Final Paper and Case Study

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COUN 523: Diagnosis and the DSM

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Case Vignette:

Tiffany is a 26-year-old widow. She is the younger of two children born to Cheryl and Doug Culpepper. Tiffany lives in a small apartment over her parents' garage. She is of average height and is slender. She is Catholic and attends church with her parents at times. Tiffany was wearing shorts today that showed self-harm scars on the inside of her legs. Tiffany was required by the court to participate in a mental health assessment for a property destruction charge she received recently; it was the sixth directed at her sister's, Veronica, home but only the second reported to law enforcement. Tiffany believes her sister wants her parents to abandon her. Cheryl stated Tiffany sees Veronica as not caring about her when she encourages them, Cheryl and Doug, to do things for their own happiness because they spend so much time looking out for Tiffany.

Tiffany graduated high school through an alternative education program and earned an associate degree through Western Nebraska Community College. She jokes that it only took her four years to get a two-year degree. Tiffany reports feeling uneasy all the time with constant changes in her feelings of mostly anger, irritation, and distrust.

Cheryl described Tiffany as having met her childhood developmental milestones at a normal pace. She was a little impulsive as a child, but nothing out of the ordinary, except that she had trouble making friends. Tiffany's impulsivity increased when she entered puberty, and around the age of 15, she started cutting herself. Tiffany stated that she didn't cut to kill herself; the cutting just helped her "feel better somehow". Tiffany added that she still does it when feeling "extra" and feels "extra" often. Tiffany describes her feelings as ranging from good where she's "ok" to bad where she hates everyone including herself. The good doesn't seem to last long.

Tiffany did have a period of time when she felt mostly good. She met Pat Solitano, her husband, during this time and they were married within 3 months. Pat was in the military and was deployed shortly after they married. He was killed in Afghanistan and Tiffany spiraled to the "bad", as she describes it, and attempted to kill herself on two different occasions.

Tiffany resents having to live in the apartment over her parents' garage but states she hasn't been able to keep a job for very long because "I get mad and tell everyone to go to hell." She also admits she has had other legal troubles for driving recklessly. She stated she lost her driver's license two years ago which is why she needs her parents to get her to appointments.

Cheryl added that Tiffany's mood has been unpredictable since she was 15. She agreed that while Pat was in Tiffany's life things settled down, but since his death nine months ago, Tiffany seems to have gotten considerably worse and she even stopped running, her way to relax.

Cheryl explained that she had a brother who behaved like Tiffany. He died in a car accident when he was 22 years old. Cheryl worries about what might happen to Tiffany. Tiffany says she does wish she could control herself more and not have sex with just anyone which she does sometimes when she feels "ugly" but knows it doesn't help because she "just feels empty" afterward, but she can't seem to stop herself and that is why she wants to try therapy again. She says she wasn't that way when she was married to Pat, Pat made her happy and helped her control her feelings and everything just went downhill after he died. Tiffany states she did meet with a therapist for a while during her time in college, but she missed a lot of appointments, and what she learned just faded away.

Tiffany has trouble appropriately responding to negative feelings or emotions, she is impulsive, she cuts herself and has attempted suicide on two occasions, she behaves in ways that counter her best interests and complicates relationships, and she can't control her promiscuity.

2. DSM-5-TR Diagnosis

1. Tiffany conforms to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-TR-5) criteria of Borderline Personality Disorder (BPD) in that she exhibits a "pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity." (DSM-TR-5, 2022, p. 752). The DSM-TR-5 requires a client to meet the criteria for at least five of the indicators to be diagnosed with BPD. Tiffany meets the criteria for 7 indicators of BPD in that she 1) has a strong fear of abandonment and for that reason, she regularly attacks her sister both verbally and physically because she believes her to be trying to drive a wedge between Tiffany and her parents which could lead to them abandoning her. 2) She has an "unstable self-image or sense of self" and engages and/or has engaged in self-harming behavior by cutting, attempting suicide, and being promiscuous. 3) She has a history of impulsivity and is currently impulsive in her relationships. 4) She has recurrent suicidal and self-mutilating behavior having previously attempted suicide on two occasions and cutting regularly since the age of 15. 5) She has "affective instability due to a marked reactivity of mood" exhibited by her tumultuous relationships and inability to maintain gainful employment. 6) She has "chronic feelings of emptiness" which follow each of her sexual indiscretions. 7) She has "inappropriate, intense anger or difficulty controlling anger" as described by both Tiffany and her mother which has resulted in an inability to maintain employment, troubled relationships, and legal trouble. (DSM-TR-5, 2022, pp. 752-753).

