Applied Case Study #3 Robin

Guido Margiotta

University of Western States

COUN 6145/8145

Professor Clay

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UNIVERSITY of Western States

College of Graduate Studies
Clinical Mental Health Counseling

COUN 6145_8145
Applied Case Study #3b Template

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*ASSIGNMENT PART I – **Mental Health Assessment***

Client: Robin **Age:** 53
Referral Source: **Counselor/Consultant:** [Guido Margiotta]

Assessment Date:

Date Report Completed:

Data Utilized: Identify all sources of data used to complete this template. Suggest at least three new sources of data you would use if Robin were an actual client and why you would use them.

The data sources used to complete this template are the initial case study information with information on the presenting problem. Barlow et al. (2018) consult how to proceed with the assignment and further insights into the case. DSM-5-TR will use to consult the diagnostic of the presenting problem. Also research on the topic of co-occuring disorders pertaining, PTSD schizophrenic disorder, substance-induced psychotic disorder was done to understand the client's process and any possible information that can help understand the case better. Also, the ICD-10 classification of mental and behavioral disorders was revised to help.

There is need for more information of her family history, past mental health visits, and personal background that could make major changes in the diagnostic impression.

NOTE TO READER: THE FOLLOWING REPORT IS AN EXAMPLE OF A WRITTEN MENTAL HEALTH ASSESSMENT. THE INFORMATION PRESENTED IS A MOCK CLNICAL SITUATION FOR THE PURPOSES OF LEARNING AND TEACHING AND DOES NOT REPRESENT AN ACTUAL CLIENT.

Presenting Problem (as reported by client or legal guardian):

Robin is a 53-year-old transwoman and OEF/OIF Veteran. She presents for counseling because she has to, as the military makes her attend it. She has received disability payments for her 100% service connection for the past 20 years. She has not worked since she began her disability payments. She emphazises that if she would not attend the mental health appointment she would not receive her financial benefits. Finally, she reports she does not go out of her house and that she does not trust anyone.

Diagnosis

Diagnostic Impression

Posttraumatic Stress Disorder (F43.10) with depersonalization.

Co-occurrence

Cannabis-Induced Psychotic Disorder (F12.259)

Gender Dysphoria (F64.0) Posttransition

Rule outs

Paranoid Personality Disorder (F60.0)

Depersonalization/Derealization Disorder (F48.1)

Diagnostic Criteria

Posttraumatic Stress Disorder (F43.10) with depersonalization.

Robin diagnostic impression for Posttraumatic Stress Disorder (F43.10) with depersonalization, was based on the following symptoms.

- Exposure to war (Criteria A1, directly experiencing the traumatic event)
- Expresses symptoms of extreme alertness (darting around the office, sits next to door), resembling an aspect of war (Criteria B3.B5)
- Even though it is not explicit, the use of cannabis to calm her down, would match criterion C of avoidance or efforts to avoid distressing memories, thoughts, or feelings.
- She mentions that “no one can be trusted”(Criteria D.2)
- Expresses feelings of detachment or estrangement from others (Criteria D.6) comments about how her family disowned her, being alone, and not even trusting her few acquaintances from her local Pride organization.
- She also fulfills Criteria E exhibiting symptoms of hypervigilance and sleep disturbance.
- She also fulfills Criterion F, as her behavior has been for more than one month.
- She fullfils criterion G, as she is impaired in social, occupational, and other vital areas of functioning.
- Furthermore, many of the symptoms cannot be attributed to the effects of a substance (Criteria H).
- Finally, her gender transition could qualify for the specification with Depersonalization.

Co-occurent disorders

Cannabis-Induced Psychotic Disorder (F12.259) With onset during intoxication. This disorder may develop shortly after high-dose cannabis and usually involves persecutory delusions, marked anxiety, emotional lability, and depersonalization. (APA, 2022)

Rule outs

Paranoid Personality Disorder (F60.0)

Even though she does fulfill criteria A.2, as she does not trust anybody, there is insufficient information to satisfy another criterion.

Depersonalization/Derealization Disorder (F48.1)

The disturbance is better explained by posttraumatic stress disorder.

Demographic Background

Robin is a 53 year-old transwoman and OEF/OIF Veteran. Has been receiving disability payments for her 100% service connection for the past 20 years, previous career was as a night UPS warehouse worker. Lives alone in a small apartment. She never married and does not have any children. Her family disowned and shunned her when she transitioned.

Mental Health History (Client & Family)

There is no information about this topic.

