

Assessment for Post-traumatic Stress Disorder and Adjustment Disorder

Client #1

This client was referred to see a psychiatrist by his physician. He had been living in a trailer for the past few months in an abandoned camp group without running water or electricity. After the psychiatrist asked context questions, it is revealed his is a veteran that was deployed to Iraq where he experienced trauma and has not felt “like doing anything” since he has gotten back home. He is avoiding friends/family and does not do what he once enjoyed. When he begins to share more of what he had experienced, he mentioned he was involved in shooting at a vehicle that resulted in the death of a family, including small children. After this event, he changed and withdrew from himself. He does not have flashbacks or nightmares about the incident but thinks about it continuously which causes distress.

Client #1 has the following symptoms: Intrusion symptoms, persistence avoidance of stimuli, and physiological reactions when speaking about the event. These symptoms impact his ability to complete tasks of daily living and have been persistent for over 6 months. I believe these symptoms align with a diagnosis of PTSD.

Client #2

This client was also a military veteran. He is seeing a psychologist as his fiancé is concerned that three nights ago at a county fair, fireworks went off and the client took off running trying to find cover. The fireworks scared him as they sounded like combat fire. The client describes that loud noises cause flashbacks to combat. In addition to sounds, smells like diesel fuel also trigger reactions. Client two recounts a traumatic experience of one of his

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military buddies being burned. When the client talks about the trauma, he becomes anxious, physically uncomfortable. These symptoms have been present for over 6 months.

Client number two has the following symptoms: Witnessing a traumatic event, intrusive thoughts, flashbacks, avoidance of certain triggers, and feelings of hopelessness. I believe these symptoms align with a diagnosis of PTSD.

Client #3

The client has just moved from New York City, she describes that her whole life was there, and she loved living there. She hates now living in Los Angeles and describes having a very difficult time adjusting. Since moving she has felt stressed and panicky. During the segment, she is tearful, and fidgeting nervously. She is seeking help, specifically in the form of medication to get relief as she describes that what she is feeling is not normal nervousness. Her mood has impacted her ability to be effective at her job, social life, and family life. She is no longer doing hobbies she once enjoyed.

Client #3 is experiencing the following symptoms: A stressful life change, impact in occupational and social functioning, and anxiety symptoms. These symptoms all fall within the, begins within 3 months of the stressful event and lasts no longer than six months, timeline. I believe that these symptoms align with a diagnosis of adjustment disorder.

Client #4

This client begins by explaining that life has not been the same since the car accident. She is tearful and has a difficult time explaining the events. It was a care accident that could have resulted in death, but no physical trauma occurred. The client states that she has not been herself since the accident, she has not been able to sleep, and has experienced flashbacks when

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experiencing triggers from the original event. When asked if she has reoccurring dreams of the accident, she became physically distressed and also agrees that she is jumpy when hearing loud noises. She still cannot drive at night. She tried once and turned her car around and stayed at home instead of enjoying dinner out at a restaurant. This has caused challenges in the client's marriage due to mood changes.

Client #4 has the following symptoms: experiencing a traumatic event, flashbacks, reliving traumatic events, emotional distress, avoiding things that remind her of the event, lack of interest in previously enjoyed activities, symptoms impact her ability to complete activities of daily life due to distress, easily triggered by reminders of the event. I believe these symptoms align with a diagnosis of PTSD.

Client #5

This client begins her session by describing how she can't leave the house. She is fidgety and resistant to talking to the psychiatrist. She explains that she does not like the room as she does not feel safe. She feels like she could not get out of the space if the psychiatrist should decide to block the door. She is afraid to be alone. It is revealed the client is a victim of sexual assault. Though the perpetrator is jailed, she sees him everywhere. She is very tearful and fidgety. She describes being unable to sleep as she has nightmares and flashbacks where she remembers every detail of the assault. In these times, she cannot breathe. She cannot function and has lost the ability to complete many daily tasks. The impact of the event has resulted in factors that cause distress in the relationship, such as the client's ability to be sexual. Sex is described as a trigger that brings back flashbacks of the event. She is also no longer able to do things that she once enjoyed, even things as simple as working.

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Client #5 has the following symptoms: Experiencing a traumatic event, intrusion symptoms (flashbacks and nightmares that are continuous), avoidance of stimuli associated with the event, and isolation, alterations in mood, alterations in arousal and reactivity. Due to these symptoms, I believe that what this client is experiencing aligns with a diagnosis of PTSD.

Client #6

This client is in the military and explains that he has come to talk about some personal concerns that he has. He begins by stating that he loves his country, and the men and women in his unit. He explains that he was assigned to a project building a school and he became close to the kids in the area. The names of the kids remind him of the same Arabic names as the kids and people in his own family. He is concerned that he would not be able to engage in active combat if needed, as the individuals remind him too much as his family. He would even go as far as to prevent his unit buddies from shooting people in the region as they are Arabic, same ethnicity as him. He feels he cannot talk with his fellow unit soldiers about his feelings. He has not experienced a traumatic event.

Client #6 is adjusting to being a soldier in what I assume in the Middle East. He is experiencing the following symptoms: Onset within 3-months of the event, significant impairment in occupational areas of functioning, and the stress-related disturbance does not meet criteria for another mental disorder. I believe that these symptoms align with a diagnosis of an Adjustment Disorder.