**Section 1 – Knowledge of Disorders and Symptoms**

* **Explain what a psychological disorder is.**

A psychological disorder is a condition that can impact how people function in their daily lives. It affects the patterns of normal life including the way people think, act, and behave. When determining a disorder there are underlying factors; biological, psychological, and social. By using the DSM, it can help determine what disorder they may have and the effects it can have. The effects vary in physiological disorders and can be emotional, physical, social, or educational/occupational.

* **List** possible symptoms and experiences described in the case study into two categories and **explain** why each symptom is in each category. The 2 categories are:
  1. Experiences that are considered part of normal everyday life and **do not** effect functioning
  2. Symptoms that are related to the disorder, are not ‘normal’, and **do** effect functioning

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| Do not affect functioning | Affect functioning |
| ***1. Private diary extract*** |  |
|  | **Feel like throat is closing-** (physical symptom, affects ability to speak or perform Infront of others) |
|  | **Checking YouTube for other people fainting-** (obsessive searching, causing the fear to be stronger and to interrupt thought patterns and fixate on the worst-case scenario) |
|  | **Heart racing-** (physical body response proving that the body reacting with fear, even when she isn’t the one doing it) |
| **Studying for a speech-** (everyone experiences a bit of stress when preparing to speak in class, so practising is normal and does not affect her function. It only affects it went a reaction happens 🡪) | **Blotchy mirror face when practising-** (physical reaction, trying to prepare but her body and thoughts won’t let her) |
|  | **“What if it’s a sign I will pass out?”-** (shows overthinking which can make the anxiety worse) |
|  | **Goal: surviving five minutes-** (shows how she can’t meet the criteria for her learning by doing a presentation which will only last a couple of minutes. This impairs her daily school life. |
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| ***2. Parent email to year level coordinator*** |  |
|  | **Begging to stay home-** (causes anti-social activity) |
|  | **Texting from parking lot crying-** (breaking down Is a sign of social pressure) |
|  | **Dreads classmates looking at her-** (fear of judgement which is a key aspect of social anxiety, and it affects participating in class) |
|  | **Avoiding social activities like birthdays, sports, and café-** (this is one of the main points of the social anxiety because its going out in world and being social) |
|  | **Sitting in bedroom at family BBQ-** (isolation from normal world which can deeply affect normal life) |
| **Paternal aunt has high anxiety-** (relevant because when someone has social anxiety there is a possibly link that it is passed down by genetics) |  |
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| ***3.Semester 2 Progress Snapshot*** |  |
| ***Asks to email rather than speak in person-*** *(some students prefer to get written feedback, doesn’t affect her learning, so this is a non-affecting symptom)* |  |
|  | **English speeches deferred, but when forced her voice trembles, flushes and avoids eye contact-** (shows a strong sense of social anxiety, the stress affects her learning and the result of the presentation) |
|  | **Withdrawn from unit week because of onstage warm up triggering nausea-** (stressed before even doing the assessment, affected her schoolwork because the assessment got withdrawn) |
|  | **In PE she refused captain role and claims people will laugh at her-** (fear of being judged, the fear stops her from engaging in the activity to get fullest potential) |
|  | **Missing four single period classes on days with assessed orals-** this sacrifices her learning and causes her to get worse grades then she deserves, it also makes her miss crucial learning. |
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| ***4.School counsellor intake*** |  |
| Polite and soft spoken |  |
|  | **Panic when required to eat in canteen or read outloud-** (shows the anxiety in social situations which affects her participation in schools as well as making friends by eating lunch with everyone) |
|  | **Rapid pulse, shaky hands, and sweating-** (signs that a panic attack will occur) |
|  | **Worry peaks hours/days before hand-** (this can affect her sleep, mood and concentration when thinking about it) |
|  | **Relief after situation is over-** (shows how bad the anxiety is and how it can disrupt everyday life) |
| ***Gaming and coding at home-*** *(creates a habit that she loves and can take her mind off of the anxiety. Its ok until it starts to interrupt her social life 🡪 )* | **“Nobody sees my face”-** (shows the fear of being seen, which can impact real life interactions with pears) |
| *Mood is generally ok* |  |
| *Denies panic attacks in non-social situations 🡪* | Proves that it is only in social situations which proves it more than anxiety. So, it has to be social anxiety |
| ***Denies self-harm or substance abuse –*** *(a positive point, Olivia doesn’t have to rely on hurting herself to take the anxiety away)* |  |
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| ***5.GP visits summaries*** |  |
| **Nausea and dizziness before speeches-** (common nerves before public speaking) |  |
| ***Sleep is fine before speeches-*** *(normal stress 🡪* | Affects sleeping when it’s close to speaking time, causing her function to be affected |
| ***PHQ-9 Score = 6, low depression*** |  |
|  | **Persistent ancipatory worry-** (constant stress before events, affecting her focus and her mood) |
|  | **Two near faint episodes in class-** (disrupting school, a physical symptom of social anxiety) |
|  | **Avoidance of social events-** (interrupting social life due to fear of people and being seen) |
|  | **GAD- 7 scores = 13 (moderate anxiety)-** interferes with her emotional and mental functioning **w** |
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| ***5. WhatsApp chat*** |  |
|  | **“Maybe next time, throat is scratchy”, “honestly watching a home is easier”-** (avoiding friends because of anxiety) |
|  | **“My laugh sounds weird IRL”-** (low self-esteem which can impact on thoughts and feelings) |
|  | **“You should, which makes it worse”-** (negative self-talk which can impact thoughts and feelings) |
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| ***6. Debate-club coach log*** |  |
| ***Olivia offered sophisticated argumentized points via google doc 🡪*** | **Declining to present them though-** (impacts her marks even though she has got everything correct) |
|  | **Became visibly shaky when asked to rebut-** (physical symptom of social anxiety) |
|  | **When she had to perform, she left the room to vomit, coming up with an excuse of “it’s the lights”-** (shows how strong her anxiety is and it heavily impacts her school life which impacts her grade) |

