Abnormal Psychology

Chapter 1 Case Study: Stella

Stella, a 45 year-old, married, nurse contacts you for psychotherapy. As you attempt to set a clinical interview appointment, she confides in you that she has not been able to leave her home for the past eight years. If you are unwilling to conduct the interview and testing in her home, she will likely not be able to receive treatment. After much thought, you decide to take her as a patient.

During the interview at Stella's large home (obviously upper middle class income level), Stella tells you that she has suffered from a fear of birds since she was a small child. Apparently, when she was about three, she went to a pet store with her brother and grandmother to buy some goldfish. Upon becoming separated for a short time, Stella wandered over to the bird section and attempted to pet a bird in the one cage she could get her hand into. Before she knew what happened, the large Parrot snapped off two of her fingers. It was at this point that the fear began.

Stella's grew up in a large, Italian-American family with many relatives. She mentioned that, though she was afraid of birds, she still was able to go to school and function fairly normally. The bigger issue was the disability she faced with only a thumb, second finger and pinkie on her right hand (she is right-handed.) With physical therapy, she was able to use both hands fairly well. She eventually gained enough control of her hands to allow her to play the piano and manipulate a flag in the color guard of her high school. Stella was always uncomfortable with birds and avoided the zoo and parks. Otherwise, she developed in a rather typical fashion.

In college, Stella majored in nursing. While on a clinical rotation at a local hospital, she met a young intern (Dave). They dated for about a year and married. Stella worked full-time as a nurse until her second daughter (Melissa) was born. At that point, she became increasingly uncomfortable leaving her home. When Melissa was about two, Stella finally decided to stay home to raise her children. (Her oldest daughter, Ashley, was three). Dave was largely supportive of the decision to stay home as he was unaware of her difficulty leaving the home. Over the next 19 years, Stella has increasingly become withdrawn and anxious about various things in her life.

The main focus of her anxiety is being unable to escape if she becomes trapped near a bird.

Although she was increasingly anxious, Stella was able to get out sometimes, especially as she

had the help of a Nanny to take the children to various appointments and practice sessions. At that point, she was able to go to the grocery store, meet friends for lunch and basically live her life without too much difficulty. At some point about eight years ago, Stella found it more and more difficult to leave her home. She gradually stopped going out at all. She relied more and more on Dave and the Nanny. Further, even while at home, Stella found it difficult to be completely calm. As a result, she had the gardener cut down the threes on the property and eventually had the fireplaces "bricked-in" so birds would be unable to fly into the house. She also did not allow feather dusters, feather pillows, down-comforters or stuffed toy birds into the house. Her housekeeper was severely reprimanded for using a feather duster on one occasion.

Stella's medical history is rather unremarkable, with no current illnesses or diseases. She denies a history of surgeries or atypical illnesses. There is also no history of diagnosed mental illness in her family. At this time, she takes no medications other than the Xanax that Dave prescribed (very unethically) for her "spells." When questioned about her "spells," she described periods where she is unable to breathe well and fears that she will choke. Her heart also pounds and she becomes quite dizzy and disoriented. The severity of the spells varies from event to event. When asked about their frequency, she estimated about once per week and tend to be triggered when she sees too many birds outside. She usually will close the curtains for the remainder of the day to help her remain calm. Most of the spells last between 10 and 20 minutes, then subside leaving her exhausted and tearful. She estimated that the spells began about 9 years ago and have happened more frequently on a fairly consistent basis.

When asked why she sought treatment now, Stella began to cry. Apparently, her husband, Dave, gave her an ultimatum. He told her that either she receive treatment or he was going to leave the marriage. This caught Stella off guard as she said that their lives were pretty "normal." She loves to cook, so they entertain family and friends frequently. They lead a full life, as Dave goes golfing with his friends and her children are busy with school and boyfriends. Stella continued to weep as she discussed that no one knows about her "problem" other than Dave and the kids. At that point, she confided in you that she is certain that Dave is having an affair with a woman at the office. She said she has no solid proof other than intuition.

