

## **DSM 5 Disorder Case Construction**

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### **Introduction**

This case conceptualization is based on the DSM diagnosis of Post-Traumatic Stress Disorder (PTSD). The following paper will include identifying details, presenting problems, and historical factors of the pseudo client. All of these components are necessary to assess and learn when diagnosing and working with clients. Identifying and studying these components in relation to PTSD allows for a more comprehensive approach to familiarizing the therapist with diagnostic tools.

### **Identifying Information**

Sara is a twenty year old Caucasian woman that is a sophomore at the University of Tennessee at Knoxville (UTK). She moved from her hometown of Chattanooga, TN, to live on campus at UTK. Sara is typically an honor roll student, making excellent grades and participating in various extracurricular activities. Sara likes to play recreational league basketball and softball and joined the debate team her freshman year in college. Sara has always been social with her peers and adults. She was able to make a lot of friends quickly when she moved on campus. Sara is heterosexual and has dated her current boyfriend for eleven months. Sara is close with her mother, father, and younger sister. She usually travels back to Chattanooga once a month to visit her family. Sara had a loving childhood in a middle-class family. After receiving an academic scholarship for college, Sara also works part-time at the campus bookstore.

### **Presenting Symptoms**

Sara is noticeably nervous when discussing the event that happened three months ago. She moves around a lot in her chair and fidgets with her hands and repeats that it is really hard

for her to talk about the details of the rape. Sara reports that she has nightmares every night and often such vivid flashbacks during the day that it feels like she is constantly reliving the event. Since the rape, she has not been able to be emotionally, physically, or sexually intimate with her boyfriend. Her boyfriend is supportive, but she cannot find the courage to talk to him about what happened. Sara states that she has no interest in wearing any of the clothes she has and only feels comfortable in baggy t-shirts and sweatpants. Sara is wearing this type of outfit during the assessment session.

Sara has not told any of her family members about the event because she feels embarrassed. She blames herself for what happened. Sara's supervisor told her yesterday that she was on probation at work for missing too many shifts. Sara has also avoided going to class, hanging out with friends, and playing sports. She prefers to retreat to her dorm room and lounge in bed alone. Sara feels she could have avoided what happened and that it happened to her because she was being bad. Her boyfriend finally convinced her to see a therapist for help. Sara is presenting symptoms that meet the criteria for Post-Traumatic Stress Disorder (309.81) (American Psychiatric Association, 2013).

### **Contributing Factors**

Sara experienced a violent rape when she was walking home from a college party. A male friend offered to walk her home for safety, but assaulted her in the bushes close to her dorm. Sara attempted to flee and then fight her friend perpetrator but ultimately felt powerless against his size and strength. In addition to the sexual violence, Sara was left with multiple bruises on her body and face.

Sara did not tell any of her friends about the rape. It took her four days to share the experience with her boyfriend. Sara felt ashamed of herself since she was wearing a cute new

outfit and drank three beers at the party. She also felt confused when her friend perpetrator called her a few days later acting like nothing violent happened and only focused on how wild the night got after the party. Sara has ignored him and all of her other friends since that night.

Sara comes from a loving family and has never experienced anything traumatic or stressful before this event. She has also heard other students on campus talk about how girls get too drunk and wild at parties and can't remember having sex and then falsely accuse their peers. Sara has questioned all of her actions the night of the rape and feels conflicted that she is to blame but cannot figure out what she did wrong to cause it. This makes her not trust herself to be social and outgoing.

Sara is also afraid to tell her family about the rape because she does not want them to see that she has become a bad person since moving to college. She has many potential supports and protective factors in her life but is currently not able to utilize them to help her process this trauma. Instead she has avoided her family and friends, school studies, and extra-curricular activities.

### **Summary**

It might be important for Sara to understand the prevalence of sexual violence among college-age women. RAINN (2021) reports that college women ages 18 to 24 are at an elevated risk for sexual violence. Furthermore, college women are not likely to report their assaults which can perpetuate a campus culture that promotes or tolerates this type of violence (RAINN, 2021). As the therapist helping Sara, it is also essential to understand these statistics and risk factors for women Sara's age.

Lomax and Meyrick (2020) found that cognitive behavioral therapy (CBT) and the facilitation of relaxation techniques helped women rape victims lessen symptoms of anxiety,

fear, and depression. These findings support intensive intervention times of one to fourteen hours of therapy to treat acute symptoms and the encouragement of extended therapy for more invasive symptoms. Eye Movement Desensitization and Reprocessing (EMDR) and Prolonged Exposure (PE) treatment were also found to help clients emotionally process traumatic memories (Lomax & Meyrick, 2020).

Watkins et al. (2018) found trauma focused cognitive behavioral therapy (TF-CBT) and PE effective in addressing memories and distressing thoughts and emotions resulting from traumatic events. Giacomucci and Marquit (2020) also found the Relational Trauma Repair Model effective in reducing symptoms of PTSD in women.

As a clinician, I will always review research and evidence-based models to integrate into my practice according to each client's specific experiences and needs. In this case, I believe that I would start with TF-CBT to help the client build a trauma narrative as she works through the distressing memories and symptoms. I am also curious about how EMDR would assist the client depending on the results of TF-CBT. Relaxation and somatic interventions to help calm the client when she feels stress and anxiety would also be a priority during treatment.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>
- Giacomucci, S. & Marquit, J. (2020, May 19). The effectiveness of trauma-focused psychodrama in the treatment of PTSD in inpatient substance abuse treatment. *Frontiers in Psychology*, 11, 896. <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.00896/full>
- Lomax, J. & Meyrick, J. (2020, August 24). Systematic review: Effectiveness of psychosocial interventions on wellbeing outcomes for adolescent or adult victim/survivors of recent rape or sexual assault. *Journal of Health Psychology*.  
<https://journals.sagepub.com/doi/full/10.1177/1359105320950799>
- RAINN. (2021). *Campus sexual violence: Statistics*. <https://www.rainn.org/statistics/campus-sexual-violence>
- Watkins, L. E., Sprang, K. R., Rothbaum, B. O. (2018, November 2). Treating PTSD: A review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience*, 12, 258. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6224348/>