**Trauma- and Stressor-Related Disorders**

**Practice Case Studies**

**June, 2016**

**Thomas A. Fonseca, Ph.D., LPC-S, LMFT-SC, NCSC, NCC**

**Associate Professor**

**Department of Counseling and Behavioral Studies**

**University of Holy Cross, New Orleans**

**Directions:**

**1st Read the case study.**

**2nd Render a complete diagnosis.**

Note: Since October 1st, 2015,

we no longer include the ICD-9 codes when diagnosing.

Here is the correct order of a complete diagnosis…

1. (ICD-10 Code)

*In the DSM-5, ICD-10 codes are enclosed by parentheses*

*and typed in grey font.*

1. The complete spelling of the disorder.
2. Include all applicable specifiers.

**Case #1 – Ronnie Bourgeois**

 Ronnie Bourgeois is a 7 year old 1st grader in Ms. Smith’s class. Ms. Smith reports to you, the school counselor that Ronnie gets up in the middle of class and walks to the back of the room. He sits with his back to the class and ignores the teacher and all other students in the class. Ms. Smith says Ronnie does this whenever she groups all of the children on the carpet together. She is also worried because he becomes angry at the smallest thing. She reports that Ronnie has picked up chairs and thrown them, and also screams very loudly for what appears to be no reason. On a few occasions, he started crying and Ms. Smith tried to comfort him by rubbing his back, but Ronnie shrugged her off. Ms. Smith said when Ronnie acts out or cries, she feels like if she tries to calm or console him it only makes things worse. Sometimes when he cries he rocks back and forth and holds his knees. Ms. Smith reports that rocking seems to calm him down, but if she enters his space he will become upset again.

Upon speaking to Ms. Smith you call in Ronnie’s grandmother to talk. Ronnie’s grandmother explains that she has been worried about Ronnie since she first started taking care of him, when he was 4. She says Ronnie’s mother was a prostitute, and when he was a baby, she would leave him in his crib all night alone as she went out to work. DCFS found him in his crib at two years old malnourished, and neglected, and took him from his mother. He lived with an aunt for a short time, but she could not deal with all of his issues. He came to live with his grandmother when he was 4 years old. She takes care of 7 other grandchildren in her house and states that Ronnie is the most troubled. His grandmother reports Ronnie needs his space when he becomes angry or upset, and that she tries everything to calm him but nothing works. She states that with her other grandchildren she rocks them in her arms or hugs them when they cry, but Ronnie won’t allow her to even get close to him, even when he was a baby. She has taken him to her pediatrician and had him tested for Autism, but they found he was not on the spectrum.

**DSM 5 Diagnosis**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case #1 – Ronnie Bourgeois (Diagnosed)**

**(See DSM-5, pp. 265-266 for Criteria)**

 Ronnie Bourgeois is a 7 year old 1st grader in Ms. Smith’s class. Ms. Smith reports to you, the school counselor that Ronnie gets up in the middle of class and walks to the back of the room. He sits with his back to the class and ignores the teacher and all other students in the class. Ms. Smith says Ronnie does this whenever she groups all of the children on the carpet together. She is also worried because he becomes angry at the smallest thing. She reports that Ronnie has picked up chairs and thrown them, and also screams very loudly for what appears to be no reason. On a few occasions, he started crying and Ms. Smith tried to comfort him by rubbing his back, but Ronnie shrugged her off. Ms. Smith said when Ronnie acts out or cries, she feels like if she tries to calm or console him it only makes things worse. Sometimes when he cries he rocks back and forth and holds his knees. Ms. Smith reports that rocking seems to calm him down, but if she enters his space he will become upset again.

Upon speaking to Ms. Smith you call in Ronnie’s grandmother to talk. Ronnie’s grandmother explains that she has been worried about Ronnie since she first started taking care of him, when he was 4. She says Ronnie’s mother was a prostitute, and when he was a baby, she would leave him in his crib all night alone as she went out to work. DCFS found him in his crib at two years old malnourished, and neglected, and took him from his mother. He lived with an aunt for a short time, but she could not deal with all of his issues. He came to live with his grandmother when he was 4 years old. She takes care of 7 other grandchildren in her house and states that Ronnie is the most troubled. His grandmother reports Ronnie needs his space when he becomes angry or upset, and that she tries everything to calm him but nothing works. She states that with her other grandchildren she rocks them in her arms or hugs them when they cry, but Ronnie won’t allow her to even get close to him, even when he was a baby. She has taken him to her pediatrician and had him tested for Autism, but they found he was not on the spectrum.

