smith with major depressive disorder. Criterion A.7. is met because Ms. Smith reports thoughts that her husband will leave her, or that something bad will happen to her children because she is a worthless parent. Finally, criterion A.8. is fulfilled because Ms. Smith indicates that she is having trouble concentrating for the past two weeks (especially at work). The above symptoms have been present during the same 2-week period and (according to Ms. Smith) represent a change from previous functioning. These symptoms are also causing clinically significant distress and impairment in social and occupational areas of functioning. For example, Ms. Smith has been arguing with her husband frequently over the past few weeks, and she is having trouble concentrating at work. Ms. Smith denies any past or current substance use, is not taking any medications, and indicates no prior history of mental health problems so criteria C and D are met. Criterion E is also fulfilled because Ms. Smith does not report having a manic or a hypomanic episode. Ms. Smith has “few,

if any, symptoms in excess of those required to make the diagnosis...and the symptoms result in minor impairment in social or occupational functioning” so I labeled her Major Depressive Disorder as mild (American Psychiatric Association, 2022, p.214). Ms. Smith has five of the five required symptoms required for major depressive disorder and is still functioning at work (although she is having trouble concentrating she did not mention getting into any trouble at work). I also added the specifier “with anxious distress” to my diagnosis. Ms. Smith reports feeling tense, feeling unusually restless, has difficulty concentrating because she worries that she is not a good partner or mother, and fears that something bad will happen to her children because she is a worthless parent. She also demonstrates motor agitation because she fidgets in her seat while completing the intake paperwork. Because she has four out of five symptoms and motor agitation, I used the “with anxious distress severe” specifier. Again, I need to confirm that others have noticed her psychomotor agitation for the last two weeks.

Goal and Task

I believe that Ms. Smith is in the contemplation stage of change. She is not in the preparation stage of change because she has not taken any small steps toward making minor changes. Instead, she is aware of the problem and is considering change but is ambivalent about how to go about changing. She believes that if she could relax and feel less anxious she would feel better, but she gives the impression that she is doubtful that these changes can take place. Because she is in the contemplation stage of change, Ms. Smith needs goals and tasks that increase her insight and awareness about her ambivalence. I believe a good long term goal for Ms. Smith would be to “manage and decrease feelings of anxiety.” A shorter term goal that is more feasible in the contemplation stage of change is “notice feelings of anxiety when they arise and dissipate.” This short term goal follows Ms. Smith’s narrative because she explains that if she could relax and

feel less anxious she would feel better. A proper task for Ms. Smith would be to “discuss and identify thoughts, emotions, and bodily sensations associated with anxiety.” This would help her ultimately manage her anxiety in real life and fits her current stage of change because it increases insight. It also fits Ms. Smith’s narrative because her narrative, goal and task are all about anxiety.

DO A CLIENT MAP

- **Diagnosis**

Client is diagnosed with F32.0 Major Depressive Disorder, single episode, mild, with anxious distress severe.

Client is also experiencing marital conflict because she has been arguing frequently with her husband over the past few weeks.

- **Objective**

Clinician’s first major objective is to reduce client’s level of depression.

Clinician’s second major objective is to reduce client’s level of anxiety.

Another objective is to reduce client’s physiological symptoms (trouble sleeping, fidgeting in seat).

An important objective is to improve client’s social and occupational functioning.

Another objective is to reduce client’s cognitive distortions regarding 1) not being a good partner and mother and 2) something bad happening to her children because client is a worthless parent.

A final objective is to reduce marital stress and improve communication in client’s marriage.

- **Assessments**

“Many useful inventories are available to assess the symptoms and severity of depression, including the Hamilton Rating Scale...and the Beck Depression Inventory” (Reichenberg & Seligman, 2016, p.153). Client would be given the Beck Depression Inventory.

Clinician needs to perform a background assessment that will help the client and the clinician to understand the nature and dynamics of the presenting problem more fully. Especially since client’s major depressive disorder is “with anxious distress severe” clinician needs to assess for suicidality at every meeting. “High levels of anxiety have been associated with higher suicide risk” (American Psychiatric Association, 2022, p. 211).

“Since most people who are later diagnosed with a bipolar disorder first present with depression, it is prudent to screen for a history of elevated moods, increased energy, or atypical depression” (Reichenberg & Seligman, 2016, p.153). Clinician needs to assess for manic and hypomanic episodes using the Mood Disorders Questionnaire.

- Clinician Characteristics

“Therapists most likely to be effective in helping adults with major depressive disorder will be supportive yet structured, focused on the present, capable of gently challenging distorted cognitions without judgment, and be able to instill hope, or at least hold the concept of hope for clients until they are able to have hope for themselves” (Reichenberg & Seligman, 2016, p.154).

Client requires a supportive yet structured (and present-oriented) clinician. Clinician must be able to instill hope.

Clinician should be high in Rogerian conditions of empathy, genuineness, caring, and unconditional positive regard.

Clinician needs to build a working alliance quickly with client due to the fact that client is discouraged and depressed.

- Location of Treatment

Treatment should begin in an outpatient setting.

Inpatient treatment may be required if client becomes suicidal or does not respond to treatment quickly.

- Interventions to Be Used

Clinician to use cognitive therapy to analyze and modify client's thoughts about herself and her roles and relationships.

Clinician and client should explore client's emotions of sadness as well as anxiety.

Clinician will give client homework to increase her activity and exercise in order to increase client's energy level.

Clinician and client will discuss a bedtime routine that may help with client's sleep pattern.

Clinician and client should focus on client's relationship with her husband and ways to improve communication in such relationship.

Once client's symptoms have begun to abate, clinician should educate client about major depressive disorder.

- Emphasis of Treatment

Clinician will be required to provide guidance and structure because client lacks a sense of how to help herself. Over time, clinician will reduce guidance and structure in order to give client control over her own life.

Clinician will emphasize cognitive dysfunction and behavioral deficits.

- Numbers

Client requires individual therapy as the initial approach to treatment.

Marital counseling may be required after client's affective symptoms start to abate.

- Timing

Clinician recommends one session with client per week in order to facilitate the reduction of client's depression and anxiety.

Clinician should start at a relatively gradual and supportive pace in order to meet client where she is at.

Clinician anticipates a duration of three to six months.

- Medications Needed

Clinician should refer client to a psychiatrist to determine whether medication may be needed (given client's severe anxiety and mild depression) given that medication combined with psychotherapy seems particularly effective in treating major depressive disorder.

- Adjunct Treatment

Clinician recommends physical exercise to client.

Clinician recommends development of coping skills to help client handle anxiety.

Clinician will recommend participation in a women's support group after depression has been reduced.

- Prognosis

Clinician believes that prognosis is good for symptom reduction in major depressive disorder, single episode, mild. However, clinician is less optimistic regarding the specifier “with anxious distress severe.” “High levels of anxiety have been associated with...longer duration of illness, and greater likelihood of treatment nonresponse” (American Psychiatric Association, 2022, p.211).

References

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Reichenberg, L.W. & Seligman, L. (2016). *Selecting effective treatments: A comprehensive systematic guide treating mental disorders* (5th ed.). John Wiley & Sons, Inc.