

Case Study – Terry

Read the case study and complete the following...

1. In a full paragraph, diagnose Terry. What anxiety disorder does he have, and why? Connect specifics from the case study with the specific symptoms of the disorder you think he suffers from.
2. Pretend that you are Terry's therapist. How would you treat Terry? Come up with a plan based on what you have learned about behavioral therapy. Pick a specific approach from behavioral therapy and explain how you would use this approach. Make sure that your treatment plan addresses *all of the specific tasks and situations* that he is struggling with.

PRESENTING COMPLAINT

Terry is a 31-year-old man living in Washington, D.C. At his initial interview, he was dressed in clean but rather shabby "college clothes" (a T-shirt, jeans, and an old, worn warm-up jacket). Terry's manner and posture revealed that he was very apprehensive about therapy; his eyes nervously scanned the interview room, he held himself stiffly rigid and stayed by the door, and his speech was barely audible and marked by hesitations and waverings. After some brief introductions, Terry and the therapist each took a seat. The therapist began the session, asking, "What is it that brings you here today?"

Terry's reply was very rapid and forced. He stated that his problems began during his hospital internship after he graduated from medical school. His internship was a high-pressure position that involved a great many demands and responsibilities. The schedule, involving 36-hour on-call periods, daily rounds, and constant emergencies, was grueling and exhausting. Gradually he began to notice that he and the other interns were making a number of small errors and oversights in the care they provided their patients. He found himself ruminating about these lapses, and he began to hesitate in making decisions and

taking action for fear of making some catastrophic mistake. His anxieties about making a mistake worsened until he began calling in sick and avoiding particularly stressful situations at the hospital. As a result he was not completing many of the assignments given to him by the chief resident of his program, who threatened to report him to the department head. As the year wore on Terry's performance continued to decline, and by the end of the year he was threatened with dismissal from his program. He resigned at the end of the year.

Before his resignation he began making plans to be transferred to a less demanding program. With some help from his father (who is a physician) and some luck, he was accepted into a program in Washington, D.C. This internship was indeed less demanding than the first, and he felt that perhaps he could manage it. After a few months, though, Terry again felt overwhelmed by his recurrent anxieties of making a terrible mistake. He had to quit the second program after six months. He then began to work in a less stressful position as a research fellow for the Food and Drug Administration (FDA). Even in this relatively relaxed atmosphere, Terry found that he still had great difficulty carrying out his duties. He found that he could not handle any negative feelings at work, and he again began missing work to avoid trouble. Terry's contract with the FDA expired after six months and was not renewed. At this time even the prospect of having to apply for another position produced terrible anxieties, and Terry decided to live off a trust fund set up by his grandfather instead of working. For the last two years he has been supported by this trust fund and, in part at least, by his girlfriend, with whom he lives and who, according to Terry, pays "more than her share."

Terry's incapacitating anxieties have interfered with his relationships with his family and his girlfriend as well as with his career. For one thing, he has avoided visiting his parents for the last three years. He states that his parents' (particularly his father's) poor opinions of him make going home "out of the question." He also confesses that he avoids discussing any potentially controversial subject with his girlfriend for fear that he may

cause an irreconcilable rift. As Terry puts it, "I stay away from anything touchy because I don't want to say something wrong and blow it [the relationship]. Then what'll I do?" Even routine tasks, such as washing his clothes, shopping for groceries, and writing letters to friends are impossible to accomplish for fear that some small step may be bungled or overlooked. Terry freely acknowledges that his fears are exaggerated and irrational. He admits (after some persuasion) that he is an intelligent, capable young man. Nevertheless, he feels utterly unable to overcome his anxieties, and he takes great pains to avoid situations that potentially may bring them on.

Along with these dysfunctional cognitions, Terry reports a number of somatic symptoms. He is very tense; he always feels nervous or "keyed up" and is easily distracted and irritated by minor problems. He complains of frequent throbbing headaches, annoying body aches and pains (especially in his back and neck), and an almost constant feeling of fatigue. He also admits to feeling worthless, and he describes himself as having low self-esteem and little motivation. Occasionally he also experiences brief periods of panic in which he suffers from a shortness of breath, a wildly racing heartbeat, profuse sweating, and mild dizziness. These feelings of panic tend to come on when some feared situation (e.g., having to make a decision or having to confront his girlfriend) cannot be avoided. He states that these symptoms first emerged during his first internship and have gradually intensified over the past few years.

Terry began dynamic psychotherapy soon after he lost his job with the FDA and stopped working. He reports that this therapy was very complex and involved. In particular, he says that his therapeutic experience gave him two important insights into the underlying causes of his paralyzing anxieties and his low self-esteem: (1) his parents' expectations of him were too high, and he always felt a great pressure to be perfect in their eyes and (2) the teasing he received from his peers as a child has made him self-conscious of his weaknesses. Although Terry felt that these insights were valid, they did not seem to precipitate any significant change in his behavior, and they were becoming

less useful to him. A friend suggested that Terry might benefit from a more direct form of psychotherapy and referred him to a cognitive-behavioral therapist.

PERSONAL HISTORY

Terry grew up in a small town in Ohio. His father is a general practitioner in town and is on the staff of the county hospital. Terry's mother is a teacher. She quit her job when his older sister was born. After his younger sister was diagnosed as mentally retarded, however, she returned to school to receive special training in teaching disabled children. She now teaches learning-disabled children as part of the county special education program. Terry's parents, particularly his father, always had high aspirations for him and were quite demanding.

