**Mental Illness Project**

**Learning Targets**

****Explain the purpose of the DSM-IV & identify the components in each axis.

 Understand the different approaches to the treatment of mental disorders

**PART ONE: CASE STUDIES**

**Directions**

1. Working in groups of 2-3, each member of your group should be assigned at least TWO of the case studies to analyze according to the DSM. Using the five axis of the DSM, analyze the characteristics of the individuals described each case study. For Example Axis I should include a definition of the particular disorder as well as evidence from the case study, which supports the diagnosis. YOU WILL NEED TO USE YOUR BOOK AND THE INTERNET TO RESEARCH THE DSM AND HOW IT WORKS.
2. Explain the treatment method for each case study in specific detail along with a justification for why that particular type of treatment was implemented. While treatment is not addressed by the DSM, identify the treatment method(s) which you believe would best address the symptoms described in your case study be sure to align your treatment to a particular school(s) of thought and a specific treatment method within that school of thought. YOU WILL NEED TO USE YOUR BOOK AND THE INTERNET TO RESEARCH VARIOUS TREATMENT METHODS.
3. Each member of the group will be responsible for typing up their case study results in the format of the five DSM axes.
4. **All** of the groups will come together to discuss their diagnosis and method of treatment. This process will allow you to see that the DSM has been of considerable help to clinicians however there is still variability in diagnosis.
5. Participation: All members of the group are actively engaged in the project.

**Axis for the DSM-V**

**Axis 1:** Identify the mental illness from which the individual described in your case study suffers. Include evidence from the case study to support the diagnosis.

Note: For axes 2, 4 and 4 do not feel the need to write something if there is nothing from the case study that fits the classification simply write *none*. If however there is a diagnosis of for example a medical condition include the evidence from the case study to support your diagnosis.

**Axis 2:** Identify any long-standing personality issues or developmental problems that could be contributing to the problem rather than a diagnosis of mental illness?

**Axis 3:** Identify any medical conditions that may be affecting the individual’s behavior.

**Axis 4:** Identify and social or environmental stressors that the individual has recently experienced.

**Axis 5:** (Estimate the range within 10 points)

Global Assessment of Functioning (GAS scale) from 1-100 where 1 represents total dysfunction and 100 represents the highest level of functioning.

**100-** Superior functioning in a wide range of activities

**90-**Absent or minimal symptoms good functioning in all areas

**80-** Symptoms transient and expectant reactions to psychosocial stressors

**70-** some mild symptoms or some difficulty in social, occupational or school functioning, but generally functioning pretty well

**60-** Moderate symptoms or difficulty in social, occupational or school functioning

**50-**Serious symptoms or impairment in social, occupational or school functioning

**40**-Some impairments of reality testing or communication or major impairments in family relations, judgment, thinking or mood.

**30-** Behavior considerably influenced by delusions or hallucinations, serious impairment in communication or judgment of ability to function in nearly all areas

**20-** some danger of hurting self or others, occasional failure to maintain minimal personal hygiene or gross impairment with communication

**10-**Persistent danger to severely hurting self or others

**Case Study #1**

Theodore Reskin just graduated from college. He was a good student and enjoyed reading and getting lost in science-fiction comic books. He also enjoyed board and internet games that dealt with fictional comic book characters and had a large network of online friends who shared this interest. Theodore was known as “Teddy” by his friends and was a genius at writing computer programs. Teddy occasionally experimented with ‘hacking’ but feared the repercussions of his actions if he were to be caught. Teddy had a girlfriend for a time in college and felt comfortable with those he knew well. He could be very funny and while shy, he was always very considerate of others feelings. He was straight-laced and had drunk alcohol on rare occasions in college but has never experimented with drugs of any sort.

Once Teddy graduated from college, he thought that given his grades and a highly regarded university on his resume he would quickly find a position in a company writing computer code. The economy was slow and the job was not forthcoming. Teddy’s mother was pressuring her son to “make something of his life” and wanted him to find a place of his own to live. Teddy thought that he would stay with his parents until he got married and had not anticipated his mother’s desire for him to move out, which made him feel hurt and rejected.