Tiffany was assessed as to the presenting concerns by Structured Clinical Interview for DSM-TR-5-Personality Disorders (SCID-5-PD) for BPD. She was also assessed through the Hamilton Rating Scale for Depression as BPD frequently has depression as a co-occurring diagnosis. Tiffany does experience depression and suicidality, but the experience is generally

situational. She, therefore, does not require an additional diagnosis for depressive symptoms, although the concern for suicide does require attention and an ongoing plan to intermediate as it could be costly for Tiffany and/or her family if they were to fail to respond when Tiffany feels suicidal even if it doesn't happen often.

2. Tiffany differed from the DSM criteria in that she did not verbalize any current period of "extremes of idealization and devaluation" (DSM-TR-5, 2022, p. 752) in her relationships, although there does appear to be a constant devaluation of her sister. I can't help but think that there was a time that Tiffany had extreme idealization of Veronica as she feels she is someone everyone listens to and devalues her now as she believes her to be her main conspirator in encouraging Cheryl and Doug to abandon Tiffany. Secondly, Tiffany did not appear to have any "paranoid ideation or severe dissociative symptoms" (DSM-TR-5, 2022, p. 753) aside from the constant concerns of abandonment.

3. In regard to differential diagnosis, Histrionic Personality Disorder, and Major Depressive Disorder were ruled out. Tiffany appeared to be more in line with the criteria for BPD than Histrionic Personality Disorder even though it appears that some of her behavior may be for the sake of getting attention. Additionally, although depression is present in Tiffany along with BPD, it is not to the extent that Tiffany would require an additional diagnosis. It appears that most of the symptoms of depression for Tiffany are situational, not ongoing.

4. Tiffany's cultural background might not affect her diagnosis and collaborative counseling plan tremendously if the counselor is identifying her needs specifically on her most identifiable cultural traits of being a young, White, American-born and raised female living in the United States of America. "Writers in the field of multicultural counseling allege that most contemporary theories of therapy and therapeutic practices are grounded in individualistic

assumptions frequently associated with the values of mainstream U.S. culture (Duran et al., 2008; Sue & Sue, 2013). These values include autonomy, independence, self-determination, and becoming your own person." (Corey, et al., 2019, p. 4-5a). Therefore, culturally speaking, Tiffany is likely to fit into the pattern identified in the DSM-TR-5 for females diagnosed with BPD. However, a counselor would be remiss if in developing a treatment plan they ruled out any other cultural affect. "Western cultures tend to promote independent models of the self that emphasize personal control and the preeminence of individual rights and responsibilities. Feminist and multicultural scholars are critical of this model and emphasize the salience of mutual interdependence, connection to others, communal responsibilities, and emotional responsiveness in leading a moral life. The broader social contexts of families, groups, and communities are often important to clients who value the interdependent self more than the independent self." (Corey, et al., 2019, p. 4-5a). Tiffany is diagnosed with BPD and as such her fear of abandonment is a major contributing factor to the diagnosis. A counselor could possibly overlook the value Tiffany and her family place on interdependence and consider it a symptom of the diagnosis rather than a goal to identify and improve upon.

A second cultural concern could arise in how Tiffany's symptoms are addressed in that the presentation of symptoms of BPD in women is more apt to be internalized whereas men externalize the symptoms. (DSM-5-TR, 2022, p. 756). Tiffany appears to present as externalizing her behavior which is different from the norm, and this will have to be considered in the creation of a treatment plan.

5. The historical/social/political/cultural issues that need consideration before applying this diagnosis involve Trauma Informed Care (TIC) and the historical effect diagnosis has had on mental health patients. "It is believed that approximately 15% of the U.S. population meets the

criteria for at least one of the personality disorders." (Kress/Paylo, 2019. P. 269). In the behavioral health field today, TIC has become a staple when providing services. In the mental health field and/or substance abuse field, it is not only politically correct, but also an expectation that employees know and understand how trauma affects client outcomes, and agencies serving this population expect their employees to provide clients with TIC from the moment they enter the front door. Therefore, when considering the limitations that a diagnosis may place on an individual those involved should also consider the traumatic experiences of the individual that may have contributed, if not created the problem in the first place. I believe society is progressing toward being more accepting of and tolerant of those affected by mental health concerns, therefore, it is a natural consideration that diagnosis would no longer be as limiting as it once was and could be helpful in defining the value of treatment. However, in mental health as with anything else, there are always concerns that could arise from labeling or categorizing someone with a diagnosis and counselors should be able and willing to discuss the concerns that could arise with clients in the process of providing services.

