

Case Consult Four: The Case of Juanita

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Abnormal Psychology PSY-4305

December 5 2024

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Initial Notes and Observations

Juanita Delgado is a single Hispanic woman who appears to be casually groomed and generally unkempt. She is seeking treatment for suicidal thoughts, social isolation, and depressed mood. She presents as cooperative and coherent, acting generally dysphoric but showing appropriate emotion at times (smiling at appropriate moments). Ms. Delgado describes spending the last six months alone in her apartment engaging in comfort activities: sitting in bed, bingeing television and junk food, and overindulging in online shopping. She goes on to note that while she is generally “down and depressed,” she has one-to-two-day periods of self-described mania. During these periods, she is highly energized and often doesn’t sleep. After they subside, she sleeps for an extended period (about 12 hours). Juanita comes from an upper-middle class family and has a strained relationship with her father, who she describes as being obsessed with professional achievement, and a “Machiavellian loser” who was manipulative. Despite her seemingly low opinion of him, she acknowledges that he was very successful. Juanita notes that her family associates her with “angry outbursts.” She reveals that while in high school, she was depressed and isolated. Her academic performance was not affected until she dropped out of college after getting angry with a roommate and professor. She took simple intern jobs after that but would quit because she felt that “bosses are idiots. They come across as great, but they all turn out to be twisted.” She continues to quit jobs if she feels those around her are “disrespectful.” Juanita is not in a romantic relationship and has historically experienced anxiety when past relationships began to get more physically involved. She does not appear to have any real friends, though she considers herself close friends with college classmates that she hasn’t spoken with in years. Ms. Delgado has suicidal ideation and occasionally engages in self-harm. She has also been psychiatrically hospitalized three times after attempting to overdose. Juanita has been treated previously with psychotherapy (unspecified), antipsychotics, antidepressants, and mood stabilizers, and claims that she did not feel like it had helped. She seems conflicted when talking about herself, going so far as to say that she feels she was “put on Earth to do something great,” but when speaking generally, claims to feel like a failure. As a final note, during the initial interview she became agitated with the interviewer for looking at the clock.

Likely Diagnosis

Based on information gathered while interacting with Juanita, several diagnostic options are possible:

- **Major Depressive Disorder (MDD)**

This is a possible diagnosis. Juanita describes having “manic periods,” which may rule out MDD if accurate. More information is needed. The listed symptoms are what Juanita is experiencing, or is likely to be experiencing:

- **Depressed mood:** Juanita describes a general state of depression, claiming to be “down and depressed.” This is understood to be persistent.

- **Diminished interest in activities:** Juanita does very little. Aside from a handful of comfort activities, she isolates herself socially and doesn't put a lot of effort into personal hygiene.
- **Insomnia or hypersomnia:** Juanita describes a relatively erratic sleep schedule as part of "manic periods" that she experiences, though specific details are not known.
- **Feelings of worthlessness:** Juanita describes herself as a "failure."
- **Thoughts of death/Suicidal ideation:** Juanita has a history of suicidal thoughts and has even been hospitalized following attempts to overdose.
- **Time requirement:** All noted symptoms have persisted beyond two weeks.
- **Borderline Personality Disorder (BPD)**

This is the most likely diagnosis. Juanita meets the requirements for Borderline Personality Disorder.

 - **Efforts to avoid real/imagined abandonment:** It's likely that Juanita did not get much attention from her father, which has possibly influenced her opinion of him. She acknowledges that he was a success while also calling him a loser. She also became annoyed when the interviewer looked at the time.
 - **Unstable interpersonal relationships:** Juanita does not seem to have any friends to speak of, and is not in a romantic relationship. She describes people she knows as "frauds" and "losers." Very little is known about her relationship with her family, but she does not seem to be close to them. If Juanita's family is culturally traditional, this is a big sign that she has trouble maintaining relationships.
 - **Identity disturbance:** Juanita describes herself as having been "put on Earth to do something great," but also describes herself as failing in life.
 - **Impulsivity:** Juanita is known to quit jobs on a whim, quit college due to relatively minimal agitation, and currently engages in online shopping beyond her means.
 - **Recurrent suicidal behavior/self-harming behavior:** Juanita has a history of self-harm and was hospitalized three times following purposeful attempts to overdose.
 - **Mood swings:** Juanita claims that she is known in her family for her angry outbursts. Her "manic episodes" are noted as making her feel "edgy." This may also be attributable to mood swings.
 - **Chronic feelings of emptiness:** This is not confirmed directly in Juanita's interview but may be assumed based upon her actions. She is constantly isolated and does not meaningfully engage in life outside of her apartment.
 - **Inappropriate anger:** Juanita claims that she is known in her family for her angry outbursts. She also commonly becomes frustrated at her various jobs, inevitably leading to her resigning.

- **Time requirement:** As described by Juanita, these symptoms all appear to have been present for years, satisfying the time requirements for BPD.

Further Testing

To ensure an accurate diagnosis and guarantee a high standard of care that directly addresses Juanita's issues, I would first ask her to provide any details that she could about her manic episodes. This information has the potential to help confirm or rule out the possibility of Bipolar II and Major Depressive Disorder as diagnoses. To provide an accurate baseline for Juanita's current condition, I would also ask that a Structured Clinical Interview for DSM-5-TR (SCID-5) and Beck Depression Inventory (BDI-II) be administered. These may shed some more light on her personality and depressive symptoms.

Treatment Recommendation

I recommend that Juanita seek Dialectical Behavior Therapy (DBT), due to the likelihood that she is experiencing BPD. This may help her improve her emotional regulation, distress tolerance, mindfulness, and ability to build and maintain interpersonal effectiveness. I would also recommend that she be prescribed mood stabilizers (possibly lithium or lamotrigine) or, tentatively, a Selective Serotonin Reuptake Inhibitor (SSRI), such as fluoxetine. Juanita has unsuccessfully undergone treatment before, but the combination of DBT and adjusted medication may see some success.

References

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