

Identifying Information

Client Name: Maggie Weinzapfel
Age: 26 years old
Ethnicity: Caucasian
Marital Status: Single

Intake Information

Maggie, a 26-year-old Caucasian female, contacted the Family Guidance Center after breaking up with her fiancé, whom she had been dating for the last 4 years. Maggie is a mechanical engineer at a fiber optics corporation in a small Southern town. She makes a good salary, owns her home, and recently bought a new car. Maggie moved from the large, metropolitan area in the Northeast where she had met her boyfriend to this rather small Southern town approximately 1 year ago when she procured her present job. Her parents and siblings also live in the Northeast. Maggie has two sisters, both in their 20s, and two teenage brothers who still live with their parents.

When Maggie called the clinic, she stated that she desperately needed to talk with someone as soon as possible. The intake worker wrote in her notes that the client “sounded panicky” when making an appointment to see a counselor. You are scheduled to see Maggie the day after she called.

Intake Interview

You meet Maggie in the waiting room at the agency. Maggie appears very disheveled. Her baggy pants and sweatshirt are wrinkled, and it looks as if she forgot to brush her long, wavy hair. She is pacing slowly back and forth and appears to be staring at her feet. She runs her hands through her hair continuously and looks generally distressed. Every now and then, she sighs deeply and shakes her head as if responding to some internal dialogue. You greet Maggie in the waiting room by introducing yourself and shaking her hand, which feels sweaty and limp. As you and Maggie walk down the hall to your office, Maggie bursts into tears and says, “Oh, I’m so embarrassed; I don’t know what I’m doing here.” As you and Maggie enter your office,

you reassure Maggie that it’s safe for her to express her feelings with you, offer her a chair, and provide her with a box of tissues.

You begin by gently asking Maggie where she would like to start. Maggie states that she broke off her engagement with her boyfriend, Leonardo, approximately 6 weeks ago. She says they had been arguing constantly for the past 6 months about where they were going to live. She wanted to keep her job and live in a small town, but he wanted to live in a large city and didn’t want to leave his family in the North. He told her that Italian families are very close: “We stick together and want to see each other. I grew up in this city; I’ve been to the same church my whole life; and I intend to die in this city. If you’re going to be my wife, you have to be willing to join my family because I’m not leaving.”

Maggie tells you that she chose her current job partly because the insurance company that Leonardo worked for had offices in this town and he could transfer to the South and keep his job. Maggie says, “During the past year, I’ve been going up there to see Leonardo at least once a month for a weekend. I only had 2 days with him, and we spent all day Sunday at his mother and father’s house. His mother treats him like a baby and does everything for him. I think she resents me for taking away her little boy. She’s friendly enough, but there’s tension between us. Lately, his parents have been talking a lot about us getting a house down the street from them. I just couldn’t stand that!” Maggie states that she began feeling like an outsider and an intruder. “Leonardo was unhappy unless I agreed to everything he wanted,” Maggie says glumly.

Maggie states that since the breakup she has had great difficulty sleeping. She often sleeps only 2 or 3 hours a night. She states that she has also lost her appetite and has dropped 15 pounds in the past month. In a very shaky voice, she tells you, “I’ve been having so much trouble with my job lately. I can’t focus on what I’m doing for more than 3 minutes before I’m off thinking about Leonardo. It’s so hard it makes me want to cry.” She says she’s missed work completely on four occasions during the last month when she just stayed in bed all day and watched soap operas on TV. Since the breakup with Leonardo, she says she feels ugly, unlovable, and hopeless about ever getting married.

5.1-1 At this point in the conversation, what things would you like more information about concerning Maggie?

You decide to find out more about Maggie's difficulties over the past month. You ask her if there are any other ways in which the breakup with her boyfriend has affected her. She tells you that she is normally a very avid reader of mystery books and lately hasn't been able to get past the first chapter. She also likes to go to community events on the weekends with friends, but since she has lived in this town, she has been so consumed with her work and her relationship with Leonardo that she hasn't made any good friends. "Oh, you know, I've gotten acquainted with some people, but I don't know them very well and it just seems so hard to pick up the phone and call them. I doubt if they'd want to do anything with me anyway. I think I'm just a loser all the way around."