As weeks turned into months, there was still no job. Teddy’s mother threatened to force him to work for the family cleaning business. Teddy was not interested and began to spend more and more time in his room under the guise of looking online for a job. Instead, he played more and more internet games and became engrossed in the world that was created by the fictional characters in the games.

Since high school he had been particularly interested in a character named “Garth”. During the extended period of time in which Teddy had gone without finding a job he began thinking about Garth’s next move even when not playing the game. One day while grocery shopping for his mother, Garth began to tell him what to buy and not to buy and to ignore the list his mother had given him. When he returned home his mother was irate and ordered him back to the store. Once again, Garth took over and his wishes superseded those of Teddy’s mother.

The following week during an interview Teddy stared blankly ahead as the interview progressed, he was playing his favorite Internet game in his mind, while Garth verbally instructed him on how to destroy his enemies. The interview ended badly, and without a job Teddy became lost in the world of internet gaming, both while he was playing and while he was trying to do other things. Garth, and eventually other characters watched and directed Teddy’s every move. He withdrew from other friends and became extremely isolated, choosing to live almost exclusively in the world created by the Internet game.

**Case Study #2**

Jackie had always lived a relatively comfortable life. She was raised in a small community on the east coast and was raised by nannies and housekeepers as much as her own parents. Her father was a successful real estate broker and often worked with celebrities and demanding clients, he was often out of town and Jackie would not see him for weeks at a time. Her mother was a kind woman, but caught up in the world of “lunches” and shopping and disinterested in caring for her young child. She always wanted to ‘see people and be seen’, and often left her only daughter to the care of the household staff. Luckily, Jackie was well cared for and shown much love by those who worked for her parents. Although she suffered from terrible allergies she enjoyed being outside and played many sports. She became an expert horseback rider and competed in many competitions

As Jackie grew older she became resentful of her mother’s disinterest when she was younger. While her mother had never been unkind to her, she simply had never made Jackie a priority. Early in her teenage years she began smoking, drinking and getting into trouble. Jackie’s mother decided that boarding school was the answer to help Jackie get on the right track. Once again, this involved others taking over the primary responsibility of parenting Jackie. At school, Jackie withdrew and no longer participated in activities such as tennis and horseback riding that she had once loved. She rarely lefty her room, but when she did she often would stay out all night and often engaged in risky behavior with the boys from a neighboring school. Often times she would then retreat to her room for days on end, sleeping and brooding over her lack of care and her own reckless behavior. This type of behavior went on for months. At the end of the semester, Jackie on an impulse flew to Los Angeles where she shopped for four days straight, running up a credit card bill of over $20,000. While Jackie’s family had money she did not and when she returned to school and the headmaster realized what had occurred, she immediately called Jackie’s mother. By the time Jackie’s mother arrived on campus, Jackie was once again remorseful and upset with herself. She ate little and seemed uninterested in activities she used to enjoy. Jackie spent the next week in her dorm room sleeping and lamenting her fate. When Jackie’s mother reprimanded her for her actions she was hurt and felt neglected because money was the one thing that she could always depend on her parents to provide. Jackie spiraled into another episode of staying in bed and retreating from others. She did not see a way out and felt that there was nobody close enough to confide in. Jackie contemplated suicide but never acted in this impulse.

**Case Study #3**

Kendra was beautiful and popular from the first time anyone could remember. As a child she did some modeling and as she grew into her teenage years her looks only improved. In addition, she had an outgoing and cheerful personality and was kind to everyone even if she was not particularly close to them. She had a very close bond with her family and had two older brothers who doted on her and looked after her at school and in their neighborhood. Kendra loved performing and was actively involved in school plays and productions in high school. She was also on the school dance team and loved serving as the announcer for the school volleyball games. Kendra suffered from migraine headaches and as a result she missed much school. Her family did not have the money to pay for a personal tutor, so instead she enlisted the help of friends who always were willing to make sure that she stayed caught up in school. She wanted to excel, but found it difficult to keep up given the amount of school she had missed.

