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Case Report of Specific Phobia

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Abstract

A 45-year-old woman was self-referred to an outpatient department of psychiatry. She came with the complaints of marked fear of the closed spaces, the phobic situation almost always provokes immediate fear or anxiety and the phobic situation is actively avoided or endured with intense fear or anxiety. Client was assessed with Informal and Formal Assessment. Informal assessment includes detailed history taking and mental state examination whereas Formal Assessment includes Human Figure Drawing (HFD), Rotter's incomplete sentence blank (RISB) and Beck Anxiety Inventory (BAI). Retrospectively, DSM criteria, case history and results of Psychological testing conclude that Client was suffering from Specific Phobia with Specified as situational specific phobia. Treatment was done including Relaxation Therapy, Psychotherapy which further includes Exposure Therapy and Cognitive Behavior resulted in a recovery over time which will be examined through follow-up sessions in order to maintain the recovery.

Case Presentation

Specific phobias can sometimes begin after an exposure to some trauma including feared-full situations. Risk factors of Specific phobias include susceptibilities related to genes, but there is not so much evidence on the biological factors that may cause or maintain specific phobias. However, if person encounters a traumatic or feared stimulus, changes may occur in the body, including changes in the activity of brain, the cortisol release, insulin, and growth of hormone, and increases in heart rate and blood pressure (National Institute of Mental Health). The 45-year-old female was a House-wife living in a Joint family. She had been diagnosed with Specific phobia with specified as a situational phobia. She has gone through different medical checkups; her medical examination was normal. At the beginning of the psychological evaluation, the patient had been diagnosed with Specific Phobia with Specified as Situational Phobia with 16 years of evolution. She has been using anti-anxiety but reported no improvement [1,2].

In addition to the diagnosis of Specific phobia given by psychologist with collaboration with the psychiatrist, we performed a functional analysis based on the map to identify factors related to the problem. We also applied self-report instruments to identify severity of depression which includes Beck Anxiety Inventory which is a 21 multi-choice-questionnaire. Another semi-projective instrument i.e. Rotter's Incomplete Sentence Blank was applied which is used to assess overall maladjustment and provide information about the personality conflicts including 40-incomplete sentences which the patient's complete. Another projective test was applied which includes Human Figure Drawing which is used to gather information about an individual's cognitive as well as personality functioning [3].

Treatment

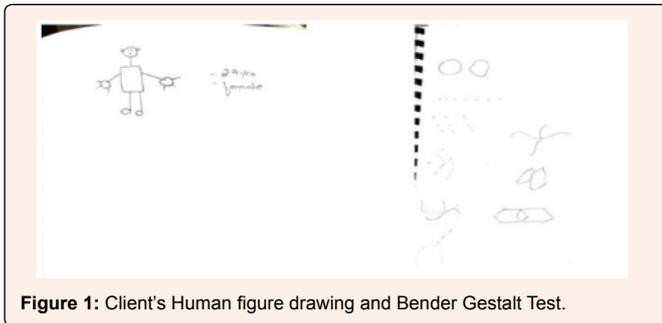
Evidence based practice was used which includes Psycho-education, Relaxation therapy including Progressive muscle relaxation, Psychotherapies including exposure therapy and Cognitive Behavioral Therapy. The therapies were conducted individually in 15 sessions that were given over a period span of 25 weeks, with every session lasting for about 45 minutes. The plans of every session were organized in the following way: Detailed history taking, Assessments with psycho-education and treatment plan. Some sessions included planned activities and description of the conclusions of sessions and allocation of home activities. These activities were aimed to reinforce the patient to practice the learned behavior from the sessions and to make her capable of using the skills learnt during the session in everyday life. During the therapy, the patient kept weekly records about her perception of her phobia. There was one post-treatment assessment: the first was performed 1 week after the therapy was ended.

Outcome

During the assessment the client's presenting complaints matched all the diagnostic criteria for Specific Phobia according to the Diagnostic and Statistical Manual of Mental Disorder (DSM-V criteria symptoms A, B, C, D, E and F). Beck anxiety inventory was administered on the client on whom she scored 51 which was indicating severe level of anxiety. She scored high on the items like unable to relax, feeling hot, terrified, nervous, fear of dying, scared and sweating which is clearly indicating her fear and anxiety. A score of 107 on Rotter's incomplete sentence blank (RISB) indicating adjusted. The client's drawing in Human Figure Drawing (HFD) indicating emotional fixation at the age of 27 years which is indicating the age of the client from where the problems started, dependency and helplessness, overt aggression, optimism and anxiety. Client drew light and sketchy lines which reflect a hesitant, indecisive, timid, and insecure individual. Most likely, this person is experiencing a lack of self-confidence and problem with self-assertion. Client had drawn her figure in quite irritable manner and during drawing she was continuously sweating but was controlling herself. She was continuously asking that how much I have to draw [Figure 1]. Table 1 indicates that the post-treatment assessment indicated that the symptoms reduced from 6 to 3 symptoms and the Beck Anxiety Inventory scores from 51 to 20 which indicated moderate anxiety [4,5].

Discussion

The results from the above mentioned data shows that the Treatment used reduced the symptoms of the Specific phobia according to the DSM-V criteria and scores on BAI. According to the nature of the case study, many variables that could have influenced the client's decrease in Specific phobia, making it necessary to develop studies that can control these variables. Psychoeducation plays a vital role in Client's treatment; the patient can learn about their condition and will help them with her compliance. Adding relaxation techniques i.e. deep breathing and Progressive muscle relaxation will help client reduce her muscle tension and with combining this with the Cognitive-behavior therapy this will help client in improving her psychological well-being and quality of life.



Conclusion

The client's symptoms present anxiety which provokes immediate fear and distress at a specific situation i.e. closed spaces. The client was self-referred to the psychiatry department and had been undergone with some psychological tests to assess the symptoms and get a clear picture of the case with the severity level. After the complete assessment the client was diagnosed with Specific phobia with the specifier of situational specific phobia. The client was treated with psychotherapies which were conducted individually over 15 sessions; including detailed psycho-education and history taking. The client self-examined herself during this time period and felt a marked difference from her condition before and after the treatment; which was proved with the post-treatment assessment done on the client.

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