Mental Status Examination

Robin accounts with several descriptors that could lead into several co-occurring disorders.

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criterion C of avoidance or efforts to avoid distressing memories, thoughts, or feelings.

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- She also fulfills Criteria E exhibiting symptoms of hypervigilance and sleep disturbance.
- She also fulfills Criterion F, as her behavior has been for more than one month.
- She fullfils criterion G, as she is impaired in social, occupational, and other vital areas of functioning.
- Furthermore, many of the symptoms cannot be attributed to the effects of a substance (Criteria H).
- Finally, her gender transition could qualify for the specification with Depersonalization.

Her behavior, appeareance, affect, and psychomotor function also lead to the possibility of other co-occuring dirorders.

She mentions that uses Cannabis thorughout the day because is the only thing that calms her down. This could lead to Cannabis-Induced Psychotic Disorder (F12.259) With onset during intoxication. This disorder may develop shortly after high-dose cannabis and usually involves persecutory delusions, marked anxiety, emotional lability, and depersonalization. (APA, 2022). She is shares she does not trust anybody, she could not survive with his “baby” animals, and that she can take care of anyone who threatens her. From answering yes or no questions, she switches to a sustained and intense eye contact to which she follows with “I have to protect myself” and pulls an OTF switchable out of her Chanel bag. mood is described as fine, with an incungruent and blunted affectThe emotional lability could also be associated to the PTSD, nonethless it is a

characteristic of the Cannabis-Induced Psychotic Disorder.

Finally her, gender transition qualifies for Gender Dysphoria (F64.0) Posttransition.

Possible Co-Occuring disorders

It can also be taken in consideration a possibility for Tobacco Use Disorder (Z72.0) (I could only spot one criteria) as a great deal of time is spent in activities necessary to use tobacco (two packs a day). Also with the use of tobacco is a descriptor development for Schizophrenia with her persecutory dilosions, and negative symptoms. However we are not aware of the onset of the symptoms, and it is best explain by a substance-induced disorder.

Medical History (past medical problems, current medical problems):

There is no information about this.

Medications (dosage, frequency, prescribing physician):

There is no information about this.

Substance Use & Abuse History (Individual & Family)

She mentions that uses Cannabis thorughout the day because is the only thing that calms her down.

Family & Relationship History

She reports she was never married, few aquantancies that barely trust, and a family that disowned her because of her gender transition.

Developmental History

There is no information about this.

Trauma History

She is a OEF/OIF Veteran. And potential harrasment given her protectiveness towards anybody

who threatens her.

Social/Cultural

She mentions her local Pride organization, and her birds, rats, dogs, and cats as her support system.

Legal

There is no information about this.

Special Needs

Given her drug abuse, I would assume that the expert will think of a rehabilitation program, and a PTSD plan.

Guido Margiotta

Date the report

06/18/2023

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*ASSIGNMENT PART II – **Application***

INTERVENTION PLAN

Client: Robin **Age: 53**

CMPC [Guido Margiotta]: **Plan Date: 06/18/23**

Presenting Problem

Robin expresses symptoms of PTSD, and the use of Cannabis thoughtout the whole day to calm her down.

Assessment

Posttraumatic Stress Disorder (F43.10) with depersonalization. Gender Dysphoria (F64.0) Posttransition. Cannabis-Induced Psychotic Disorder (F12.259)

Assessment	Goal	Intervention
The client is using high doses of cannabis, as she mentions she uses it throughout the whole day because is the only thing that calms her down. Here one can identify she is suppressing a stressor with substance abuse.	Be able to cope with routine life stressors and take things in stride	I would encourage Robin to begin exercising 20-30 minutes per day. I would help Robin by helping her find motivation as exercising will certainly calm her down releasing her agitation. I would help her in building a routine that suits her.
Cannabis use	To shift her focus of interest or need to use cannabis.	Foster two new activities/interests that will help mitigate stress. Perhaps she could find interest in a sport like tennis, where one has to put the focus on a moving object, and has a simple task at hand. Or playing an instrument or just listening to music.

PTSD	Explore and resolve issues related to the war	I would be referring to a CMHC

Client Signature: _____ Date:

CMPC Signature: Guido Margiotta Date: 06/18/2023

References

American Psychiatric Association. (2022). Desk reference to the diagnostic criteria from DSM-5-TR. American Psychiatric Publishing.

Barlow, D. H., Durand, V. M., & Hofmann, S. G. (2018). Abnormal psychology: An integrative approach (8th ed.). Cengage.