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SOCW 633-A

DSM-5 Disorder Case Construction

I. Introduction

Post-Traumatic Stress Disorder is a mental health disorder that is triggered by either experiencing or witnessing a traumatic event (Torres, 2020). Individuals diagnosed with post-traumatic stress disorder have intense, disturbing thoughts and feelings related to the traumatic event; the extent to which an individual might experience symptoms can vary from a few weeks to months and, in some cases, years. The symptoms of Post-Traumatic Stress Disorder can include reliving the event through flashbacks or nightmares; individuals may also feel sadness, anxiety, fear, or anger, as well as detached or estranged from other people (Torres, 2020). Post-Traumatic Stress Disorder can manifest in several ways, with its symptoms and effects ranging from mild to severe. This paper will examine a single case of Post-Traumatic Stress Disorder and will include extensive insight on the client's presenting symptoms, as well as the predisposing, precipitating, and perpetuating factors that reflect the development, onset, and persistence of the condition. Initial treatment recommendations will also be discussed.

II. Identifying Information

Abigail Jones is a 17-year-old high school senior. Several months ago, Abigail was on the way home from an evening class at the local University where she was dual enrolled. Abigail lost control of the car when coming around a steep curve. Miraculously, Abigail's small car swerved into a shallow ditch. A passing motorist saw the wreckage, pulled over to help, and

immediately called 911. He waited next to Abigail for help to arrive, as she was barricaded in by the airbag and the crushed door of the driver's side. Fire and Rescue Squad were able to retrieve Abigail from the totaled car and transport her by stretcher to the ambulance that arrived shortly after. Abigail was transported by paramedics to the local emergency room, where she received stitches for a large cut across her forehead. She was discharged home later that night after it was determined she did not suffer from any further injuries.

III. Presenting Problem

When I asked Abigail what brought her in, she stated that she “just wanted her life back”. When I asked what that meant, she became slightly emotional and went on to explain that she “felt controlled” and “crippled” by the car accident she was in last fall. She went on to describe the car accident, pausing to take a deep breath and compose herself between short intervals. She stated whenever she is in a car, no matter day or night, she often finds herself reliving the accident “over and over again”. I asked what she felt during these flashbacks, and she stated that she felt “an overwhelming sense of fear and dread”. Abigail stated that she hasn't driven anywhere since, although she has tried to a couple of times. She said that the last time she tried, she managed to start the car, back out of the driveway, and begin down the road. However, as soon as she approached the first stop sign next to her house, she began to picture herself turning the corner and losing control. She began sweating, shaking, and crying, and her boyfriend had to take over and drive them back to her family home. Since this last experience, Abigail has rarely left her house, and her symptoms have increased. She walks to school and occasionally rides with her boyfriend, but often riding in a car proves to be too difficult for her. She expressed that she has trouble sleeping, and often experiences reoccurring nightmares of the crash. She said her boyfriend has been patient with her, but her incessant fear of riding in cars and reluctance to

leave her house is beginning to affect their relationship. Abigail expressed feelings of shame that she is not able to “move on” with her life, and that she often feels so debilitated that she is unable to experience happiness or concentrate on her schoolwork.

Abigail presents with symptoms and behaviors that are consistent with a DSM 5 diagnosis of Post-Traumatic Stress Disorder (309.81).

IV. Factors

a. Predisposing Factors

Several months ago, Abigail was involved in a car accident in which she lost control of her car while going around a curve. Prior to this accident, Abigail loved the newfound freedom she found in driving. However, after the car accident, she developed a fear of driving and began to experience reoccurring nightmares of the crash. She soon found that riding in cars with others triggered intrusive thoughts and overwhelming fear, and consequently began to avoid traveling by car as much as possible.

b. Precipitating Factors

A couple of months ago, Abigail tried to drive a car for the second time since her accident. This last time, she managed to back out of the driveway and drive to the stop sign in front of her home. However, as soon as she turned the corner, she began to experience flashbacks of her accident; she pictured herself losing control and began to experience a physiological reaction. She pulled over and her boyfriend drove them back to her house. Since this event, her symptoms have worsened.

c. Perpetuating Factors

Abigail lives in an area where everyone travels by car. Therefore, if Abigail wants to go anywhere that isn't in walking distance, she must either ride along in a car with someone

or drive herself. The area in which Abigail lives is also surrounded by mountains and curvy roads. Because of this, she is consistently exposed to potentially triggering situations when she needs to take care of any daily errands, attend appointments, and so forth. She avoids riding in a car as often as she can, but sometimes this isn't an option.

d. Protective/Positive Factors

Abigail has a strong support system that consists of her immediate family and boyfriend. They are willing to help Abigail in whatever way they can. Her boyfriend is the one who encouraged her to seek help and drove her to the appointment; to ensure she was as comfortable as possible; he drove the minimum speed limit and took less curvy roads that he knew wouldn't be as congested as others. Additionally, Abigail can recognize the significant effect of her condition on various aspects of her life and demonstrates a genuine desire and eagerness to manage her symptoms, as well as decrease their frequency and impact.

V. Summary

Cognitive Behavior Therapy and eye movement desensitization and reprocessing are widely practiced with individuals suffering from post-traumatic stress disorder (Bradley et al, 2005). Specifically, according to Kleim et al (2013), Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is cited as one of the most effective treatments of Post-Traumatic Stress Disorder and has shown to be effective in five randomized controlled trials. Trauma-Focused Cognitive Behavior Therapy (TF-CBT) treatments are normally delivered on an individual out-patient basis over 8-12 sessions. However, a withdrawal rate of up to thirty percent in some studies suggest that those receiving TF-CBT were not receptive to this therapeutic approach; in recognition of this, it has been proposed that, in certain cases, devoting several sessions to the establishment of a trusting

therapeutic relationship and emotional stabilization before addressing the traumatic event might lead to greater acceptability and positive, goal-attainment outcomes (Bisson et al, 2007). As Bisson et al (2007) also points out, it is important to note that “some may find it difficult to fully engage in psychological treatment because it requires a significant amount of time and commitment”.

According to The Diagnostic and Statistical of Mental Disorders, Abigail’s presenting symptoms meet the criteria for a diagnosis of Post-Traumatic Stress Disorder, as demonstrated through intrusive thoughts, persistence avoidance of stimuli associated with the event, negative alterations in cognition and mood associated with the traumatic event, and problems with concentration and sleep disturbances (5th ed.; DSM–5; American Psychiatric Association, 2013). Considering the protective and positive factors, such as Abigail’s recognition of her condition and its effects, coupled with her willingness and eagerness to receive treatment, my initial recommendation is that Abigail receive Trauma-Focused Cognitive Behavioral Therapy for a period of 12 weeks, initiated by a pre-assessment and followed by a post-assessment at the conclusion of the 12 weeks to determine the effectiveness of treatment and if further treatment is needed.

References

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