

Identifying Information

Name: Greg Deal

Age: 24 years old

Ethnicity: Caucasian

Educational Level: Graduate student in law school

Marital Status: Single

Background Information

As a counselor at the student health center at a large university, you see many young men and women who have concerns about their self-image, self-confidence, and problems related to depression and anxiety. You work primarily with young adult GLBTQ men and women who have come voluntarily to the Out Youth center on campus. The center serves all students at the university who are gay, lesbian, bisexual, transsexual, or who are questioning their sexual orientation. The center provides individual counseling, group therapy, crisis intervention services, psychoeducational seminars, and resources and referral information. Students can access services free of charge. The center has an intake worker who gathers basic information about the student and sets up appointments with the therapists.

Intake Information

Greg Deal called the student mental health clinic and requested an appointment with a therapist due to feelings of depression, difficulty completing his schoolwork, and ongoing eating problems. He told the intake worker that he has been experiencing the current problems for approximately 1 month. He stated that he has been having difficulty getting himself to classes, can't concentrate on his homework, feels drained of energy, and wants to do nothing but sleep all day.

Initial Interview

During the first appointment with Greg, you gather information about the history of the presenting problem, a social history, and a family history. The first session is 90 minutes in duration in order

to obtain enough information to make an initial assessment.

Greg is a noticeably thin, tired-looking young adult male who is curled up in a chair in the waiting room when you meet him. He is wearing a pair of baggy blue jeans, a long-sleeved shirt covered by a heavy sweatshirt, and heavy socks and sneakers, despite the fact that it is July. His hair is tousled as though he forgot to brush it after getting up in the morning. You notice that he has very dark circles under his eyes, and his face, including his forehead, appears bony.

Greg states that he developed an eating problem 7 years ago at age 17 after graduating from high school as class valedictorian and gaining admittance into a prestigious university in Boston. Prior to the eating problem, he weighed approximately 160 pounds and was 5'10" (an ideal weight for his height and age). Greg moved away from home into the dorms at school and began limiting his food intake to only vegetables and exercising, sometimes 4 hours a day.

Initially, Greg lost about 20 pounds and found he couldn't lose any more weight without further restricting his diet. He started eating very small quantities of food, counting the number of bites he could have each day. At one point, he allowed himself only 4 bites of food per day. If he ate more than that, he would make himself exercise an extra hour.

Greg reports that by spring break of his first year, he weighed only 120 pounds. His BMI was less than 16.0 kg/m². When he went home to visit, his parents were shocked at his appearance and took him to his old physician. He managed to convince the doctor that he did not have anorexia and that he had simply lost his appetite because of the pressures at school. The physician recommended that he drink three cans of Ensure each day in order to bolster his weight. Greg was unwilling to do this because of the high calorie content of the drink. Assuring his parents that he would eat, he returned to school. He refused to think he had a problem; rather, he just wanted to lose weight and be popular. He felt that he had always been characterized by his peers as a bookworm, and he desperately wanted to "fit in" at college.

He states that on one occasion he was rushed to the hospital by ambulance after fainting in class. He stayed at the hospital for a week due to dehydration and electrolyte imbalance. He begged his parents to

allow him to finish the semester since it would “ruin my grade-point average” not to complete the classes. At that time, he got his weight up to 125 pounds to “prove” he didn’t have an eating disorder.

Later, he lost weight again, and his weight has hovered around 115 pounds since that incident. Greg states that he has been hospitalized on five different occasions over the past 7 years for dehydration, exhaustion, electrolyte imbalance, and starvation/emaciation. He has rarely seen a counselor for more than a few sessions, stating, “They just thought I should start eating and that would resolve the problem.”

Due to his eating problems, his heavy school schedule, and his exercise regime, Greg reports that he has had little time for “having fun.” He states that he had a boyfriend for about a year, but he couldn’t handle his problems with food.

Currently, Greg weighs 118 pounds and feels “heavy.” He considers his ideal weight to be 113 pounds. He suggests that he can “see fat” on his thighs and stomach when he weighs more than 113 pounds. Due to the 5-pound increase in his weight, Greg has recently begun to use laxatives and occasionally induces vomiting, although he states that it hasn’t helped him lose weight. He feels very anxious because he thinks he has lost control of his eating, at times bingeing on ice cream and chocolate bars when he gets extremely hungry. Greg does admit that he thinks he may have an eating problem.

Family Session

After you have met with Greg on three occasions, he tells you that his parents are coming for a visit. You ask Greg if they would be willing to come to a session with him and he agrees to ask them. Greg appears to have developed a working relationship with you. He has kept his scheduled appointments and has been on time for them.

The session with Greg and his parents lasts approximately 1 hour. It is apparent from the beginning of the session that certain dynamics prevail

in this family. Greg, who has previously been very articulate and insightful in individual sessions with you, becomes quiet, unassertive, and passive during the family interview.

