Running head: CASE REPORT ON "VERTIGO"

A Case Report on "Vertigo"

Timothy P. Tomczak

Genesee Community College

Multiaxial Evaluation Report Form

AXISI: Clinical Disorders

Other Conditions That May Be a Focus of Clinical Attention Diagnostic code DSM-IV name

300.11 Conversion Disorder

AXISII: Personality Disorders Mental Retardation

Diagnostic code DSM-IV name

_ ___ ·___ ·___

AXISIII: General Medical Conditions

ICD-9-CM code ICD-9-CM name

AXISIV: Psychosocial and Environmental Problems

Check:

- <u>X</u> Problems with primary support group Specify: <u>marital difficulties</u>
- ___ 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

Tomczak 3

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 an 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 disordered listed in the *Diagnostic and Statistical Manual, 4th 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....)

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

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 in her personality development. This will probably be the most challenging aspect of therapy with this particular client.

Treatment Site

Because the client's difficulties are not so severe that she is at risk of harming herself or others, I would recommend treatment on an outpatient basis. Hospitalization is not necessary.

Treatment Modality

In this particular case I would recommend a combination of individual psychotherapy, couples' therapy and perhaps some group therapy with other couples having marital difficulty.

Specific Treatment Techniques

Although, no particular treatment techniques standout as being especially effective in treating somatoform disorders, it is clear that biological, emotional and cognitive factors as well as conditioning play a role in the development of this disorder. For this reason, an integrative therapeutic approach that focuses on childhood events that provide the fuel for the development of later somatic symptoms is often recommended (Halgin & Whitbourne, 2000, p. 217).

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

References

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Halgin, R.P. & Whitbourne, S.K. (2000). *Abnormal psychology: Clinical perspectives on psychological disorders* (3rd ed.). Boston, MA: McGraw-Hill.