**Case Study 1**

Student name:

Institution:

Course Code and Name

Instructor

Due date:

**Assignment: Case Study 1**

**Client**:

[Client B. Reiss Video](https://app.heygen.com/share/7dce9aca008e4a3fbe14cab9fd7951e7)

The major concern of 51-year-old Barbara Reiss, whose husband brought her to the emergency hospital, was "I feel like harming myself."

About four months prior, Ms. Reiss had started to "lose interest in life." She spoke of feeling down most days at that time. Months have passed with steadily deteriorating symptoms. She achieved her present weight of 105 pounds (a loss of 9 pounds) without dieting, simply by refusing to eat. She got up at 3:00 A.M. many mornings each week instead of her usual 6:30 A.M., and she had problems going asleep nearly every night.

Her capacity to focus, energy, and performance in her administrative work at a dog food production company were all negatively impacted. Thousands of dogs would perish because of her alleged error, she was sure of it. She was prepared for her imminent arrest and preferred suicide to a life behind bars.

A psychiatric examination and sertraline were recommended after the patient's primary care physician noticed her sad mood one week prior.

No mental health issues in the past were mentioned by Ms. Reiss. Depression was a problem for one of the sisters. Hypomania and manic episodes were disputed by Ms. Reiss. In an effort to have a good night's rest, she began drinking an extra glass of wine before bed, in addition to her usual glass with dinner. She and her husband had been together for 20 years, and they were parents to three children who were in elementary school. She has been with her present employer for thirteen years.

Her denial of drug usage was compelling.

A week prior, the primary care physician conducted a noncontributory physical examination. A whole battery of tests including electrolytes, creatinine, calcium, glucose, thyroid function, folate, and vitamin B12 came back normal.

Ms. Reiss showed signs of psychomotor agitation and cooperativeness during the mental status evaluation. Short responses, like "yes" or "no," were her go-to for the majority of queries. The speaker's speech was regular in pace and tone and free of circumstantiality and tangents.

Unusual ideas or hallucinations were rejected by her. She spoke into detail about the blunders she thought she'd made on the job and her belief that she would soon face charges related to the canine fatalities; she maintained that this was all real and not "a delusion." Most of one's recollection, both recent and distant, was unharmed.

**Case Study Outline:**

* PERSONAL DETAILS: Year of birth, gender, race/ethnicity, marital status, occupation, housing, and surrounding environment.
* ISSUED DILEMMA: How does the customer specify the issue? What does it mean? When did the issue first appear, and how frequently does it happen now? When anything goes wrong, exactly where does it manifest itself? Why is the client experiencing this issue right now? When was the issue not present or manifested in a different way?
* ACCOUNTS FROM THE PAST AND THE PRESENT: The patient's medical, social, familial, psychiatric, trauma, substance abuse, legal, cultural, religious, and spiritual background as well as their history of the current condition
* Personal strengths, flexibility, coping mechanisms, interests, the social sphere, which includes Economical, governmental, housing, ecological MENTAL STATUS EVALUATION: First Impression, Interview Response, Subjects covered include: motor actions, speech, emotions, cognitive functions, somatic functions, insight and judgment, and thought processes and content.
* Making the Formula: Integrating observation and information based on strengths, with a theoretical foundation. Factors that are multi-layered encompass things like biology, the mind, family, society, and culture. The purpose of the formulation is to address the question of why this customer is currently experiencing this problem by integrating all of the assessment data. One must think about the level of risk and the consequences of treatment.
* For a diagnosis, please refer to the DSM-V-TR. In addition to naming the disease or disorders, please explain which specific DSM-V criteria you think support this diagnosis. I want it to be quite clear: I want you to name the DSM criteria that this condition meets. Identify and describe any further requirements that the character fails to meet. Review the symptoms and how they relate to the behavior. To find the criteria, you will need to consult DSM-V, your textbook, and Blackboard, of course. Please keep in mind that the character may have symptoms of more than one condition, or that they may not fully fit the criteria for any one health issue. Feel free to mention that if they are lacking in any of the requirements.