Dave and Stella's daughters, Melissa, 20 and Ashley 22 are finishing their undergraduate work at Saint Joe's. Melissa is majoring in psychology and wants to be a clinical psychologist ("because she thinks I am crazy," said Stella), while Ashley is currently applying to medical schools throughout the US. As she talked about her daughters, Stella began to have difficulty breathing and took a Xanax. Through tears, she told you that her greatest fear was that, if Dave left, they would go live with him. She further talked about feeling like a failure as a mother and

wife. These feelings overwhelm her at times and she dissolves into tears. Periodically, she just feels that life isn't worth living.

On the MMPI, Stella showed clinical elevations (above 75) on the D, Pt and Si scales. Her Manifest Anxiety Scale and Beck Depression Inventory results showed clinical levels of both. On the projective instruments, she showed themes of loneliness, helplessness and suicidal potential. For example, the TAT was replete with stories of fear, death, loneliness and struggles to overcome obstacles. The suicide potential measure on the Rorschach was highly elevated, but when asked about suicidal thoughts or plans, Stella emphatically denied any. She stated that as a Catholic, she would commit a mortal sin if she were to kill herself. There is also no family history of self- harm or suicide.

Upon further questioning about the test findings, you find that Stella has tremendous difficulty sleeping (she wakes up quite early in the morning and can't get back to sleep.) She also has times where she really doesn't have much of an appetite. She loves to cook, but she just doesn't feel all that hungry. Her weight tends to fluctuate plus or minus 10 pounds every 6 months or so. Also, Dave and Stella have not had a consistent sexual relationship for about five years. She tends to

avoid sex, as she feels it is more work that it is worth. They have had many arguments over her "coldness." Typically, she cries and leaves the bedroom. Unfortunately, they never resolve the conflicts and each time they occur, the intensity increases. At the time of the interview, it has been at least six months since they had intercourse.

On the Mental Status Exam, Stella presented quite well-dressed and appropriately groomed. She was of normative weight and appeared a bit younger than her stated age of 45. Overall, her mood was depressed with periods of tearfulness. Her physical movements were a bit slow and lethargic while her thought process was highly negative with evidence of helplessness and hopelessness. For example, when asked how she was coping with her panic attacks, Stella said she just lay on the couch and prayed they would pass quickly. She further stated that she gave up trying to control them years ago. She verbalized that "nothing will ever make them stop." Processing time also seemed to be a bit slow. At times she seemed to have difficulty concentrating and asked several times that a given question be repeated. Stella was oriented times four and able to participate fully in the interview and testing. The only unusual behavior during the interview

was the use of Xanax when she became slightly anxious.

Upon diagnosing Stella with Agoraphobia with panic attacks and Major Depressive Disorder,

you refer her to the Psychiatrist at your practice to for a medication evaluation. Along with the early learning experiences (Classical Conditioning) that have led to her phobia, your assumption is that Stella has gradually developed a decline in the neurotransmitters serotonin, norepinephrine and dopamine. Stella is given Zoloft (50mg 1 time per day), and Ativan (1 mg 3 times per day). She is asked to NOT take Xanax anymore. As the treating clinical psychologist, you begin psychotherapy. Your plan is to begin Systematic Desensitization exercises in her home and transition her to the office as soon as possible. You will couple this with supportive psychotherapeutic interactions designed to build trust with the therapist. The marital and family issues will be dealt with as she stabilizes.

Based on your understanding of how clinical depression works, you tell Stella that she has a very good chance of recovering if she stays on the medication and continues psychotherapy. You also know that about 23% of women will suffer from this disorder at some point in their lives, with around 12 percent diagnosed in any given year. Depression may or may not get better on its' own, yet, most people with clinical depression will have another recurrence at some point in their lives. With effective treatment, solid improvement will usually occur within 3-6 months. Subsequent episodes are more quickly and effectively treated if the patient has been solidly responsive to the medication and psychotherapeutic interventions during the first episode.

Anwer the following questions:

1. What clinical description(s) were applied to Stella (diagnosis(es))?

2. According to the case, what is the prevalence of clinical depression in women?

3. According to the case, what is the incidence of clinical depression in women?

4. Describe her prognosis.

5. Describe the course that clinical depression often takes.

6. What is the etiological understanding of Stella's case?

7. Describe the treatment plan offered in the case.