Hannah Borstad

**Case Study Module 3**

**Client 1**

Client #1 is an veteran who served in Iraq. He was part of a checkpoint in which several children were killed. After this event, he became a social recluse and defiant toward his commanders. He was discharged and went back to the US. He is living in an abandoned trailer in the woods and is too ashamed to be around people. He says he does not have nightmares or flashbacks, but he thinks about the events constantly. He should be diagnosed with PTSD because he had direct exposure to a dramatic event, he has intrusive memories about the death of the children, he avoids people who may bring on those memories, he has persistent negative feelings about himself and negative emotions related to shame from the event, he has self-destructive behaviors such as living in the woods without water or food, and has been experiencing these symptoms for more than a month.

**Client 2**

Client #2 is a veteran who is experiencing PTSD symptoms from combat. He has regular flashbacks brought on by loud noises, smells, and bright lights. When he is triggered, he is transported back to combat and relives the experiences. His fiancé asked him to go to counseling out of concern for his behavior. He has constant nightmares and is afraid to leave his home. He is easily agitated and becomes angry in traffic out of fear of bombers. He has become reclusive to avoid the negative memories and triggers. His symptoms have lasted much longer than a month and negatively impact his day to day. He meets all of the criteria for A through H of the DSM-5 diagnosis guidelines.

**Client 3**

Client #3 is a New Yorker who recently relocated with her family to Los Angeles. She has had a lot of issues adjusting to her new city and culture. She does not like the people and is enraged by traffic. She has become socially isolated and avoids friendships with anyone other than her neighbor who is also a transplant. During the interview, she was shaking and wringing her hands constantly. Her reaction to the move is out of proportion with the actual events. She has had serious difficulty in her job and socializing with others. She does not have any other known diagnoses. She has feelings of hopelessness, nervousness, and depressed mood. Her conduct has been disturbed and her emotions are unstable. She seems to have Adjustment Disorder with mixed disturbances of emotion and conduct.

**Client 4**

Client #4 was in a traumatic car accident a while ago in which she could have lost her life. She was unharmed but was told by many people that she almost died. After the incident, she has had trouble sleeping an is plagued by nightmares. She is showing signs of PTSD. She has had several instances of flashbacks from the event. She is frightened by loud noises and bright lights. Her husband is worried about her and asked for her to be seen. She is regularly plagued by memories and feelings from the event. She avoids driving at night and only drives if she has to for work. She is in a persistent negative emotional state of fear from the event. She is hypervigilant and is reactive towards unexpected events such as loud noises. Her social life has been impacted as she is sent into a panic from driving at night. She shows symptoms of derealization from the event.

**Client 5**

Client #5 is experiencing symptoms of PTSD. She is a survivor of rape. She feels continuously agitated and panicked. She cannot handle being alone and feels trapped in small spaces. She has constant nightmares and flashbacks from the event. She is unable to have a normal sexual relationship with her boyfriend due to the memories from the event. She has no social life because of her fear of leaving her home. She stated that she feels as though the event is still happening, and she is reliving the rape. She is hypervigilant and easily startled. She is no longer able to work due to disturbances from the event. Her symptoms are not brought on by any substances or other mental diagnosis. She appears to have symptoms of derealization related to the event.

**Client 6**

Client #6 is an active duty soldier who is showing signs of an Adjustment Disorder. He was in the reserves but was made active duty for a peacekeeping mission. He is Muslim and connected with the Arabic kids he met overseas. He has become increasingly distressed after spending time with the kids. He has not served in combat, but fears having to go to war and shoot at other Muslims. He feels he would be unable to kill someone that reminded him of his family members. He has had trouble sleeping and connecting with other people. He is fearful that he will be unable to do his job and may prevent other soldiers from doing their jobs. This symptoms are not caused by a traumatic event and are related to a recent change in his perspective toward his occupation. He seems to have an Adjustment Disorder with anxiety.