**DSM 5 Diagnosis**

(F94.1)

Reactive Attachment Disorder

Persistent

Severe

**Case #2 – Amy Thibodeaux**

Amy Thibodeaux has come to counseling because she reports she has been depressed for a few months now. Amy used to spend every Friday and Saturday night out with friends. She said every Friday you could find her out with friends at Nick’s bar. Lately she can’t bring herself to go meet her friends out. They call and text her on Friday and beg her to come but she says even just the thought of going makes her anxious. The last time she went to the bar she started to have heart palpations and was very jumpy. She said she could not enjoy being out with friends because she felt so bad. She reports going out with friends is not enjoyable anymore.

 You ask Amy when all of this started, can she pinpoint a time when she felt like she did not want to go out with her friends anymore. Amy says she can remember exactly when, it was 5 months ago. On a usual Friday night she was sitting in the window at Nick’s bar and she saw a motorcycle flying down the street, all of a sudden a car pulled out and hit the person on the motorcycle. Amy and her friends ran out to the street to help, but the motorcyclist was dead. Amy says she doesn’t remember what happened after that. She cannot tell you how she got home, or if the police came, or anything. She just remembers waking up the next day and being sad. Since that time Amy has not wanted to go back to the bar. Also, Amy says she has not drank since then, is not using any drugs, does not take medications, and has recently had a medical exam, which yielded a clean bill of health.

 When she finally tried to go back to the bar one night she felt sick the whole time. She also says she feels alone a lot. She doesn’t understand why everyone else was able to just move on like nothing happened and she is having such a hard time.

 Amy feels like her friends don’t understand and think she is just being dramatic. She reports she has nightmares about the dead body, and every time she hears a motorcycle drive by on the street she goes into a panic and jumps. She can’t watch the motorcycle and has to close her eyes until the noise passes. This is making it impossible for Amy to drive. Amy says she tried to drive once and had to pull over when a motorcycle was on the interstate. Amy says that she has been having these feelings ever since the accident. She doesn’t know how to get back to normal.

**DSM 5 Diagnosis**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case #2 - Amy Thibodeaux (Diagnosed)**

**(See DSM-5, pp. 271-273 for Criteria)**

 Amy Thibodeaux has come to counseling because she reports she has been depressed for a few months now. Amy used to spend every Friday and Saturday night out with friends. She said every Friday you could find her out with friends at Nick’s bar. Lately she can’t bring herself to go meet her friends out. They call and text her on Friday and beg her to come but she says even just the thought of going makes her anxious. The last time she went to the bar she started to have heart palpations and was very jumpy. She said she could not enjoy being out with friends because she felt so bad. She reports going out with friends is not enjoyable anymore.

 You ask Amy when all of this started, can she pinpoint a time when she felt like she did not want to go out with her friends anymore. Amy says she can remember exactly when, it was 5 months ago. On a usual Friday night she was sitting in the window at Nick’s bar and she saw a motorcycle flying down the street, all of a sudden a car pulled out and hit the person on the motorcycle. Amy and her friends ran out to the street to help, but the motorcyclist was dead. Amy says she doesn’t remember what happened after that. She cannot tell you how she got home, or if the police came, or anything. She just remembers waking up the next day and being sad. Since that time Amy has not wanted to go back to the bar. Also, Amy says she has not drank since then, is not using any drugs, does not take medications, and has recently had a medical exam, which yielded a clean bill of health.

 When she finally tried to go back to the bar one night she felt sick the whole time. She also says she feels alone a lot. She doesn’t understand why everyone else was able to just move on like nothing happened and she is having such a hard time.

 Amy feels like her friends don’t understand and think she is just being dramatic. She reports she has nightmares about the dead body, and every time she hears a motorcycle drive by on the street she goes into a panic and jumps. She can’t watch the motorcycle and has to close her eyes until the noise passes. This is making it impossible for Amy to drive. Amy says she tried to drive once and had to pull over when a motorcycle was on the interstate. Amy says that she has been having these feelings ever since the accident. She doesn’t know how to get back to normal.

**DSM 5 Diagnosis**

(F43.10)

Posttraumatic Stress Disorder

**Case #3 - Tyler Bennett**

Tyler Bennett is a 14 year old 9th grader. Tyler attended a small private school from k-8th grade. On August 1st, Tyler started high school at a public school. His mother has brought him to counseling because he has been suspended from school twice already since starting high school. Tyler’s mom reports that he has never been in trouble before at school, and this is all new. The school is requiring him to seek counseling with you before they proceed with expulsion. She doesn’t understand what is happening and she is worried because he seems to be sad a lot at home.