His mother makes numerous attempts to speak for Greg and appears aggressive and overbearing. She admits that she herself has dieted most of her adult life in order to “stay fit,” but that she thinks Greg is overdoing it a bit. His father, on the other hand, appears passive and emotionally distant. He does not speak unless he is asked a question or spoken to directly. He often glances at his wife while offering his opinion about the family situation. He does suggest he is very concerned about Greg’s problems.

Greg’s mother states that Greg has always been the “perfect” child—an overachiever, a straight-A student, president of the student council, and an exceptionally well-behaved adolescent. “We never had any problems like other parents have with their teenage children,” she states proudly.

As his mother speaks, Greg becomes increasingly uncomfortable, despondent, and withdrawn. He curls up in his chair as a small child might. It is apparent that Greg disagrees with his mother’s description of his life at home. When you ask him how he is feeling at the moment, Greg replies, “Oh, yeah, everything was just great as long as we all agreed with Mother and her opinions, never letting anyone else have a say-so in anything. Then, Dad would get real quiet for a while until everything just blew up and all hell would break loose. Yeah, it was perfect all right.”

At this statement by Greg, his mother becomes extremely angry, saying that he cannot continue the session. You calm the situation by discussing the importance of not talking for other family members and of using “I statements” when speaking about feelings. Although you are able to establish some order, it is obvious that the family will need additional counseling related to communication and family functioning. The family is clearly enmeshed and needs to see the value of Greg becoming an independent adult in his own right.

11.1-1 What are some of Greg’s strengths?

11.1-2 With whom would you want to consult in order to ensure that Greg receives the best possible treatment?

11.1-3 What resources might be beneficial to Greg?

11.1-4 What issues would you want to include in a contract with Greg?

11.1-5 What is your diagnosis for this case?

11.1-6 Are there any physical or general medical conditions that may affect diagnosis?

11.1-7 What subtype, severity, and course specifiers would you want to use?

11.1-8 What psychosocial (V codes/Z codes) and contextual factors including cultural may affect diagnosis and treatment?

11.1-9 What characteristics make this individual more vulnerable to suicide?

Identifying Information

Client Name: Miguel Hernandez

Age: 10 years old

Ethnicity: Hispanic

Educational Status: 5th grade at Jones Elementary School

Intake Information:

Miguel Hernandez is a 10-year-old Hispanic male in the 5th grade at Jones Elementary School. He has a younger brother, Joseph, age 8. His mother, Michaela Hernandez, and father, Carlos Hernandez, are divorced and Miguel and his brother live with their mother in Houston. Miguel has had a history of anxiety and is currently on medication. His mother contacted the school counselor who referred the family to Houston Mental Health Center with concerns that Miguel may have an eating disorder. The intake worker stated that Miguel has lost a significant amount of weight during the past year. You are a therapist at the mental health center and have been assigned this case. You determine that it would be beneficial to meet with Ms. Hernandez prior to your assessment of Miguel.

Initial Interview with Ms. Hernandez:

You meet Ms. Hernandez in the waiting room and you notice that the child care intern is encouraging Miguel to play a board game with her. Miguel is curled up in a chair looking unsure about whether or not to play. You introduce yourself and suggest that Miguel play with the child care intern while you talk with his mother. He reticently goes to the table where the game is being set up by the intern. You smile and tell Miguel where his mother will be and that you will be back in half an hour to talk to him. You notice that Miguel's sweatshirt and pants look three sizes too big for his slight frame.

Ms. Hernandez follows you to your office and takes a seat next to your desk.

"So, Ms. Hernandez, the intake worker told me that you have been having some concerns about

your son, Miguel. Can you help me understand what you've been worried about lately?" you suggest.

"Oh, please call me Michaela. I have been tearing my hair out with worry about Miguel. He is getting so thin and I tell him he needs to eat so he can be strong, but he just plays with his food and doesn't eat enough. I don't know what to do. I have tried making his favorite foods and giving him extra helpings but he just doesn't seem interested. If I push too much, he cries and runs out of the room. Last week, he told me he just doesn't like to eat because he's afraid he'll get sick to his stomach, but when I told him that wouldn't happen, he just said, "how do you know?" I'm afraid he's got that anorexia.

"Okay, so can you give me an example of what he eats in a given day?" you inquire.

Michaela thinks for a moment and then replies, "Well, last Sunday, for breakfast he ate half a pancake and some juice before we went to church. He came home and when I asked him what he wanted for lunch he said, "nothing," but I made him and his brother a sandwich and he only ate two bites and then said he couldn't eat anymore. For dinner, I made tacos because we were going to a potluck supper at church and I don't think he ate anything at all. He drank some lemonade but I didn't see him eat."

"How long has this been going on?" you ask.

