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A Case Report on "Vertigo"

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## ***Multiaxial Evaluation Report Form***

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### ***AXIS I: Clinical Disorders***

#### ***Other Conditions That May Be a Focus of Clinical Attention***

Diagnostic code    DSM-IV name

300.11                      Conversion Disorder

### ***AXIS II: Personality Disorders***

#### ***Mental Retardation***

Diagnostic code    DSM-IV name

### ***AXIS III: General Medical Conditions***

ICD-9-CM code    ICD-9-CM name

### ***AXIS IV: Psychosocial and Environmental Problems***

Check:

**Problems with primary support group**    Specify: marital difficulties

**Problems related to the social environment**    Specify: \_\_\_\_\_

**Educational problems**    Specify: \_\_\_\_\_

**Occupational problems**    Specify: \_\_\_\_\_

**Housing problems**    Specify: \_\_\_\_\_

**Economic problems**    Specify: \_\_\_\_\_

**Problems with access to health care services**    Specify: \_\_\_\_\_

**Problems related to interaction with the legal system/ crime**    Specify: \_\_\_\_\_

**Other psychosocial and environmental problems**    Specify: \_\_\_\_\_

***AXIS V: Global Assessment of Functioning Scale***    **Score: 62**

## A Case Report on “Vertigo”

The client described in the case is a 46-year-old housewife. She and her husband are currently experiencing marital difficulties. The client has been referred to me by her husband’s psychiatrist. Her primary complaint is that she experiences periods of dizziness that have been interfering with her ability to function on a daily basis. These dizzy spells seem to occur at regular times—most notably at around 4:00 in the afternoon and when discussions turn to the marital conflicts she and her husband are experiencing. Thorough physical examinations have ruled out any possible medical conditions.

### Diagnosis

I believe that this client is suffering from conversion disorder. Diagnostic criterion A for conversion disorder listed in the *Diagnostic and Statistical Manual, 4<sup>th</sup> edition* (DSM) is listed as, “One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition.” (American Psychiatric Association [APA], 1994, p. 457). Very clearly this client’s frequent bouts of dizziness fulfill this criterion.

Criterion B states that, “Psychological factors are judged to be associated with the symptoms or deficit because the initiation or exacerbation of the symptoms or deficit is preceded by conflicts or other stressors.” (APA, 1994, p. 457). As described in the case, this client’s dizzy spells occur at regular times—at 4:00 p.m., prior to her husband coming home from work and when the couple’s conflicts are being discussed.

(And so on, and so forth, and so on and so forth, and so forth....)

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## Treatment Plan

### *Goals*

My immediate concern in this particular case is that fact that the client's husband's demanding nature seems to be directly feeding into the client's mysterious dizzy spells. For example, if he weren't so insistent on having things just so when he arrived home from work at 4:00, perhaps the client would not respond in the way she does. Individually, I would try to explain to the husband that his strong reactions are exacerbating the marital discord and thus his wife's condition. I would urge him to make every effort to be less demanding, and try to play a more active role in the household chores he insists be completed when he gets home from work.

My short-term goal in this particular case is to try and repair the marital discord that seems to persist in this household. I seems to me that both parties have some false notions regarding how a household should function. They need to understand that marriage is a partnership and some degree of compromise and responsibility on the part of both parties is necessary for the proper functioning of the family. I would also try to improve communication between the two—it is obvious that they do not seem to be communicating as effectively as they could.

My long-term goal in this particular case would be to help the client develop a more functional and mature way of expressing her psychological discomfort. Her tendency to develop somatic complains in response to stressors must have deep roots



## References

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed.). Washington, DC: Author.

Halgin, R.P. & Whitbourne, S.K. (2000). *Abnormal psychology: Clinical perspectives on psychological disorders* (3<sup>rd</sup> ed.). Boston, MA: McGraw-Hill.