

PSY 440-001 Take Home Questions 4

Directions: Answer the questions from Section A for 20 points. These questions should be answered in approximately 2 to 3 pages of typewritten, double-spaced text. Answer 1 of the questions from Section B for 15 points. Answer 1 of the questions from Section C for 10 points. Answers for Sections B and C should be between 1 and 3 pages. Make sure your responses should adequately address all aspects of the question. Be sure to review the web page for specific directions and guidelines for answering questions. Your name should only appear on the Identity Code Sheet, which should be stapled to the back of your answers.

Answers are due on Friday, April 26, at the beginning of class.

Section A

1. Read the following case study:

"I eat, then I throw up." That was how Carrie O. Key described her problem during her first interview. Beginning when she was 21, this behavior had been almost continual in the intervening six years.

Even as a teenager, Carrie was concerned about the way she looked. With some of the other girls in high school, from time to time she had crash-dieted. But her weight had seldom varied by more than a few pounds from 116. At five feet, six inches tall, she had been svelte but not too thin. Throughout her adolescence and early adulthood, she had the feeling that if she did not tightly control her eating habits, she would rapidly gain weight—"puff up like a toad," as she put it.

Dealing with the aftermath of an unwanted pregnancy and a subsequent abortion when she was 19, Carrie had had the opportunity to test her theory. Eating what she wanted, she had ballooned from a size 8 to a size 14 in less than half a year. Once she finally regained control, she vowed she would never lose it (control) again. For the past three years, she has bought no clothes larger than a size 4.

When Carrie was a teenager, she and her friends simply did not eat. When dining in a restaurant or with friends, she would push her food around on her plate to disguise how little she was actually eating. But when she was at home she would often eat a full meal, then retire to the bathroom and throw up. At first, this had required touching the back of her throat with the handle of a teaspoon she kept in the bathroom for that purpose. With practice, she had learned to regurgitate just by willing it. "It's as easy as blowing your nose," she said.

Carrie's fear of obesity had become the organizing principle of her life. On her refrigerator door, she kept a picture of herself when she was in her "toad mode." She said that every time she looked at it, she lost her appetite. Whereas she used to use laxatives for constipation, recently she had begun to use them as another means of purging her system: "If I don't have a bowel movement every day, I feel as if I'll burst. Even my eyes get all puffy." She had also taken diuretics, but had stopped doing so about six months ago when her periods stopped for the four months prior to that. She did not really believe there was a connection, but she had begun to menstruate again for two months. However, this was a temporary condition and she has not had a period for the four months prior to her evaluation. If there is one thing she fears more than getting fat, it is getting pregnant. She had never been very active sexually, but now she and her husband of three years seldom have intercourse more than about once a month. Even then, she insisted on using both a diaphragm and a condom.

Other than her weight, which had fallen to 86 pounds on the day of the interview (and which had been under 100 pounds for the past six months), Carrie appeared to be in good health. A review of systems was positive only for abdominal bloating. Although she occasionally had a day or two of low mood and feeling sorry for herself, she laughed it off as "PMS" and added that it certainly was not bothering her now. She reported never having any Manic Episodes, obsessions, compulsions, phobias, or panic attacks.

Carrie was born in Virginia Beach, VA, where her father was stationed when he was in the Navy. Subsequently, he owned his own heating and air conditioning company, and the family was reasonably well off. She was an only child. There was no history of any kind of difficulties with learning or conduct while she was in school. She and her husband were married when she was 24, after she had worked for four years as a bank teller. They have two children, a son who is two and a daughter who is 18 months.

Carrie's only brush with the law occurred two years ago, when she forged some prescriptions to obtain amphetamines for dieting. She had copped a plea and had been on probation for a year; she has not used amphetamines since then. She reported that she tried marijuana once or twice when she was first out of high school, but had never used alcohol or tobacco. Her only surgical procedure had been bilateral breast augmentation, which had been done with autologous fat rather than silicone.

In a separate interview, Carrie's husband stated that he thought his wife felt inadequate and insecure. He said that she usually dressed in revealing, even alluring, clothing, which looked even less enticing now that she had lost so much weight. When she did not get her way, she would sometimes pout for hours, though he did not think there was much real feeling behind this expression of her emotions. "She loves to be the center of attention," he said, "but a lot of people don't buy into her act any more. I think it frustrates her." He said that it was his idea to bring her in for an evaluation as he had recently caught her purging following a lunch consisting of a Caesar's salad. "That just didn't seem right to me."

Carrie was a dark-haired, slightly built woman who had probably been quite pretty before she lost so much weight. She smiled readily and self-consciously, as if she were trying to make her cheeks dimple. She wore a V-necked blouse and a very short skirt that she did not attempt to pull down when she crossed her legs. She spoke with a good deal of rolling of eyes and varying inflection in her voice, but her answers to the examiner's questions were themselves vague and often off the topic. She denied feeling depressed or wishing she were dead; she had never had delusions or hallucinations, but she claimed that she was still "fat as a pig." To illustrate, she pinched between her thumb and forefinger a fold of skin that hung loosely from her arm. She scored perfectly on the Mini-Mental Status Exam, indicating that she was in touch with reality.

What diagnosis would you give Carrie O'Key? What are the diagnostic features of the disorders that she meets? What other disorders (and diagnostic criteria) would you need rule out in order to be confident in your diagnosis of Carrie? Finally, what would you do for treatment for Carrie?

Section B

2. Describe the sexual response cycle. Discuss how at least two different sexual dysfunction disorders fit into the sexual response cycle.

3. Describe the diagnostic criteria for two parasomnias. Describe treatment options for each parasomnia.

Section C

4. You are a person who has been diagnosed with a paraphilia. Write a journal entry that describes what you might experience in a therapy session.

5. You are a person who has been diagnosed with anorexia nervosa. Write a journal entry that describes a typical therapy session.

Extra Credit Opportunity:

6. What is Dr. Grieve's general philosophy toward sexual behavior/activity? (2 points)

Create an Identity Code:

Give me a code that is at least 5 digits in length. There should be both letters and numbers in this code. (I reserve the right to ask people to change their codes if necessary.)

Write your Identity Code here: _____.

Attach this sheet to the back of your answers. Your name should not appear anywhere else in your answers.

_____ Please post my Final Grade by the Identity Code

_____ Do not post my Final Grade by the Identity Code

Printed Name

Date

Signature

WKU ID