You ask her if she really thinks it's over with Leonardo. She states that the last time he called, they just got into a shouting match. "By the end of the conversation I decided I just had to end this relationship and get on with my life," Maggie says despondently. "I really believe that, too. I just don't know where I'm going to find the energy to do it. When I do sleep, I have nightmares about fights with Leonardo. It's begun to take its toll on me, I think."

You say, "Maggie, you've mentioned having problems sleeping, and I was wondering whether you were having trouble going to sleep or problems waking up in the middle of the night and not being able to get back to sleep." Maggie states that her biggest problem is her inability to sleep through the night. She says she wakes up around 2 A.M. and often cannot get back to sleep until it's almost time to get up. "Then I feel groggy and unable to function very well the rest of the day," she hesitantly tells you in a quiet voice.

You also ask her if she's had any suicidal thoughts or had any plans for hurting herself due to this upsetting situation. Maggie responds that she

has thought about just wanting to end all this pain, especially at night when she is alone. You ask her if she has taken those thoughts any further and considered how she might "end it all." She tells you that she doesn't think she could ever actually hurt herself since it is against her religion and she believes it would be wrong to commit suicide. You explain to Maggie that if she ever begins having thoughts of how she might hurt herself that it would be important for her to talk with you about those thoughts and feelings. Maggie agrees that she will discuss those issues with you should they arise.

When you ask Maggie about her family of origin, she states that she's always gotten along well with everyone in her family except her mother. She says that ever since she was little, her mother has wanted her to always act like the oldest. "She always tells me that I have to be the responsible one because I'm the oldest, and I don't think she really cares about whether I'm happy or not." When Maggie told her mother that the relationship with Leonardo had ended, her mother just told her to grow up and get over it. Maggie says she's never been able to go to her mother with a problem. "I'm not sure my mother is a very happy person. She's more concerned about what the neighbors will think than whether or not we are content with our lives. Ever since I was little, my mother would get in one of her moods and close herself in the bedroom and not come out for days." Maggie states that she has a much closer relationship with her father, who has called several times to see if she's okay.

Before leaving your office, Maggie tells you she's really glad she came to talk today. She says, "It's taken a big load off my shoulders." Maggie states that this is the first time in several weeks that she can remember not having a headache. She agrees to come back and see you at the same time next week.

5.1-2 What behaviors would you have Maggie track during the week?

5.1-3 What do you see as some of Maggie's strengths?

5.1-4 Describe two or three approaches Maggie might use to develop a local social support system.

5.1-5 What diagnosis would you give Maggie after this initial interview?

Identifying Information

Client Name: Helen Stonewall

Age: 32 years old

Ethnicity: African American

Marital Status: Married

Children: Sonya, age 5

Background Information

You are a caseworker in the emergency room of a large urban hospital. You work the day shift from 8 A.M. to 5 P.M. Several hours before you came to work, the police brought the client to the emergency room in restraints. The following information was gathered from the police at intake.

Intake Information

The police state that Helen Stonewall, a 32-year-old African-American woman, was found dancing half naked in the middle of a busy intersection in the center of the city at approximately 2 A.M. She appeared to be high on drugs when the police approached her. She told the police that she hadn't taken any drugs and that she was "just high on life." She said she wasn't doing anything wrong, just

"having a party." Witnesses stated that Helen had started the evening at a local restaurant and bar. She had been with a couple of gentlemen who seemed to know her. She began telling jokes and buying everyone at the bar drinks.

At first, she seemed like a person just having fun, but she kept getting louder and more rowdy as the night progressed. The two men left, but she stayed at the restaurant telling them loudly, "I'm just getting warmed up here." She sang and danced and finally ended up shoving all the glasses onto the floor and standing on the bar talking as fast as she could. Customers got irritated, and the bartender asked her to leave. She ignored his request and started singing at the top of her lungs. Finally, the bartender had to force her off the bar and push her out the door. At that point, she began dancing and singing in the street. The bartender told police that she had no more than two drinks throughout the evening. When the police attempted to get Helen out of the road, she became belligerent and began swearing at the officers. They had to take her out of the middle of the intersection by force and handcuff her to get her into the police car.

Lab tests indicated no evidence of excessive alcohol or other drugs. The physician on duty had prescribed a sedative, and Helen went to sleep at approximately 5 A.M.

- 4.1-1** Based on the intake information alone, which psychiatric disorders seem most likely? What type(s) of information will you be interested in during the initial interview to help you narrow down the choices of diagnoses?