"Oh, let me think, I guess about 6-7 months. He got sick last winter with a bad case of the flu and was vomiting for a couple of days. I was very concerned that he was getting dehydrated so I made him drink a lot of fluids. I think it really upset him that he couldn't eat and was throwing up so much. But when he got better, he wasn't eating much. At first, I thought it was just because he was getting over the flu, but when it kept going on and on, I realized he just wasn't eating. He says he doesn't want to eat and it seems like he only wants soft stuff like ice cream or juice. Sometimes, he'll eat a little cereal or mashed potatoes but he doesn't want to eat anything that he has to chew."

"That must be very hard for you. Do you know how much weight he has lost?" you inquire.

"Miguel wasn't a big boy before he got sick but now he's skin and bones. I think he's lost 15 or

20 pounds," Michaela replies. "I bet you think I'm a bad mother but I've tried to get him to eat. I said to him, Miguel, you're getting too skinny and he just shrugs his shoulders and says I know I'm thin but I'm not hungry."

"Okay, so he doesn't seem to be worried about being overweight or too heavy?" you query.

"Oh no, I think he knows he's really thin and I even think kids at school have said things to him, like you're going to blow away if you don't eat more," Michaela says with a worried look on her face. She wrings her purse straps in her lap and says, "I just don't know what's wrong with him."

"How does Miguel get along with other students at school?" you ask.

"Oh, he has lots of friends that he has grown up with in our neighborhood that he goes to school with," Michaela responds. "Maybe, Miguel is one of the leaders in his class. He's always bringing friends over to the house after school because a lot of mothers work and I take care of them. Everyone likes Miguel."

"What has his mood been like during the past 6 months?" you inquire.

"Miguel is a happy kid most of the time. But when it comes time to eat, he gets real quiet and gets an unhappy look on his face. Sometimes, he just blurts out that he wishes he never had to eat again."

"How does he get along with his dad?" you ask.

"Oh, I suppose he gets along okay but his dad doesn't come around very often. You know, he's always working and has a new wife. Sometimes, I wonder if Miguel's problem is because he never gets to see his dad."

"Does he frequently ask about his father?"

"Every once in a while," Michaela says wistfully.

"How about his brother? How does he get along with Joseph?" you ask.

"Miguel is a good older brother. Sometimes they fight but I think that's normal, don't you?" Michaela states.

"Absolutely, it sounds like they get along most of the time," you respond. "Is there anything else you are concerned about?"

Michaela thinks for a minute and says, "No, I'm mostly concerned about his eating and weight loss."

"OK, why don't we go get Miguel and talk for a few minutes with him."

Interview with Miguel

Miguel comes into your office and sits down in the chair next to his mother. You ask about the game he was playing and he brightens up and says, "I won two times!"

"Fantastic," you reply. "You must be an expert at Angry Birds."

Miguel smiles and looks at his mother.

You move your chair closer to Miguel and say, "Your mom tells me you don't like to eat much. Can you help me understand why you don't want to eat?"

Miguel looks down and swings his legs and replies, "I don't like the way it feels."

"Do you mean how it feels inside your tummy or how it feels in your mouth?" you ask.

"I don't like the way it feels in my tummy or my mouth," Miguel states without hesitation.

"Is there any kind of food you like?" you inquire.

"Sometimes, I like ice cream," Miguel suggests.

"What's your favorite flavor?" you ask.

Miguel puts his finger to his head and says, "Vanilla."

"Is there anything else you like to eat?" you question.

"No, not really. I don't like to eat much," says Miguel.

"OK, see that mirror over there in the corner? Why don't you go stand in front of it and tell me what you see in the mirror."

Miguel gets up and moves in front of the mirror. He turns from side to side and then says, "I wish I could fit in my clothes" as he pulls his pants out from his waist. "I think I'm as thin as my brother."

"How does that make you feel?" you ask.

"I don't really like it much because all my friends tease me."

"What do you do when your friends tease you?" you ask.

"I just tell them that if they want to come to my house they'll stop it," replies Miguel.

"And if they don't stop teasing you?" you ask.

"One time, I pushed a girl away because she kept saying "baggy pants" over and over again and she wouldn't be quiet."

"How is school going this year?" you ask.

Miguel looks at his mother and says, "OK, I guess."

Michaela tells you that Miguel's grades have fallen from "A's" to "C's" this past quarter and she's worried that he can't think very well.

"Maybe you'd like to come back another time and talk to me about how we can put some weight back on you so that you feel better about yourself and you're able to think better at school?" you ask.

Michaela smiles encouragingly at her son and Miguel agrees to come see you again.

11.5-1 Briefly state what strengths you observe in this family.

11.5-2 What are some questions that you'd like to explore further with Michaela and Miguel?

11.5-3 Are there other individuals that you would like to interview concerning this family?

11.5-4 What is your primary diagnosis for Miguel?

11.5-5 What psychosocial and cultural factors may be impacting your diagnosis?

11.5-6 What differential diagnoses would you consider in this case?