6. The client's gender is important in both the diagnosis and in developing a collaborative counseling plan in that counseling practice, as it pertains to the counselor being aware, that men and women have different preferences. However, the counselor would also have to consider individual preferences as well, not just the client's gender. The presentation of symptoms of borderline personality disorder in women is more apt to be internalized and externalized in men. (DSM-5-TR, 2022, p. 756). This was not the case with Tiffany; therefore, a treatment plan and therapy would have to accommodate her specific presentation of symptoms not just the fact that she is female. In addition, the prospective treatment plan would need to make a central point of reflecting the individual's goals when addressing the symptoms as well as the clinically

suggested interventions for that diagnosis best suited for the individual's behavior and needs regardless of whether a client is male or female.

In regard to the gender of the counselor, it is important to consider cultural competency and client preference. If the client feels a connection to the counselor counseling is likely to be more effective. Therefore, the counselor should be in tune with the client's preference for gender, among other things, and be able to identify what would be best for the client even if it would mean referring that client to someone else for them to be able to make that connection.

7. The specific needs that the client, Tiffany, perceives are that she feels "ugly" and can't control her anger both of which create challenges in reaching personal goals. The goals Tiffany identified to address these feelings are finding alternatives to engaging in sexual intimacy with strangers and building social skills and coping skills to aid her in being more socially competent.

Tiffany identified feeling "ugly" as the driving force of her promiscuity. She would like to find ways to address these feelings as an alternative to becoming sexually intimate with strangers. Tiffany also appears to feel out of touch with the world around her and she would like to build social skills that would enable her to find employment and keep it.

8. Tiffany's strengths can be integrated into the collaborative counseling plan beginning with her awareness. Tiffany is very aware of her behavior and the negative contributions it makes to her life. She can remember the period of time when she functioned better. It was when her husband was still alive. Although this was a short period of time and Tiffany was likely experiencing the "idealization" (DSM-TR-5, 2022, p. 752) of her partner, she does recognize the difference in herself from then to now. She recognizes that she needs her parents to help her meet her daily needs and she recognizes the risk she puts herself in by being promiscuous and the feelings that

move her to do it. She can identify the negative contributions her behavior makes to her life, and she would like to learn to control herself better.

9. Integrating client goals and counselor goals can be done well if the counselor's goals are based on the client's bests interests and the counselor and client work together for a positive end to therapy for the client. I feel that when starting counseling and setting goals for therapy, one main aspect that needs to be considered is the end of therapy. The end of therapy should be considered from the start and the client's goals should have a reach-by date included if at all possible.

My goals for a client, in general, are based primarily on seeing the client improve in the aspects that they feel cause them the most discomfort in life or that are keeping them from reaching their goals. I feel my role as a counselor would be to help Tiffany define her goals and support Tiffany in reaching those goals. I feel I could do that by helping her break down the goal into smaller steps that she can more easily accomplish and that would incentivize her by showing her the progress she is making toward reaching her primary goal. Further, I could help her to identify those individual steps to reaching goals so that she can utilize them on an ongoing basis after she is done with therapy.

10. I believe that the best approach to help Tiffany reach her goals and objectives would be Cognitive Behavioral Therapy (CBT), more specifically, Dialectical Behavioral Therapy (DBT) in group and individual practice. DBT is a type of CBT. DBT "helps clients identify their unique strengths and builds on them so that the person can feel empowered to make changes." (Kress/Paylo, 2019, p. 280). One of the main aspects of DBT is the therapeutic relationship; it is important that a positive relationship exists between client and counselor so that the client trusts that the various techniques the counselor recommends will work. The belief is that the client

will engage more fully when they more fully trust the counselor. Therefore, since it is difficult to build trust with this group, the counselor will need to be diligent in not just setting firm boundaries, although they are extremely important, but also being diligent about being someone the client can count on. The counselor will need to be reliable and consistent toward the client as well as be aware that the client may exhibit strong reactions to the counselor. Being consistent and reliable will help establish a working relationship between the client and counselor in the therapeutic process.

11. Regular evaluation of the counseling plan and goals with the client is important to gauge the client's satisfaction in their progress toward reaching those goals. DBT invites the counselor to work with the client both in a group setting and an individual setting. I believe that the setting in which the progress of goals is assessed would depend on the client's comfort level. It is highly likely that a client making progress on their goals will be willing to discuss their progress in the group setting. If they are not making progress, the client would probably prefer to address the situation in an individual session. However, even when the client is making progress, I believe that giving the client the opportunity to discuss their situation in an individual session periodically will invite the client to share more openly.