Terry's older sister still lives with her parents and attends a small, little-known law school near home. Terry describes her as "not too bright." He states that his father is frustrated at being stuck in a small town and criticizes his daughter for not getting into a more prestigious law school. His younger sister is moderately mentally retarded. She, too, lives at home and works at a sheltered workshop run by the county special education program.

Terry always had the impression that he was looked upon as the "success" of the family. He had always gotten excellent grades in school; in fact, he won full scholarships that supported his undergraduate education and his training in medical school, both at highly prestigious universities. He had always considered himself to be a very good student. He enjoyed studying, even in the difficult atmosphere of medical school. He described his academic achievement as something he did for himself—for his own education and improvement. In contrast, during his internship he felt that he was toiling endlessly on what he considered to be "someone else's scum work." For the first time he began to fear his own fallibility and to avoid anxiety-provoking situations.

The therapist began by having Terry clarify exactly what he was and was not capable of. She then gave him clear assignments that she judged he would be able to accomplish successfully. These assignments started off with small steps which Terry anticipated would be easy; gradually they became more and more complicated and difficult. The following segment of a therapy session illustrates this process:

Terry: You see, I just can't go through with it [buying a suit].
Therapist: Do you mean you are unable to, or that you'd rather avoid the whole thing?
Terry: What do you mean?
Therapist: Well, if I held a gun to your head, would you be able to go to the clothing store?
Terry: Well, yeah, I suppose so.
Therapist: So you are physically able to walk into a clothing store, right?
Terry: Yeah, I guess I am.
Therapist: OK. I want you to go to at least two clothing stores on your way home today. Alright?
Terry: The mall's too far away. I couldn't possibly make it today.
Therapist: There's no need to go to the mall. There

are at least five good clothing stores right around here; three are on this street.

Terry: Well, they're too expensive.
Therapist: No, not really. I've shopped at most of them, and the prices are actually better than at the mall.
Terry: I really don't know if I'll have the time.
Therapist: It'll take a half an hour at most. Come on, Terry, no more excuses. I want you to go to two stores. Today.
Terry: But what if I buy the wrong suit?
Therapist: You don't need to buy anything. Just walk into two stores. That's it. If you feel comfortable with that, then start browsing. You might want to try one or two suits on. But for today, I just want you to take the first step and go to two stores. Agreed?
Terry: Alright.

Several weeks ago Terry's driver's license expired. He felt very anxious about driving with his expired license, and he knew that he had to get his license renewed, which involved taking a simple written test of basic traffic regulations. He got a copy of the driver's manual and planned to go over it several times, but each time he was struck with a terrible fear that he might miss some vital piece of information and fail his test. Terry admitted that his worries were irrational. He had taken similar written tests three times before and had missed only one

or two questions in total. He realized that the test was very basic and that the chances of his actually failing the test were very remote, even if he did not study the manual at all. Still, he could not bring himself to study the manual, and the thought of taking the test "cold" terrified him.

Again, the therapist approached the problem directly and made concrete suggestions. First, she reassured him that he was a very intelligent person who graduated from medical school; he would have no trouble passing a simple driving test. Next, she suggested different ways to get him to actually read the manual, such as skimming it or just reading every other page. She explained that failing the exam was not the end of the world; even on the slight chance that he did fail the exam, he would still have two other opportunities to retake it. Finally, she reminded him that it was worse to be stopped while driving with an expired license than to just go ahead and get his renewed. This last warning was meant to propel Terry to action; however, it could have been counterproductive in that it might have caused him to develop so much anxiety about driving that he might have given it up altogether. With this in mind, the therapist reassured Terry that driving with a license that expired only a few weeks ago would most likely get him only a warning. At worst, he would have to pay a small fine. As time wore on, however, trying to explain that he "just forgot" about his license would become less and less credible.

Over the weekend Terry lost a filling in one of his teeth when he was eating some caramel candy. He realized that he needed his filling replaced, and his girlfriend suggested her

dentist, whom she recommended highly. Terry had not been to a dentist for over three years, and he was very apprehensive about the possible injury and pain a dentist could inflict. His most horrible fear was that this dentist (or any dentist, for that matter) might inadvertently damage the nerve of the tooth, thus necessitating a root canal. In spite of this fear, Terry realized that he needed his filling replaced and called for an emergency appointment. He was able to make an appointment for Tuesday morning and went in for a consultation.

Although hesitant, Terry was able to make it to the dentist's office, accompanied by his girlfriend. Once in the dentist's chair, however, he became panicky and unmanageable. He clenched his mouth and made it impossible for the dentist to perform an examination. He repeatedly grabbed the dentist's hand and tried to jerk him away. Terry's girlfriend, who stayed with him throughout the appointment, told him that he made a high-pitched whistling sound resembling a drill whenever the dentist picked up one of his tools, even tools totally unrelated to the drill, such as the probing pick or the suction tube. She had never seen him this nervous before. At first the dentist refused to schedule another appointment, but Terry's girlfriend, who was a longtime patient, persuaded him to schedule an appointment for the next week.

Terry was depressed over this embarrassing experience. The worst part of it, he thought, was that his girlfriend would lose interest in him now that she saw how anxious he was about simple things like dental exams. But since she had been able to schedule the appointment, Terry felt that his first priority now was to learn to control his apprehensions about going to the dentist.