 Tyler states that he loved being at his small private school. There were only 26 kids in his grade, and now there are 350. He says it is hard to make friends, and to get noticed at school. He finds that if he makes fun of his teachers kids laugh and start to talk to him. This only lasted for a few days and so now he needs to do bigger things to get the kids to laugh. Last week he threw water on the teacher. The teacher was slightly irritated and Tyler was suspended from school.

 Tyler wishes he could go back to his old school, and reports that he cries himself to sleep most nights. He feels like his mom doesn’t understand this is the only way he can make friends.

He does not have a history of mental disorders. A psychologist was consulted to administer a battery of assessments which indicated that he had no other mental diagnosis that could account for his behavior and emotional distress.

 You have been seeing Tyler since September 1st. Today’s date is December 1st and Tyler is in your office for a follow-up visit and updated diagnosis requested by the school.

**DSM 5 Diagnosis**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case #3 - Tyler Bennett (Diagnosed)**

**(See DSM-5, pp. 286-287 for Criteria)**

Tyler Bennett is a 14 year old 9th grader. Tyler attended a small private school from k-8th grade. Two months ago Tyler started high school at a public school. His mother has brought him to counseling because he has been suspended from school twice already since starting high school. Tyler’s mom reports that he has never been in trouble before at school, and this is all new. The school is requiring him to seek counseling with you before they proceed with expulsion. She doesn’t understand what is happening and she is worried because he seems to be sad a lot at home.

 Tyler states that he loved being at his small private school. There were only 26 kids in his grade, and now there are 350. He says it is hard to make friends, and to get noticed at school. He finds that if he makes fun of his teachers kids laugh and start to talk to him. This only lasted for a few days and so now he needs to do bigger things to get the kids to laugh. Last week he threw water on the teacher. The teacher was slightly irritated and Tyler was suspended from school.

 Tyler wishes he could go back to his old school, and reports that he cries himself to sleep most nights. He feels like his mom doesn’t understand this is the only way he can make friends.

He does not have a history of mental disorders. A psychologist was consulted to administer a battery of assessments which indicated that he had no other mental diagnosis that could account for his behavior and emotional distress.

You have been seeing Tyler since September 1st. Today’s date is December 1st and Tyler is in your office for a follow-up visit and updated diagnosis requested by the school.

**DSM 5 Diagnosis**

(F43.25)

Adjustment Disorder

with Mixed Disturbance of Emotions and Conduct

**Case #4 – Jerry Smith**

Jerry, a six year old boy, is brought to your office by his mother, because they have been mandated to attend counseling by the Department of Children and Family Services. A few weeks ago, while Jerry and his mother were shopping at the mall, Jerry disappeared. Jerry left the mall with another family. His mother called the mall security and police, and eventually Jerry was brought back to his mother’s care. When the family was questioned they said Jerry came up to them in the food court, and started talking with them and followed them to their car. The family stated when they tried to get in the car Jerry hugged the father and would not let go. They were worried about his safety, and why he was so upset when they were leaving. They also called the police, because they thought maybe he was running away from an abusive situation.

His mother reports that she doesn’t know why he would do this. She states he doesn’t act out in any other way, and she doesn’t have any other concerns with Jerry. Jerry said he just loved that family and wanted to go with them. When separated from his mother he denied any maltreatment by her. During the session he continued to try and sit on your lap, and you had to ask him to return to the couch multiple times. When Jerry’s mother returns and Jerry is asked to leave the room she tells you that she is his adoptive mother. Jerry’s birth mother left him in an apartment a few weeks after he was born, and never returned. He was found by a neighbor in a crib crying a few days later. He moved to a few foster homes, but has been living with her since he was 4 years old. She reports Jerry has always “loved everyone”, but now at 6 years old she feels it is becoming a problem. DCFS required them to attend counseling after the incident at the mall, and she is hoping you can help her figure out why her child acts differently than others.

**DSM 5 Diagnosis**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case #4 – Jerry Smith (Diagnosed)**

**(See DSM-5, pp. 268-269 for Criteria)**

Jerry, a six year old boy, is brought to your office by his mother, because they have been mandated to attend counseling by the Department of Children and Family Services. A few weeks ago, while Jerry and his mother were shopping at the mall, Jerry disappeared. Jerry left the mall with another family. His mother called the mall security and police, and eventually Jerry was brought back to his mother’s care. When the family was questioned they said Jerry came up to them in the food court, started talking with them, and followed them to their car. The family stated when they tried to get in the car Jerry hugged the father and would not let go. They were worried about his safety, and why he was so upset when they were leaving. They also called the police, because they thought maybe he was running away from an abusive situation.