In her second year of college, Kendra’s father suddenly died of a heart attack, the family was devastated and Kendra did not take the news well. She was not able to attend the funeral because she felt dizzy, nauseous and experienced a terrible migraine that left her bedridden for two days. During this time, her mother and brothers made every effort to insure that Kendra was comfortable, but they were also in mourning for their lost husband and father. Two weeks after her father’s funeral her oldest brother was deployed to fight in the Middle East, while everyone knew that this was coming it was difficult to take during this time of loss for the family. Kendra now felt stomach pains and went to the doctor to find out what was happening. He assured her it would pass and she would be fine.

Directly after college Kendra married and settled down in a small town not far from where she grew up. She was new to the neighborhood and no longer the center of attention. While her husband loved her and treated her well, he did not dote on her as her family had when she was growing up. She got a job as an executive assistant and tried to make the best of it, but she missed her family terribly. She travelled to her hometown every few weeks but still missed their constant presence in her life. Her migraines returned and each time she would miss work and her mother would come to care for her. She started having dizzy spells at work and was convinced that she had vertigo. Her doctor assured her that she was fine and she was cleared to go back to work. Kendra insisted that she could not as she could hardly stand and her stomach felt uneasy. Her mother stayed until she felt better but the cycle would occur every 4 to 5 weeks, eventually causing Kendra to lose her job. She tried a new doctor but he too assured her that she was ‘fine’. She decided that until the symptoms went away she should go and stay at her mothers where as she put it, she would “receive proper care”.

**Case Study #4**

Kurt was considered a “bully” from the time he was in preschool. He pushed other students and teased them mercilessly. Other students in Kurt’s class sided with him or hung around with him only because they did not want to face the same torment. He seemed to derive pleasure out of these activities and when his teachers made him apologize for his actions he did so only half-heartedly.

Kurt’s home life was somewhat chaotic, his father had left when he was a baby and while Kurt knew who he was, he had little contact with him. His mother worked two jobs to insure that the family could keep their home. She frequently had boyfriends who would occasionally stay with the family for weeks on end. Often these relationships would end with a big fight and the men would disappear and a few weeks later someone else would take their place. Generally, Kurt and his brother were left to fend for themselves for most of the day.

Kurt was extremely intelligent and performed well on exams and standardized assessments despite rarely completing his homework. He often lied and convinced his teachers to give him extended time on homework assignments despite having no good reason for not having them completed. Occasionally, he would take assignments from other students or turn in someone else’s homework claiming it as his own. He did not seem to care that the other person did not get the credit for their work. During group projects he manipulated others into doing his work, but during presentations he would come through with flourish therefore never suffered the consequences of not completing the work himself. It appeared to his teachers that he was well prepared and the leader of the group, because his behavior went undetected he continued to behavior the same way.

His relations with women were much the same, he would often be dating three women at a time and thought nothing of lying to them or convincing them it was something they did to drive him into the arms of another women.

Kurt became a trial lawyer, taking on cases for large corporations and serving as both prosecutor and defense when needed for different cases. He did not care if he had to lie to win his case nor did he care if his client was guilty or innocent. Kurt’s main objective was to win high profile cases to further his own career.

Kurt was brought to the police station after a hit and run accident in which he hit an eight-year-old boy who had run into the street to retrieve his Frisbee. Kurt did not stop or express any concern for the boy when he was arrested but was concerned that his name would appear in the papers and that he would be late for a meeting with a high profile client. The boy was hospitalized, but Kurt did not inquire into the boy’s health and blamed the child for being somewhere that he should not have been.

**Case Study #5**

Leon was working as an air traffic controller on 9-11, 2001 when the flight that he was responsible for guiding safely to the ground was taken over by terrorists. Leon could hear everything that occurred in the cockpit and did everything in his power to provide for the safety of the passengers but to no avail.

7 years later, Leon has relived the twenty minutes in which he had contact with the plane over in his head thousands of times. He still works as an air traffic controller and thinks about the event multiple times per day. He realizes the events were out of his control but cannot help but feel somewhat responsible for the deaths of the people on the plane. Leon took some time off after incident and he began seeing a counselor ever since to work through his grief and feelings of guilt.

These pressures have created tension with his family and he has become more introverted and caught up in his own thoughts. Leon has become very concerned with his children’s well being. His wife has become impatient with him because he often seems nervous and she feels that he is distracted and ‘absent’ when he spends time with the family. Although he has been to the doctor multiple times complaining of aches and pains, the doctors report that he has no evidence of any physical ailment. She wants everything to return to normal and return to their previously life including socializing with friends and enjoying each others company. He has become very irritable and morbid. He often dreams about the incident and each day when he goes to work dreads that something similar will occur.

