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Case Study Writing Assignment Module 4

**Case One**

The client appeared agitated and nervously played with her jewelry. She said she was referred to the doctor because she was struggling socially, lacked an appetite, and cannot remember the events from a shooting that occurred at her school. She was sitting next to her best friend when she was shot and has no memory of the event. She is not suffering from nightmares or hallucinations. The event occurred the previous day, and she is unaware of her loss of memory.

I diagnosed the patient with Dissociative Amnesia. She shows an inability to recall information related to a traumatic event, a school shooting. She shows signs of social impairment as well. Her symptoms are localized to a specific event and are not associated with a substance. Her symptoms could be associated with Acute Stress Disorder, but not enough time has passed since the event occurred to diagnose this disorder. I recommend pursuing Trauma-Focused Cognitive Behavioral Therapy (TR-CBT), as suggested by Wagner (2022), to treat Dissociative Amnesia. Subramanyam (2020) affirms that TR-CBT is an effective form of treatment for people experiencing Dissociative Amnesia as the therapy allows the person to understand their emotional responses and identify and challenge false beliefs. In this case, it would help the client realize the shooting occurred and seek to work through the emotions of the event.

**Case Two**

 The second case began the session with little eye contact or emotion. Her voice changed to a monotone voice as she talked about her day. She believed she was late for teaching class at her school but realized class was cancelled. She recalls events from the previous day and showed a lack of awareness of time and space. She describes feeling outside of her body and watching another person walking through the halls of her school. She describes feeling as though she is dreaming and in an alternate universe. She does not recall the traumatic events from previous days and avoids media that would inform her about the events. She has reverted to a time when she was teaching at a different school and seems to believe she is living in the past. She became extremely agitated when the therapist mentioned violence at school and began to sob uncontrollably. Yet, she could not recall any violent events that occurred.

Rationale for diagnosis:

 I diagnosed this patient with Depersonalization/ Derealization Disorder. She shows both depersonalization and derealization. She has persistent experiences of unreality and detachment from her body as though she is watching someone else. She has a distorted sense of time and emotional numbness. She describes feeling like she is in a dream and the world is distorted. She has some ability to test her reality and is confused by what she sees. Her symptoms are impacting her relationships and ability to function normally at home or work. She is not using a substance and does not appear to have a history of other mental illnesses. She shows the potential for PTSD, but the event occurred too recently for diagnosis.

 I recommend EMDR for this individual because of the severity of her condition. This therapeutic approach uses self-reflection on the traumatic event guided by a therapist who can help the client reduce the stress related to the event. This treatment has been shown to be effective in treating DDD (Forgash & Knipe, 2012). EMDR is validated through empirical evidence from studies in which the therapy was shown to help with various mental health disorders. There are many studies showing EMDR’s validity with real clients (Shapiro, 2014).

**References**

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