

### **Case Work: William**

This report is an investigation into a 28 year old patient named William who visited the medical plaza Psychology clinic approximately two weeks prior. The report investigates the patient's diagnose, its historical ramifications, and formulates a therapeutic plan of action designed to immediately address the patient's psychic dilemma and develop a long term solution for their problem(s). As a result, an effort is made to accurately categorize the patient's issues through reference to contemporary psychological research, and to offer a comprehensive treatment plan for these identified neurotic traits.

Upon William's arrival at the clinic in mid-December I met with him and discussed his current situation and reviewed his case files in an attempt to gain an understanding of the historical trajectory of his psychic malaise. William described to me a situation at a party he recently attended where, when attempting to re-enter the house from the porch, he tripped and fell flat into a room of people, spilling the drink out of one woman's hands. William described to me that since this incident, he has increasingly become isolated, and described symptoms of shaking and extreme nervousness when in the presence of people, such as at the grocery store or Wal-Mart. When interviewing, William he said to me that while these are not the first symptoms of social anxiety he has experienced, he attributes the party incident to acutely worsening his fear of social situations. A review of his case file revealed a sporadic series of visits William has made to psychologists for anxiety in the past decade.

Upon inspecting the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, which describes generalized social anxiety disorder as "excessive fear in social situations in which the person believes he or she will do something embarrassing or have anxiety symptoms, (e.g., blushing or sweating) that will be humiliating", it was determined

that William's symptoms indicate that the incident at the party functioned to exacerbate his underlining diagnoses of generalized anxiety disorder (APA, p. 450, 2000). This conclusion was reached after a thorough investigation into William's history or anxiety, in which he described a number of instances throughout his life where his social fears impeded his daily functional existence. While the initial causes of William's social anxiety would require an in-depth analysis of his childhood cognitive development and complicated genetic knowledge, it's safe to proceed from a practical understanding that William's disorder is directly linked to a hybrid confluence of biological and cognitive difficulties. After speaking to William, it was noted that much of his fear stems from an irrational fear of people and a maladaptive approach to groups situations. As a result of the consideration of the extent of the findings, it was determined that the most effective short and long term means of treatment should include consistent Cognitive Behavioral Therapy, supplemented by psychiatric medication designed to alleviate William's social tension and promote his re-assimilation into society.

Despite recent psychiatric trends towards neurological medicine, research demonstrates that consistent Cognitive Behavioral Therapy is successful in treating social anxiety. In fact a recent study supported by the National Institute of Mental Health showed a 90% success rate using cognitive therapy and a behavioral therapy group to target symptoms of social anxiety (Antai-Otong 2003). When speaking with William he discussed with me a number of irrational fears and thoughts that occur when he finds himself in social, particularly group situations. He stated that he felt when people were laughing they were actually laughing at him. He described the fear of eating in front of people because he thought others believed he was being "a pig". And he also described a consistent anxiety when strangers, or store clerks attempt to engage him in small talk because, "I (William) have no idea what to tell say to them, and I worry if I do start

talking to them then they're going to think I'm weird". Through consistent Cognitive Behavioral Therapy, it would be possible to discuss William's irrational interpretations of social situations, and gradually restructure his paradigmatic understanding of reality to reflect a higher functioning and adaptive state. A number of theoretical approaches within clinical psychology can be implemented, but a highly effective method for William's anxiety would be gradual assimilation strategies. In these instances, William would gradually regain social confidence through consciously engaging people in low-pressure, and at first short-term daily conversations. I would encourage William force himself to converse with the store clerks and other people he encounters, with the understanding that the gradual accumulation of this social practice will result in the correspondingly gradual accumulation of confidence and social ease. This low-stress practice could be accompanied by intermittent group therapy sessions, where William is able to speak with others that relate to his social anxiety and troubleshoot possible solutions for their anxiety. William's participation in this group environment, along with an assorted group of people with both more and less severe anxiety, would aid William in further strengthening his social confidence in group situations, and help him develop and attain the requisite social skills that may be further aggravating his social distress. William is also being referred to the medical plaza's Psychiatrist to receive anti-anxiety medication that supplement and substantially aid his Cognitive Behavioral Therapy.

If followed and properly adhered to, scientific research demonstrates that such a combination of Cognitive Behavioral Therapy and anti-anxiety medication will immediately alleviate William's social anxiety and over the long-term have the potential of completely altering his outlook on life.

### References

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