**Assessment 2: Written assignment**

**Word limit:** 2000 words (You will be penalised for going more than 10% above the word count). Please list the word count at the end of your essay (essential).

**INSTRUCTIONS:**

1. Choose **ONE** of the case studies below, and use this as a basis for your essay. **Clearly indicate the number of the case study you have chosen.**
2. In your essay, which should have an introduction and a conclusion, you need to ensure that you address each learning outcome as outlined below. You will need to **identify** the mental health issue/disorder represented in your case study in order to address the learning outcomes appropriately. Use these learning outcomes as headings in your essay:

1. **Discuss the concepts of *normal* and *abnormal* as they are used in psychology**

 Discuss how, for the particular mental health issue/disorder in this case study, distinctions may be made between *normal and abnormal* mood, thoughts, and behaviours (whichever is applicable).

 Also reflect on any difficulties in making the distinction between normal and abnormal for this mental health issue/disorder.

 **Give examples from the case study to illustrate your points wherever possible.**

2. **Critically evaluate the role of classification, diagnosis, and assessment in understanding abnormal behaviour**

 Discuss any issues that may make classification of this particular mental health issue/disorder problematic. This could include changes in classification from previous versions of the DSM to the DSM5, issues such as co-morbidity, or difficulty in defining or measuring the characteristic/behaviour in question.

 You can also discuss the implications or consequences arising from classification/ giving a label of this particular mental health issue/disorder.

 **Give examples from the case study to illustrate your points where possible.**

3. **Demonstrate knowledge of the diagnostic criteria of major psychological disorders**

 Outline the DSM5 criteria for this mental health issue/disorder and **give examples** from the case study to demonstrate how (and which) DSM5 criteria are met.

 Describe any accompanying features that may be present for this mental health issue.

4. **Demonstrate knowledge of the aetiology and treatment of major psychological disorders**

 Provide a brief overview of the main causes of this mental health issue/disorder.

 Then, choose *one* particular aetiological factor as well as *one* particular form of treatment (the most commonly recommended, evidence-based approach) for the disorder, and provide a more in-depth discussion of the causal factor and the treatment approach you have chosen.

5. **Assess the impact of socio-cultural factors in understanding psychopathology**

 Discuss the role of social and cultural factors (such as socio-economic status, gender, ethnicity, and age) in terms of diagnosis, aetiology and treatment for this disorder.

 **Make reference to the case study** **where appropriate.**

6. **Present work to the appropriate academic standard**

 This learning outcome is assessed throughout your assignment. It includes aspects such as: structure of the essay (including introduction and conclusion, recommended formatting followed), appropriate and correct use of APA 6th referencing, language, grammar, and spelling.

Please note that you should not just paraphrase or summarise your text book or class/lecture notes.

Evidence of further reading, reference to research, and independent thought is required.

**NB NB NB!!!: Please refer back to and give examples from the case study in your answers to demonstrate your ability to link theory to practice.**

**CASE STUDIES:**

**CASE STUDY 1: Emily**

Emily presented for therapy with intense distress about what she described as “freaking out” experiences. She reported that things had started to go wrong the week before she was due to start a new job as a primary school teacher - the first job in her direct field that she had been able to obtain since moving to New Zealand 6 months prior, and having worked in a range of unrelated fields since her arrival on a temporary visa. At the time she said that she felt that things were finally looking up. She reported that the last few years had been very stressful: she had separated from her husband, had been involved in a tense custody battle, and had lost her job in England due to funding cuts. She and her son had decided to make a fresh start in New Zealand and had left England with only a suitcase each. Emily had been confident about finding work, but had found it more difficult than expected. With the new job, things had finally seemed to be falling into place.

She described how the week before she started her job, she had parked the car outside Countdown with the intention of picking up a few items for dinner. She had been in the aisles trying to decide what to buy for lunch, when suddenly she felt herself to be overwhelmed by all the available choices. Seemingly out of nowhere, she experienced a crushing sensation on her chest. Her throat tightened and she felt as if she were choking. Her heart raced, and her hands were clammy. The items on the shelves in front of her, which had appeared clear just a few moments before, faded into the background and seemed fuzzy. Emily described how she was filled with sheer terror, and how her breathing had become short and rapid. She remembers thinking, “This is it. I am having a heart attack, and I am going to die”. She experienced a very strong impulse to escape, so she dropped her shopping basket and rushed out of Countdown to the safety of her car. She reported that she was gasping for air, and frightened that she would die. By the time she reached the parking lot, the pressure on her chest had eased up, and her breathing had begun to return to normal, enough for Emily to believe that she had survived. She described sitting in her car for a long time – she couldn’t say exactly how long – before attempting to drive. She couldn’t understand what had happened, or what was wrong with her, and all the happiness she had felt earlier was replaced by a growing fear and dread that what had happened in Countdown might strike again.

She reported that when she was eighteen and driving with her mother on the freeway she had had a somewhat similar experience. The roads had been wet and traffic quite heavy. Cars had seemed to overtake at great speed and she remembered her mother sitting next to her tensely, and ordering her in a stern voice to change lanes. She remembered her breathing speeding up and her heart beating rapidly and seemingly loudly. She had felt panic-stricken, but managed to change lanes and pull over. To this day however, she feels tense when she recalls the incident.

