

Scenarios & Case Studies

Scenario 1

An intervention has just been done on this 45 year old Dr. He/she has been given the option of termination and being reported to the police for diversion of narcotics “a criminal action” or taking leave time and going to treatment. The Dr. chose the latter. He/she is escorted to the treatment facility at which you are doing the screening /intake process. The Dr. is; distraught, very angry, cursing, talking about his/her career being over, wanting to just check out, won't allow his/her family to be called.

Scenario 2

You are a crisis counselor, working the phone lines at a local mental health facility. You receive a call at 2 AM from someone who sounds as if they could be inebriated, but they are crying so hard that it is hard to tell. The person repeatedly says that their life is out of control because of their addiction to cocaine and that they desperately want help. They sound fearful. Paranoid and are generally having a hard time tracking, responding to questions.

Scenario 3

You are working in a school system as a crisis counselor. 15 year old Abby comes to you looking disheveled and unkempt, will not make eye contact, sits with her arms wrapped tightly around her abdomen, and periodically cries and moans. You manage to get her to tell you that she thinks she is pregnant, that she is having some pain, and that she's scared to go home. She also says that she just took a bunch of pills and that she really needs a hit.

Scenario 4

You are a crisis counselor in an assessment/referral facility. Part of your job is to go to the jail when necessary and do mental status exams and drug and alcohol assessments as needed. You are called to see a 50 years old client who has just received his 3rd DWI in the last 2 months. He is probably looking at another prison sentence because of this repeat-offended status. He was imprisoned 10 years ago for a 2 year sentence, for DWI and vehicular manslaughter. He completed a SAFP program just 3 months ago for DWI's. He states that he would rather die than return to prison or go through another SAFP program. He is on Suicide Watch. He has been verbally and physically abusive to the police, the jail personnel, and used his one phone call to call his mother and demanded that she find the money to get him out.

Scenario 5

You are a crisis counselor in an assessment/referral facility. A 16 year old male is brought in by the police for MSE and CD assessment because of yet another violent act in his school – he threatened a teacher & trashed her office after he was reprimanded for falling asleep in class. An odor of alcohol, possibly an inhalant of some sort was detected on his person. He has had repeated episodes of truancy, violence and being kicked off the school bus for violent outbursts. He has been put in an alternative school 2X. Some of his history: lives with his Dad who is an alcohol abuser, but has never had a DWI. CPS has been called several times because of possible neglect, putting the child in possibly harmful situations in bars, at home alone etc, driving his Dad home from bars. His Mom abandoned the family 2 years ago, has an amphetamine use and selling history, and some prostitution and hot check charges. The 16 years old is hostile, walks in & kicks a chair across the room, and throws himself down on the couch

Case study: 232278122

Lisa is 30 yrs old, married woman and mother of 4 children. She has various worries for years but has never before sought professional help. During the past three months she has become increasingly unhappy to the degree that her family physician finally suggested she seek psychological help. For a number of months Lisa has been experiencing intrusive, repetitive thoughts which centered around her children's safety. She frequently imagined that various, serious accidents have occurred and could not put these thoughts out of her mind. For example, on one occasion she imagined that her son had a broken leg playing football at school and called school to see if he was all right. Even after learning that he was fine, she admitted being somewhat surprised when he arrived home unharmed. Specific numbers have come to have special meanings for Lisa and her preoccupation with them was beginning to interfere with her daily routine. While shopping she worried if she selected the first box of cereal off the shelf, something terrible would happen to her eldest child but if she selected the second box, the next eldest child would be harmed, and so on. If she drank one cup of coffee she found she had to drink four and similarly, she had to smoke four cigarettes in a row to protect her children. Her fears appeared to be valid as it seemed that, if she failed to protect the children in this way, some sort of problem or accident almost always happened to one of the children within a few days. In addition, Lisa reported dissatisfaction with both her marriage and problems in managing her children. Although her husband Tony was only 32 yrs old, he suffered a severe heart attack that made even normal physical exertion potentially dangerous for him. He had to leave his job and stay home. He relied upon Lisa and his kids for almost everything including bringing him a drink from the refrigerator. Children are out of control. They didn't respond well to parental discipline which was generally inconsistent. Lisa was the eldest of 4 children and was raised in NYC. A religious catholic but soon stopped going to church after services were done in English instead of Latin and when eating meat on Fridays was allowed. She witnessed a friend's baby getting run over by a bike and had thoughts of committing suicide but prayed to God to take those bad thoughts away.