His mother reports that she doesn’t know why he would do this. She states he doesn’t act out in any other way, and she doesn’t have any other concerns with Jerry. Jerry said he just loved that family and wanted to go with them. When separated from his mother he denied any maltreatment by her. During the session he continued to try and sit on your lap, and you had to ask him to return to the couch multiple times. When Jerry’s mother returns and Jerry is asked to leave the room she tells you that she is his adoptive mother. Jerry’s birth mother left him in an apartment a few weeks after he was born, and never returned. He was found by a neighbor in a crib crying a few days later. He moved to a few foster homes, but has been living with her since he was 4 years old. She reports Jerry has always “loved everyone”, but now at 6 years old, she feels it is becoming a problem. DCFS required them to attend counseling after the incident at the mall, and she is hoping you can help her figure out why her child acts differently than others.

**DSM 5 Diagnosis**

(F94.2)

Disinhibited Social Engagement Disorder

**Case #5 – Robert Jacobs**

Robert Jacobs is a 28 year old firefighter for the city of New Orleans. He is single and does not have any children. He lives alone and is extremely dedicated to his job. He works as many hours as possible and is proud of the service that he provides. Two weeks ago, he was called to a house fire in which 2 children died in the fire. He was the one that removed the two bodies from the burning structure. He was deeply affected by the memory of the two young lives that ended that night. He cannot seem to get the memories out of his mind and they seem to pop up when he least expects. He also reports dreaming about that night blaming himself for not getting there sooner. He reports not feeling happy or care free since that night. He tries to block the memories but he cannot. He tries to engage in activities to occupy his mind but this has not been successful either. He makes a conscious effort not to pass by the site of the fire because he knows this will trigger the memories. He can fall asleep but has a difficult time staying asleep or returning to sleep if he is awakened in the middle of the night. He finds himself having a short fuse with his co-workers and his family members. He feels people try to avoid conflict with him because they are unsure about how he will react. He is ill at ease and feels the need to always be aware of what is going on, he says he can never relax. He has not been dating and avoids most social activities. His captain told him he thinks Robert needs to seek a medical opinion and maybe needs to be seen by a counselor for a while.

 Robert reports that he has no history of mental illness or disorders, not currently taking medications, drugs, or using alcohol. He also reports that he has no medical conditions he is aware of and received no injury in the fire.

 Robert agrees that he needs some sort of intervention. He has responded to numerous fires and does not understand why this one has him so unsettled. He is hopeful that with the help of medication and counseling he can feel like his old self and start to enjoy life again.

**DSM 5 Diagnosis**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case #5 – Robert Jacobs (Diagnosed)**

**(See DSM-5, pp. 280-281 for Criteria)**

Robert Jacobs is a 28 year old firefighter for the city of New Orleans. He is single and does not have any children. He lives alone and is extremely dedicated to his job. He works as many hours as possible and is proud of the service that he provides. Two weeks ago, he was called to a house fire in which 2 children died in the fire. He was the one that removed the two bodies from the burning structure. He was deeply affected by the memory of the two young lives that ended that night. He cannot seem to get the memories out of his mind and they seem to pop up when he least expects. He also reports dreaming about that night blaming himself for not getting there sooner. He reports not feeling happy or care free since that night. He tries to block the memories but he cannot. He tries to engage in activities to occupy his mind but this has not been successful either. He makes a conscious effort not to pass by the site of the fire because he knows this will trigger the memories. He can fall asleep but has a difficult time staying asleep or returning to sleep if he is awakened in the middle of the night. He finds himself having a short fuse with his co-workers and his family members. He feels people try to avoid conflict with him because they are unsure about how he will react. He is ill at ease and feels the need to always be aware of what is going on, he says he can never relax. He has not been dating and avoids most social activities. His captain told him he thinks Robert needs to seek a medical opinion and maybe needs to be seen by a counselor for a while.

 Robert reports that he has no history of mental illness or disorders, not currently taking medications, drugs, or using alcohol. He also reports that he has no medical conditions he is aware of and received no injury in the fire.

 Robert agrees that he needs some sort of intervention. He has responded to numerous fires and does not understand why this one has him so unsettled. He is hopeful that with the help of medication and counseling he can feel like his old self and start to enjoy life again.

**DSM 5 Diagnosis**

(F43.0)

Acute Stress Disorder

**General Disclaimer**

Names, characters, businesses, places, events, and incidents are either the products of the author’s imagination or used in a fictitious manner. Any resemblance to actual persons, living or dead, or actual events is purely coincidental. Full names have been used throughout all 5 case studies to remind readers that they are diagnosing individuals and not assigning labels.