# IDENTIFYING INFORMATION

* + **Name:** Barbara Reiss
  + **Age:** 51
  + **Sex/Gender:** Female
  + **Race/Ethnicity:** Not specified
  + **Relationship Status:** Married for 20 years
  + **Employment:** Administrative job at dog food processing plant (13 years)
  + **Living Situation:** Lives with husband and three school-age children
  + **Environmental Context:** Stress related to job performance and fear of legal consequences

# PRESENTING PROBLEM

* + **What (Client's Words):** “I feel like harming myself.”
  + **When:** Started ~4 months ago, gradually worsening
  + **How Often:** Daily depression, insomnia, low energy
  + **Where:** At work and home
  + **Why (Now):** Triggered by guilt/fear over mistake at work
  + **Exceptions:** No exceptions noted; symptoms appear chronic over the past 4 months

# CURRENT AND HISTORICAL INFORMATION

* + **History of Presenting Problem:** 4-month history of daily depression, insomnia, weight loss, poor concentration
  + **Family History:** Sister has depression
  + **Social History:** Long-term marriage, three kids, steady employment
  + **Medical History:** Physical exam and lab work are normal
  + **Psychiatric History:** No previous diagnosis; referred for first psychiatric evaluation
  + **Trauma History:** Not reported
  + **Substance Use:** Drinks 1–2 glasses of wine per night, no drug use
  + **Legal Involvement:** None currently, but she believes she will be arrested
  + **Cultural/Religious:** Not reported

# RISK AND PROTECTIVE FACTORS

* + **Personal Strengths:** Insight into problem, cooperative in evaluation, stable employment history
  + **Social Supports:** Married, has children, supportive husband
  + **Risk Factors:** Suicidal ideation, psychomotor agitation, significant weight loss, delusional guilt
  + **Protective Factors:** Family support, willingness to seek help, recent start on medication (sertraline)

# MENTAL STATUS EXAM

* + **Appearance:** Cooperative, normal speech, somewhat agitated
  + **Reaction to Interview:** Cooperative yet withdrawn
  + **Motor Behaviors:** Psychomotor agitation
  + **Speech:** Normal tone and rate
  + **Mood/Affect:** Depressed mood
  + **Thought Processes:** Logical, but content includes distorted beliefs
  + **Thought Content:** Suicidal thoughts, guilt over mistake at work (possibly delusional)
  + **Somatic Functions:** Weight loss, insomnia, low appetite
  + **Cognitive Functions:** Poor concentration, memory intact
  + **Insight/Judgment:** Insight into mood issues, but poor insight into delusional guilt

# FORMULATION

Barbara Reiss seems to be undergoing a **major depressive episode** with **psychotic features**, likely triggered by stress and guilt linked to her work. Various factors appear to overlap in her situation, including biological factors (such as a possible genetic predisposition from her sister), psychological issues (like guilt and low self-worth), and social influences (including job stress and caregiver responsibilities). Her suicidal thoughts and delusional feelings of guilt elevate her risk level, indicating an urgent need for psychiatric intervention and possibly hospitalization.

## DSM-5-TR Diagnosis: Major Depressive Disorder, Severe, With Psychotic Features (296.24)

**DSM-5 Criteria for Major Depressive Disorder (MDD):**

At least five symptoms that indicate a change in functioning must occur during a two-week period; these symptoms must include either a sad mood or a lack of interest or pleasure.

## Criteria (A):

1. Dealing with sadness for the most part of each and every day
2. Much diminished enthusiasm for and participation in
3. Determination to lose weight (≥5%) without resorting to diets
4. Trouble sleeping (trouble falling asleep and early waking)
5. Symptoms of psychomotor anxiety
6. Fatigue or a loss of vitality
7. Decreased ability to concentrate
8. Feelings of worthlessness, extreme guilt, or thoughts of suicide Regular contemplation of demise

Barbara clearly meets **all 9** symptoms—more than the 5 required.

**Criteria (B):** Symptoms cause clinically significant distress or impairment — Yes (can’t function at work, fears arrest, suicidal)

**Criteria (C):** Not due to substances or medical conditions — Yes (normal labs, no drugs, minimal alcohol use)

## Specifier: “With Psychotic Features”

Delusional guilt (believes she caused the deaths of thousands of dogs without evidence)

The delusions are **mood-congruent**, meaning they match the depressive tone (guilt, punishment, self-blame)

## Rule-Out Criteria

* **Schizoaffective Disorder:** Mrs. Reiss psychotic symptoms are only present during mood episodes
* **Substance-Induced Depression:** No evidence of significant substance use
* **Bipolar Disorder:** No history of mania or hypomania

## Conclusion (without saying “in conclusion”)

Barbara meets criteria for **Major Depressive Disorder, Severe, With Psychotic Features** based on her mood symptoms, suicidal ideation, delusional guilt, and functional decline. Her symptoms require immediate psychiatric attention, including medication, safety planning, and therapy. Her strong family support may be a protective factor in recovery.

# References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>