Case study: 1259800001

Mary is a 23 year old married white female with two children, ages 5 and 8. She was sent to the psychiatrist office by her family physician because about two times a week she would wake up around four or five in the morning and feel as if she had a bad case of insomnia but could not bring herself to get out of bed. About 1 or 2 hours later she would feel as if she had taken some type of drug. She reported feelings of extreme depersonalization and visual hallucination. (E.g., neon Indians walking down the hallway.) She also complained that she was very depressed most of the time and that she had a hard time going to work. She said when she was there she would experience high levels of anxiety. She also pointed out that she felt funny but that she could not explain these feelings. In conducting a thorough history, the psychiatrist discovered that Mary suffered from panic attacks but she said these feelings were different. He also discovered she had been hospitalized for schizophrenia many times. It was also discovered that he had undergone electro convulsive therapy and sleep treatments (scopes). He ordered an MRI which came back negative and he also had Mary get an EEG. The EEG was normal but it was noted that the beta waves were abnormal.

Case study: 3898000001

Mike is a 33 year old divorced white male with two children he rarely ever sees, ages 8 and 10. He has never been seen by a psychiatrist. His family physician has tried to get him to see a local psychiatrist but Mike refuses to go. Mike says he knows someone has removed his brain and replaced it with someone else's. He believes that this brain is controlling him and that he is not responsible for his actions. He works everyday and has been on his current job for 15 years. He says he has lots of friends but sometimes he thinks its one of them who did this to him. He has a college education and has a degree in computer science. His family physician ordered an MRI which came back negative and he also had an EEG. The EEG came back normal.

Case study: 1259800045

Gary is 55, divorced the only woman he was ever with 20 years ago, dated scarcely and without physical relationship, raised 3 children alone after traumatic abandonment by wife/mother after 16 years of marriage. Very little has changed in 20 years, as though his life is frozen in time. Whenever change is threatened, he becomes very anxious, always holding out suicide as his way out if cornered or overwhelmed.

Gary has lived all his life on property in his family since 1800s, worked at the same job 35 years, driven same car more than 20 years, and lives in the same manufactured home he lived in with his wife. Inside his home, cob webs cover back of living room and dining room. Showers/bathrooms, and kitchen have not been cleaned since one of the children did it years ago. Gary uses the same towels and washcloths for twenty years, now rags. Gary never goes to a doctor, dentist, or psychiatrist, and refused any help. While providing extravagantly in a material way for his children, Gary lives off frozen meal entrees, one or two per day, and wears the same clothes for all these years. He won't accept gifts or help.

As a child, Gary was the youngest of six. He was unwanted, and often speaks of wishing they would have "made him an abortion, like they considered to do." He had one brother and all the others sisters. He talks about being "in the way" all the time. He spent his time roaming fields, with few if any friends. Still he has no close relationships, and confides only in one of his sisters, who obviously attempts to translate her own opinions into him. He has contradicting thoughts, some of the way he would like to live, and some, dominant ones, about how he "should" live, by what principles and standards.

Gary does not, has not, will not expose himself to pornography, violence, abusive speech, or drugs. He is pristine. He keeps himself physically clean and presentable, but spends nearly all his non-work hours at home in a chair watching TV or reading to "escape," he says. He attends church on occasion when heavily prompted by, and accompanied by, a few members of his family. He is afraid of "connections;" relationships. He fears the elders in his church so much, that he parks his car near the entrance and leaves as soon as possible.

One more thing. Gary seems unable to be assertive or aggression, being polite and passive all the time.

Case study: 2345622001

Bill is a 52 year old male. He is married for the second time, and has three stepchildren, to whom he is very close. He also deeply cares about his second wife, Angela. He had a tumultuous first marriage with a wife who was verbally and physically abusive. This abuse carried on for eight years until he summoned up the courage to telephone her at home one day while he was in the safe confines of work. Larry worked at his previous job for 22 years before the company moved out of the area. He is now working at another job where he has been employed for more than five years. He goes through seasons of sadness and anxiety that the children are leaving him and that they will forget all about him. As they grow older, he is more and more agitated. He is currently being treated for depression with Celexa. In the past he has been on Prozac which almost destroyed him by making him want to end it all. When he was going through the divorce, he was on Ativan which proved to be counter productive in making him more anxious. He has more concern for his eldest daughter and when she is abandoning him than he does anyone else. He can be very aggressive if he feels that she is sidelining him for her boyfriend or if he believes that the boyfriend has verbally put him down by what his daughter might say or do. He will telephone the boyfriend and launch into a tirade about splitting up the family. This usually results in the boyfriend splitting up with his daughter. Lately, he has been stabilized with the Celexa.

Case study: 7778322011

At age 20, Amy is the youngest of four children. Her sister Anne is 22, and her other sister Linda is 24. Bart is 26. Although Bart has been friendly with Amy, they have not been close as Bart spent most of his time as a child with other neighborhood boys and male cousins. Linda and Anne did not get along with each other. Often they would fight for their mother's affection by telling lies about each other or show how they could help their mother. Sometimes, they would try to enlist Amy to be on their side by being nice to her and flattering her. However, when she would borrow their clothes without asking, Anne would yell at and occasionally hit her. Linda would tolerate this behavior. Amy would then cry to her mother about Anne; then her mother would discipline Anne. Her mother stayed at home with the children until Amy was 13. Then she returned to work as a secretary at a local business. When at home, her mother tried hard to spend time with each of her children. When Anne and Linda would take Amy to their sporting events. She notices that Amy tried to do as well at sports as her sisters and often she struggled with math at school. Also, Amy lost interest in sports around the time she entered ninth grade. Sometimes Amy's mother would worry about Amy's moping and sullenness.

