Case of Susie Part 1: Diagnosis

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Susie is a 15 year old Caucasian female who currently lives in a residential treatment center. Social services has been a part of her history since she was five years old and she is currently under their custody. Her mother is a chronic cocaine addict who neglected Susie and her two younger brothers for an extended amount of time on multiple occasions. Susie has endured emotional and physical abuse from her mother and her mother's boyfriend beginning around the age of three. From the age of six to thirteen, she endured repeated sexual abuse from an adult neighbor. She also reported that she experienced gang rape by adult men at the age of fourteen. Susie struggles to concentrate and has received poor grades for three years in school. Her history includes drug use, such as marijuana and cocaine, prostitution in order to obtain drugs, engaging in physical altercations, and running away from home or facilities. Susie experiences intense flashbacks that cause physical pain as well as intruding thoughts and emotions. Susie is doing well at her current facility, however, expresses fear of experiencing these sudden and unpredictable flashbacks and displays negative emotions.

Diagnosis & Symptoms

I believe Susie's symptoms are a clear indication of post-traumatic stress disorder because of her experience growing up in an unstable family and surviving sexual trauma. Her mother's addiction to cocaine caused Susie to grow up in an environment that was neglectful. Barlow et al. (2017) states that living in an unstable family unit increases one's risks for developing PTSD, especially if further trauma is inflicted upon his/her life. Susie's home was not an environment that fostered safety, but rather left her vulnerable and alone to defend herself and care for her siblings. Susie not only experienced neglect, but emotional and physical abuse from her caretakers. Furthermore, she endured sexual abuse from an adult neighbor starting at the age

of six through thirteen. At the age of fourteen she survived gang rape. Studies have shown that there are higher rates of PTSD in women who have experienced repeated sexual assault (Barlow, Durand, & Hofmann, 2017). The frequency of abuse coupled with the intensity of these traumatic events leads me to believe that she is currently experiencing PTSD. According to the DSM-5, Susie's experiences align with the criteria A1 which states that the individual directly experiences the traumatic event/(s) (American Psychiatric Association, 2013). Susie has personally experienced neglect and emotional, physical, and sexual abuse. I believe that these are precipitating events that influence the etiology of her current symptoms that manifests itself through her behavior, emotions, cognition, and interpersonal relationships.

After years of traumatic experiences, Susie now reports flashbacks and has displayed avoidant behavior that further support the diagnosis for PTSD. DSM-5 describes flashbacks under criteria B as "(B1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s), and (B5) Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)" (American Psychiatric Association, 2013). Susie's flashbacks are unwanted which cause her emotional and physical pain at least once a week. She expresses that the flashbacks are her biggest fear; leading me to believe that her flashbacks are real, such that she relives painful moments in the present despite being removed from dangerous environments. Therefore, I believe her past behaviors were evident of avoidance towards stimuli that could resemble memories of her past. The DSM-5 states that individuals with PTSD tend to show "persistent avoidance of stimuli associated with traumatic event/(s)" (American Psychiatric Association, 2013). Susie has ran away from home and outpatient facilities. I believe that her behavior proves that while living at home, she made efforts

to avoid traumatic events that happened to her. During her time at outpatient facilities, there could have been individuals, activities, or environments that triggered her memory of trauma; causing her tendency to run away. I consider running away as "reckless or self-destructive behavior" which is evident in someone with PTSD in the DSM-5 (American Psychiatric Association, 2013). Susie ran away on multiple occasions before she came of age to be considered "independent." At the age of seven, Susie attempted suicide on multiple times and engaged in self-injurious behaviors. She is also currently addicted marijuana and cocaine and subjects herself to prostitution in order to fund her drug use. I believe that these behaviors are due to trauma and not influenced by drugs. In order to forget these painful memories or stop the events/memories from occurring, she would run away, attempt to kill herself, or use drugs, meeting two more criterias for PTSD: (C1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s) and (E2) Reckless or self-destructive behavior (American Psychiatric Association, 2013). Taking into consideration Susie's young age, these harmful behaviors are concerning and provides further evidence that she is experiencing PTSD.

Susie's behavioral expression reflects her cognitive and emotional processing towards her traumatic experiences. In past placements, she struggled with interpersonal relationships, often getting into physical altercations with her peers. One of the criterias for PTSD includes being easily irritated or provoked with or without cause and showing aggression which may "interfere with peer relationships and school behavior" (American Psychiatric Association, 2013). Currently, Susie is doing well at her placement and does not seem to have any trouble with her peers. However, aggression and irritability in children are symptoms of depression (Barlow,

Durand, and Hofmann, 2017). Due to these horrific events occurring and repeated against her starting at a young age; showing irritability and aggressiveness fits the profile for PTSD. Thus, her engagements in physical fights does not seem out of character for an individual who has gone through immense trauma. DSM-5 recognizes that an individual with PTSD can also experience unreality, such as daydreaming as well as having difficulty concentrating (American Psychiatric Association, 2013). She does not have behavioral issues at school, however, expresses a poor attitude towards it. This could also be due to having difficulty with focusing during school time, causing her to fall behind. Susie often daydreams and seems out of touch with reality and I would propose that this occurs outside of school hours as well. During school hours, she has a hard time focusing, therefore, making it a challenge to perform with peers her age. The American Psychiatric Association (2013) recognizes that there could be possible "regression of development" with PTSD, especially in children. Her grades have been low for three consecutive years, which reveals to me that she is not performing on grade level, so an IQ of 115 may be below average for her age. Thus, Susie meets another criteria for PTSD such that her symptoms have caused "clinically significant distress or social impairment in social" and academic functioning (American Psychiatric Association, 2013).

Overall, it is difficult to evaluate the onset of these symptoms. However, her most recent traumatic event occurred at the age of 14. It has been one year, yet she continues to display irritability, poor academic performance, avoidance techniques, derealization, and reports of flashbacks. According to DSM-5, Susie meets the final criteria for experiencing these symptoms and disturbances for over one month (American Psychiatric Association, 2013). Her behavioral and emotional symptoms in response to her trauma as well as the duration aligns with the criteria

for PTSD in the DSM-5. In conclusion, I believe Susie is experiencing PTSD due to her traumatic experiences in her life.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* (5th ed.). American Psychiatric Publishing.

Barlow, D. H., Durand, V. M., & Hofmann, S. G. (2017). *Abnormal Psychology: An Integrative Approach* (8th ed.). Cengage Learning.