Since the incident at Countdown about 6 weeks ago, Emily reported that she had had a further 3 incidents of “freaking out” when in a supermarket or shopping centres. Each time she reported that she was convinced she was going to die. She reported that she found going to such places extremely difficult, to the extent that she avoided them whenever possible. She worried constantly about having a repeat performance, and reported feeling anxious a lot of the time although it had not happened to her in her new work setting, and she was generally confident as a teacher. While Emily reported not being a heavy drinker, she admitted that she had begun to have few drinks at night to calm herself down. Although she is generally in good health, she was diagnosed with a health condition that causes her to experience occasional heart palpitations and shortness of breath.

**CASE STUDY 2: Louise**

Louise, aged 42 years, asked her family GP for the name of a good psychologist about six months after her partner suddenly moved out of the family home and announced that he had fallen in love with a new partner, that he wanted to separate, and that he wanted a divorce. His new partner was pregnant with his child and he wanted to establish a new life with her as soon as was possible. Louise was absolutely devastated by this news. She had had no warning that her husband had been unhappy in the marriage, and had assumed that on the whole, they were relatively happy other than having had to cope with emigrating from South Africa 12 years ago, and experiencing the usual stressors of raising a young family. Louise’s children were aged 7 and 10 years.

Louise reported feeling incredibly sad, “in the depths of despair” and an overwhelming sense of loss, hopeless and helplessness. She told the doctor that there were days that she really did not feel like “carrying on”, and that had it not been for her children, she may have contemplated taking her own life. As the weeks went on she said she had felt less suicidal, and that she had no active suicidal plan, but that still experienced debilitating sadness, as well as a sense of being worthless. She reported spending hours trying to work out in what ways she had not been “good enough” for her husband and why he had left her for someone else. She was preoccupied with what her husband’s new life must be like and she admitted to feeling jealous and angry when she thought about the imminent arrival of his new child.

She reported that she generally managed to hold it together in front of the kids and was able to care for them adequately, taking them to school and their activities, but that she was “just going through the motions”. While she knew her children were distressed by the separation and struggling to adjust, she felt unable to reach out to them and described a general feeling of numbness and disconnection, even from her children. While Louise had built up a supportive group of friends in the years since immigrating, and they had tried to offer her support, Louise reported that she seldom felt like seeing anyone, that she struggled to socialise and to interact in a ‘normal’ way, and that at times it was even difficult for her to concentrate on what people said. She also reported missing her extended family, all still in South Africa, desperately, and wondering about the decision to move so far away from them.

So far, Louise had managed her job as an administrator but said that she had taken her full quota of sick leave, and that knew she was testing the patience of her employer, who had been very understanding. She now wanted to seek help because she was worried that she would lose her job, and concerned about the impact of this on her children. When questioned, Louise admitted that she had not been sleeping well, frequently waking at 3am in the morning and then finding herself unable to go back to sleep, instead lying awake preoccupied with “the mess I have made of my life”. Louise had never been obese but admitted that she had always been a little overweight. Since her husband’s departure she had lost 15kg and the doctor noted that her BMI was low.

 **CASE STUDY 3: James**

James, a 29 year old paramedic, was hospitalised for injuries which he sustained in his attempts to rescue people trapped in the [Canterbury Television (CTV) Building](https://en.wikipedia.org/wiki/CTV_Building). Despite of the danger to himself, he had repeatedly attempted to find more survivors, aware that at that time there was still hope that there were survivors as some relatives had reported sporadic mobile phone contact with people trapped in the building. "I think that we did everything that we could," he told his wife. However, he still felt that they could have saved more people, and spoke of being “haunted” by thoughts of those people he had been unable to help because they had been too badly injured, or had been unable to free from the rubble in time. Complicating the situation was that a friend of James’s had worked in the building and had lost his life with the collapse of the building. James’s friend had taught at the English second language school and had been a huge support to James following his migration to New Zealand from Slovakia three years before the earthquake.

He spent three weeks in hospital, and during this time he was a stoic patient. Two weeks after his discharge however, during his first appointment with his GP, the GP became concerned about James: he seemed very upset and agitated, could not be reassured easily, and chain smoked. He explained that he could not stop thinking about the earthquake and the victims. He admitted that he had been having regular nightmares about the earthquake. He did not initially say anything about them because he thought they would pass. Since being at home, he admitted that he was constantly jumpy and nervous and drank to calm himself and get to sleep. His recurrent nightmares had worsened since he got home. He deliberately avoided any discussion of the earthquake, and his wife reported that he would switch the television off whenever the coverage was of the earthquake and its consequences.

Worried about her husband, James’s wife suggested a few weeks’ recovery time in Auckland, especially since with each aftershock, James would become extremely distressed, trembling and sweating – something which was very much in contrast to his usual confident self. The break in Auckland seemed to help a little, but James’s wife noted that even three months later he seemed very “sensitive”, and that he would become startled when large vehicles passed the house they were staying in and the building shook.

James’s wife consulted an Auckland GP, who referred them to a psychologist. She told the psychologist that James’s behaviour and symptoms were very unlike his normal self, and that he had previously coped with traumatic incidents (of which he had been involved in a few) relatively well, with some irritability and difficulty falling asleep, but not to the current extent. At the time of the interview, James was scheduled to return to Christchurch to his duties in 2 weeks’ time, but did not think he could face it. He reported feeling like he was ‘cracking up’. He said that he frequently felt dizzy, numb and detached from everything and everyone. He also reported that he felt like he did not like himself anymore and did not want to talk to anyone.