Amy's father owned a hardware store. Because it was busiest on Saturday, Amy rarely saw him then. During the week when the store closed at 9:00p.m., her father didn't get home until 9:30. Often her father would joke with her and treat her differently than the others. He was pleased that she didn't seem to be in trouble. When she was a child, he would tell her stories and play games with her and her stuffed animals. When she entered high school, he would talk to her about school work and tell her amusing incidents that happened at work. Although Amy enjoyed his attention and interest, it never

seemed enough. She worried about whether her school work would please him. Sometimes she would work at the hardware store because she knew he appreciated that even though she didn't particularly enjoy it. She kept busy both in and out of school, in part to earn money, but also to prove that she could be successful.

Amy is depressed and does not feel that her life is going well. She sees other women as being more attractive, more interesting, and brighter. She does not have a boyfriend and is upset that her friends spend too much time with their boyfriends. She feels that her professors do not make her courses interesting enough and that they make the courses too difficult.

Case study: 2322278311

Terri is a 45 year old housewife, caregiver, mother and business woman. Terri always felt that perhaps she was not as good as other people were, therefore she kept to herself mostly, and avoided most all social interactions. She's been married for the past ten years to a wonderful man and she also has become the caregiver of her 84 year old mother, who had Alzheimer's Disease, by moving the mother into her own home. Terri's 23 year old daughter lives next door with Terri's three year old granddaughter, who spends a lot of time at her Grandma's home. Terri also works from home by maintaining and designing web sites for businesses and also by her Ebay business that she runs, all from her pc at home.

Terri has had problems with her blood pressure going high at times and has been treated for this and for depression. About a year ago, Terri became very depressed and cried a lot about almost anything at any time. That was when the doctor prescribed Celexa for her. She ended up going off of it because of the sleep interruptions and the drowsiness and crabbiness during the days. With Celexa, she found herself in a don't care mood most the time and her work suffered from this. A few weeks ago, the depression got very worse, Terri cried and slept every free moment just trying to escape the sadness. If she wasn't sad, she was extremely angry with most everyone for various reasons. At times she would think of how other people were mistreating her and doing her wrong. She thought the world was unfair and rude and she began to react by withdrawing even more into her own shell.

A few days ago, Terri's blood pressure was checked by a health nurse and found to be at 156 over 104. The next morning, Terri checked into the doctor's office to get her blood pressure pills re-prescribed. When she told him that she had discontinued the Celexa, he questioned her about the reasons for this. After asking her if she had experienced any outstanding experiences lately, such as being promiscuous or wild rides in her car, Terri looked at him blankly and said she had not. She did admit to having started many, many projects and not completing any of them due to lack of continuing interest. She also confessed to having many mood swings, such as extremely angry, sad, happy or mainly extremely depressed most of the time. The doctor told her he believes her to have a Bipolar disorder and that he recommends she visit a psychiatrist. Terri felt insulted and questioned him about this. He then announced that perhaps they could just try medication first and see if it helps. He prescribed Wellbutrin for her and she has been on it for the past 4 days now.

Terri has experienced some stimulation from the new medication such as more energy, but then a crashing down to tears and depression, and then anger again. Terri wonders if she is going to get better and if the medication is adding to her problems. Today is the fourth day though, and she is feeling better and not being depressed much today. Just a little tired. Quite a giant switch from yesterday, when she woke up and requested to go fishing in the rain, or to another town for the day, or downtown to visit every coffee shop in the area, or just to go anywhere different for awhile. Her husband refused to ok any of this. Terri ended up crying most of the day and feeling anger mixed in with the depression so bad that she cleaned her bedroom and threw out many of her own clothes. She felt a driving need to burn off the anger. Afterwards, she did not talk very much at all and refused to eat also. By the evening, she just felt resigned and tired. But then in late evening, she decided to go miles out of the way to eat at a fish camp and take her mom along. Her husband agreed to this. Afterwards, she decided to visit her sister whom she has not corresponded with for over three years. She later came home in a happier mood and slept well.

Terri has called her mother's caseworker and her mother will be trying a trial stay at the nursing home soon, in order for Terri to get some rest. She may then decide to leave her mother there if it works out. She wishes she had told the doctor of her other phobias also. She is afraid to drive the car and go anywhere alone in it. She refuses to meet strangers to discuss business and has suffered financially from this. She even has a problem talking to strangers over the telephone.