Initial Interview

You go to see Helen at 9:30 A.M. She is lying in bed quietly staring at the ceiling. She seems very subdued in comparison to the description of the previous night. Helen glances at you as you enter the room but makes no attempt to sit up. You tell her who you are and your reasons for wanting to talk to her. Helen makes no response to your introduction. You ask Helen if she has any relatives you could call for her. Helen looks over at you and says, "I just want to die. If it weren't for my baby, I'd've been dead a long time ago."

"What's your baby's name?" you ask.

"Sonya," Helen replies. "I'm such a lousy mother lying here like this. I should be home taking care of her."

"Where is Sonya now?" you ask.

"She's with my sister. She stayed with my sister last night," Helen responds. "I knew I was racing so I took her over to my sister's house."

"You were racing?" you query.

"Yeah, you know, I start racing sometimes, feeling real good and full of energy like nothing can stop me," Helen says. "But not now; I feel lousy now, like I just want to be left alone to die."

"Can you tell me what happened last night?" you ask.

"It's like living on a roller coaster," Helen tells you. "One minute you're way up there, and the next minute you're in the blackest hole you can imagine."

"And last night, you were way up there?" you query.

"Yeah, I was just feeling good and having a good time. It's like you're racing and you can't slow down. Like you're high or something, but I didn't take any drugs. I don't do drugs. This just comes over me sometimes, and I feel like I could take on the world."

"Have you ever felt this way before?" you ask.

"Oh yeah, up and down, that's how I am," Helen says.

"So, sometimes you feel really good and up, and then, sometimes you feel really down. Is that right?" you ask.

"Yeah, I'm scared I'm beginning to crash now. It's bad when you come down. It feels real bad," Helen says. "It lasts for weeks and weeks . . . just down all the time."

"How often does this happen, going from one extreme to another?" you ask. "Once a day or once a week or once a month?"

"See, for a few weeks I feel great. I can do anything—stay up all night having a good time. I don't sleep or eat or slow down. I just keep on going for a week, maybe two. Then, I begin to crash."

"Do you hear voices or see things when you're feeling high?" you ask.

"No, except for my own voice. I can't stop talking either. Gets me into trouble, sometimes," Helen admits.

"What else happens when you're feeling high?" you ask.

"I want to party. I can party all night when I'm high. I'm the life of the party," Helen says glumly.

"Have you ever gotten in trouble before, like you did last night?" you ask.

"Oh yeah," Helen agrees. "I've gotten thrown out of places lots of times, but I usually just move on down the street."

"Are you employed?" you ask Helen.

"I've tried to keep a job. Just can't seem to stick with it," Helen replies.

"How are you feeling right now?" you query.

"Feel like hell," Helen tells you. "This is a rotten way to live, I'm telling you."

"How long does the crashing last?" you ask Helen.

"Sometimes a few days, sometimes a few weeks," Helen says bleakly.

"Describe for me what these down times are like for you," you ask.

"It's like I'm a balloon and someone stuck a needle in me. I'm so sad that nothing looks good. It's hard to get out of bed and face the world . . . I sleep and sleep and sleep. When I do get up, I'm so tired that it feels like I'm carrying around invisible weights."

"What kinds of things go through your mind when you feel like this?"

"I can't think of anything I want to do," Helen tells you. "I can't seem to make myself think anything all the way through. Like making a decision about something no matter how trivial is just impossible. Sometimes, I just wish I were dead."

"Are you wishing you would die now?" you ask.

“Not yet . . . but it usually does get to that point when I crash.”

“Have you ever seen a doctor for these changes in your mood?” you ask.

“One doctor told me it was just a female thing,” Helen states.

“Maybe it’s more than a female thing,” you suggest. “Maybe there’s some medication that could help even out your moods. Would you be willing to talk to a doctor about how you’ve been feeling?” you ask.

“Okay. I guess it wouldn’t hurt,” Helen says.

4.1–2 To what extent do you think Helen may be a danger to herself? What other information would be useful in determining her risk?

4.1–3 What would you like to know about Helen’s social support system? Are there any steps you would take (given the client’s permission) to assure that her support system stays intact?

4.1–4 What internal and external strengths do you see in Helen’s case?

4.1–5 What is your primary diagnosis?

4.1–6 What specifiers would you include with your diagnosis?

4.1–7 What psychosocial and cultural factors could impact your diagnosis?