On the job, his performance has been outstanding. He went through a retraining program to give him the confidence he needed to go back to work and he is extremely diligent trying to account for any possible interference and always opting for the safest option even if it will be an unconvinced for passengers. Despite his performance at work, each time he guides a plane, he has a vivid image of the events of 9-11.

**PART TWO: Mental Illness Presentations**

The purpose of this part project is for you to teach what you have learned about a disorder in a PowerPoint presentation. This should be in-depth and be **5 – 7 minutes** long. You can include discussion questions or short activities to get everyone else involved.

Please take note of the following:

1. Your PowerPoint presentation should be accurate and complete, without being too long. **Limit yourself to no more than 10 slides. Use bullets, not long text. Explain from your notes and the bullets – we will take notes!**
2. Slides should be attractive, creative, easy to read, and interesting. All text should be your own words, not copied and pasted.
3. Provide a video clip, which is **less than 4 minutes** in length by which to present your illness. Please send this to me the night before you present in order to insure that it will work.
4. Your presentation should answer the following questions:
   1. What is the disorder? Is there a history that goes with it (may not have a history)?
   2. What are the causes/etiology of the disorder?
   3. What are the different theories on the causes of the disorder (bio-psycho-social)?
   4. What are the symptoms? What warning signs are obvious?
   5. Prevalence (i.e. age, culture, family patterns)
   6. What is the treatment? What specific treatments, therapeutic and medication, are used for the disorder?
   7. Is there anything interesting relating to this disorder (famous people with disorder, current theorists, weird treatments, etc.).
   8. Is there anything new in the field?
   9. Include at least 3 sources: remember, we are not psychologists. This is an activity of exploration.
5. Fractured Fairy Tales You are going to rewrite a common fairy tale giving the main character(s) your disorder.
6. MCj04046210000[1]Choose a fairy tale you are familiar with (refer to the list provided). Two groups may not use the same story (first come, first serve).
7. Using your researched knowledge of the disorder, rewrite the story as it would be if the main character had that disorder.
8. Stories should NOT name the disorder, but should describe it within the story.
9. Type the finished story and include all group members names on the top of the page.
10. Be prepared to discuss your character(s) and their disorder.

*After all presentations are complete, students will read the fairy tales. Using the knowledge gained from the presentations, students will be asked to diagnose what disorder the characters in the fairy tale have.*

**Disorder List** (organized by category and subcategories), students choose one of the subcategories.

1. Psychotic Disorder – difficulty recognizing reality
   1. Schizophrenia
2. Mood Disorders – disturbances of emotions
   1. Depression
   2. Bipolar
3. Anxiety Disorder – unexplained feelings of apprehensions and tenseness
   1. Obsessive Compulsive Disorder
   2. Post-traumatic Stress Disorder
   3. Panic
4. Dissociative Disorder – person’s sense of self separates from the individual’s memories, thoughts or feelings
   1. Dissociative Identity Disorder
   2. Dissociate amnesia
   3. Dissociate fugue
5. Somatoform Disorder – physical problems occur for psychological reasons.
   1. Hypochondriasis
   2. Conversion Disorder
6. Personality Disorder – unpleasant and peculiar personality patterns
   1. Antisocial Personality Disorder
   2. Borderline Personality Disorder

**Fairy Tale List**

Rapunzel

Chicken Little

Snow White

Peter Pan

Gingerbread Man

Aladdin

Beauty and the Beast

Princess and the Pea

The Frog Prince

Tom Thumb

Thumbelina

Goldilocks

The Lion and the Mouse

The Tortoise and the Hare

Rumplestilskin

Cinderella

Three Little Pigs

Little Mermaid

Hansel and Gretel

Jack and the Beanstalk

Ugly Duckling

Swan Princess

Little Red Riding Hood

The Boy who Cried Wolf

The Emperors New Clothes

King Midas

Stinky Cheese Man

The Ant and the Grasshopper

The Lion in Love

The Miser and His Gold

Country Mouse/City Mouse