I CAN START Model of Treatment Planning

I – Individual Counselor

I believe that Tiffany will be difficult for me in counseling because she presents with several different problem behaviors at the same time and some of her behavior is such that she may lash out at me. Still, I think I can be of service to Tiffany because I have a stable affect regarding mood and tone, and I feel I am capable of avoiding a defensive stance in working with Tiffany. I don't get scared or surprised easily and I am able to respond calmly when people are yelling at me. I am a student counselor and as such I will require supervision and guidance in processing Tiffany's behavior and responses in order to guide her appropriately through treatment. I will also need supervision to prepare for counseling, ask questions, and alleviate my own doubts, that I am certain to have, about what I am doing.

C – Contextual Assessment

Tiffany, a widow, aged 26 and Catholic is the younger of two children. She has one sister, Veronica, to whom she directs much of her aggression. Tiffany has a history of self-harm by cutting; she has also attempted suicide on two different occasions. Tiffany lives in a small apartment over her parents' garage. She graduated high school through an alternative education program and earned an associate degree through the local community college. She lost her driver's license after receiving several tickets for reckless driving. Tiffany was impulsive as a child and had trouble making friends; her impulsivity increased when she entered puberty and around the age of 15, she started cutting herself. Tiffany was married for a short period of time and her symptoms seemed to be less aggressive during this time. However, her symptoms escalated after her husband's death, and she became suicidal and promiscuous. Tiffany has one uncle who exhibited a similar behavioral pattern, he died in a car accident at a young age.

Tiffany presents with symptoms of affective dysregulation, impulsivity, suicidality, maladaptive interpersonal functioning, and lack of control over her promiscuity.

A – Assessment and Diagnosis

Diagnosis

- F60.3 Borderline Personality Disorder
- F34.1 Rule out Persistent Depressive Disorder

Assessment

- Structured Clinical Interview for DSM-5-Personality Disorders (SCID-5-PD)
- Hamilton Rating Scale for Depression (Diagnosis for Major Depressive Disorder was unfounded as there was not a consistent level of depression present. The client experiences depression and suicidality situationally for limited periods of time.)

N – Necessary Level of Care

- Outpatient individual therapy (once per week)
- Group therapy (once per week)

S – Strength-Based Lens

- **Self** – Tiffany has graduated both high school and college. She understands her behavior creates issues for her and she has the desire to change it.
- **Family** – Tiffany's parents and sister have remained close to her despite her behavior, and they have the desire to help her improve her situation. Her parents provide ongoing support and supervision of Tiffany and help her by providing her with a place to live, transportation, and regular companionship.

- **Community** – Tiffany is a member of the Catholic church and attends with her parents on occasion. She has contacts in the community through the community college and church that she can utilize as she moves forward.

T – Treatment Approach

Dialectical Behavioral Therapy (DBT) – Group and individual therapy to manage emotions, tolerate distress and improve relationships.

A – Aim and Objectives of Treatment

Tiffany will gain a better understanding of her negative feelings and distorted cognitions to help her get better control over her thoughts, feelings, and behavior by learning to identify the onset of stressful situations or poor feelings about herself and utilizing coping skills to respond to them in healthy ways. The goals Tiffany identified to address these feelings are finding alternatives to engaging in sexual intimacy with strangers and building social skills and coping skills to aid her in being more socially competent.

- Tiffany will learn new ways of dealing with negative feelings and focus her attention on 2 specific methods of coping and will utilize them 100% of the time when she is feeling the onset of anxiety, anger, or self-deprecation.
- Tiffany will learn to identify when she is feeling the urge to self-harm or is becoming suicidal and will utilize coping skills to calm her feelings 100% of the time. If she feels she is unable to calm herself she will call her mother, father, sister, or 911 immediately for help 100% of the time when she is unable to calm herself.
- Tiffany will address the origins of her anxiety and negative feelings and learn how they affect her current functioning through participation in weekly individual counseling and weekly group counseling.

- Tiffany will learn and practice social skills through her group counseling sessions and practice them throughout the week 75% of the time.

R – Research-Based Interventions

- The counselor will establish a therapeutic alliance with Tiffany by establishing firm boundaries and reviewing their own feelings with a supervisor or counselor so as not to allow themselves to become defensive or critical of the client and by being consistent and reliable in their treatment approach.
- The counselor will validate the client throughout the process by paying close attention to the client's participation in treatment, application of learned skills, and identification of their learning and improved skills and relationships.
- The counselor will conduct group and individual Dialectical Behavioral Therapy to help Tiffany manage her emotions, tolerate stress, and improve her relationships.

T = Therapeutic Support Services

- Weekly group counseling and weekly individual counseling (DBT).
- Medication management appointments with a psychiatrist for evaluation of the need for medication in treatment.
- Plan for hospitalization if/when suicidal ideation becomes severe.
- Full physical with the client's primary physician to include sexual health check.

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