* List and describe the underlying **Biological**, **Psychological**, and **Social** factors explain how they interact to cause the disorder.

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| **Biological** | **Psychological** | **Social** |
| Paternal aunt has high anxiety. | -High anxiety and panic attacks  -Negative thoughts  -Low motivation  -Fear of judgement  -Avoidance behaviour  -fear before reading  - | -Isolation  -Lack of emotional support of family  -Bullying from classmates  -missing friend activities |

**Section 2 – Knowledge of Applying Diagnostic Criteria to Disorders**

* **List the core symptoms described in the case study that you will be using to make a diagnosis-**
* Persistent worrying (about the future, jobs and climate)
* Fear of judgement, low self-esteem (anywhere with people)
* Avoidance behaviour (avoiding social activities)
* Reoccurring episodes of panic
* Symptoms triggered by anxiety (dizziness, nausea, fainting, scratchy throat)
* **State the duration the person has been experiencing the symptoms and justify your answer.**

-Olivia has been experiencing her symptoms for 6 months.

-Her GP states that on the 4th of May, she experiences dizziness and nausea

-Her last piece of evidence was on the 15th of August

* **State the most likely disorder out of the Diagnosis Booklet and explain why this is the most correct diagnosis. -**

The most likely disorder out of the DSM is social anxiety disorder. This is due to the symptoms exhibited throughout her folio.

-intense fear or anxiety about social situations

-the fear of being embarrassed

- most social situations almost trigger the anxiety

-avoidance of social situations due to the fear

-panic attacks

-it has lasted 6 months, and the typically rate of Social anxiety disorder is 6+ months or longer.

* **State the second most likely disorder out of the Diagnosis Booklet and explain why this is not the most correct diagnosis.**

The second most likely disorder out of the DSM is Generalized anxiety disorder. This is due to the symptoms that can cross over to this disorder.

-anticipatory worrying “worry peaks hours/days before the day”.

-her worrying has been persistent for 6+ months

-showing physical symptoms like restlessness, fatigued, difficulty concentrating and muscle tensions

-it is causing stress in her daily life

-physical signs of anxiety like rapid pulse, shaky hands, and sweating

The reason I haven’t chosen this disorder is because social reasons clearly cause the anxiety. These signs are why it is clearly social anxiety.

-the anxiety is triggered towards social situations

-due to it being social anxiety Olivia avoids situations that involve her being social. This impacts her social life.

-fear of being judged/seen

-she gets physical panic like signs such as fainting, panic attacks and nausea

**Section 3 – Knowledge of Treatments for Psychological Disorders**

* **State the treatment approach that you have chosen to treat the disorder (e.g., CBT, DBT, etc.).**

CBT is the most effective strategy to treat people with social anxiety disorder. It focuses on challenging people's thought patterns as well as learning and practising new coping skills and behaviours. This treatment helps reduce the symptoms of this disorder by changing negative thinking cycles and behaviours.

* **Explain how the treatment is administered**

The structure of this treatment is usually weekly it can vary by face-to-face appointments, online telehealth or small group therapy. The steps to administrate this disorder are, Physcoeducation; this is where the therapist will explain what the disorder is and how it works, then they will explain how CBT will work. Assessing and Goal Setting; the therapist identifies fears and helps create personal goals. Identifying the negative thoughts; the patient begins to notice automatic negative thoughts (in Olivia’s case) “If I freeze everyone will stream it on snap” Then they write it down and reflect on how realistic it actually would be. Challenging and replacing thoughts; the therapist will teach the patient how to challenge their thinking and replace it with helpful and positive thoughts. Exposure Therapy; The patient will slowly be exposed to anxiety triggers however they will be in small and controlled steps. These could be practising speeches with therapists, reading a paragraph out loud or speaking in front of a friend or small group. Coping techniques; this helps the patient understand their body and learn techniques such as deep breathing and mind exercises. Homework tasks; the patient is given simple exercises to practise outside of regular lessons these could be trying out a feared activity or writing thoughts and feelings in a journal. Review and Relapse Prevention; at the end, the patient and therapist will review **the patient’s progress and create a plan to manage future challenges.**

**Describe how the treatment would help reduce the specific symptoms the person is experiencing.**

Using CBT for Olivia’s case would help her symptoms because it helps.

-physical symptoms such as shaky hands, rapid pulse, and sweating’

-helps boost confidence in social situations

-will help her to not avoid social activities

-builds coping skills and techniques

-helps her feel more prepared for school speeches which will lead to better grades