UNIVERSITY OF JOHANNESBURG

NOVEMBER 2021 EXAMINATION

COURSE: MA CLINICAL PSYCHOLOGY

QUESTION PAPER: Masters Psychopathology, Psychodiagnostics and Assessment

TIME: 180 MINS **MARKS**: 120

SUBJECT CODE: PSY9X05

EXAMINERS: 1. Prof. M. Card
2. Dr. S. Qhogwana

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(THIS PAPER CONSISTS OF 4 PAGES)

INSTRUCTIONS

1. ANSWER **ALL** THE QUESTIONS.
2. READ EACH SECTION CAREFULLY
3. ANSWER EACH QUESTION IN A SEPARATE BOOK

HAND IN THIS QUESTION PAPER, ALONG WITH YOUR ANSWER SHEET.

NAME + SURNAME:	
STUDENT NUMBER:	
VENUE:	
YOUR TEL NO:	

CASE STUDY

(THE HISTORY AND ASSESSMENT WERE COMPLETED IN 2005)

Ben is a 67-year-old white widower and retired accountant. He was referred for psychosocial evaluation at the diabetes clinic after an emergency room (ER) visit to a local hospital. He arrived at the ER with confusion and a severe hypoglycemic episode after taking an overdose of insulin. He denied suicidal intent or alcohol abuse and claimed to have mistakenly taken insulin lispro rather than his insulin glargine dose. The ER staff was suspicious about his claim because there had been eight similar ER visits for severe hypoglycemia within the last 2 years. He explained these previous events as a result of mixing up the types of insulin he injected.

After psychiatric assessment he was not judged to be a suicidal risk. He was discharged after his blood glucose levels stabilized, and he promised to pursue outpatient mental health treatment. His hemoglobin A_{1c} (A1C) at the time was 7.9%—his lowest on record for several years. Generally, his blood glucose levels displayed wide swings. He explained that high blood glucose levels made him feel more apathetic about eating and depressed about his diabetes self-management.

As a child, Ben attained developmental milestones at expected times. His father was in the Army, and as a result, Ben had moved 32 times before he graduated from high school. He was an excellent student throughout high school but only managed mediocre grades in university because of family conflict. He dropped out of university in his second year and moved to a South Pacific island for 1 year.

After returning to South Africa, he earned an undergraduate degree in English and then a second degree in accounting. After graduation, he married and worked for 20 years as an accountant in a group practice. Later, Ben started his own accounting firm, but he had difficulty keeping organized and recalls being constantly late for business meetings and failing to complete projects on time. In hindsight, Ben believes that he has struggled with his problems on and off for over 30 years. He first recalls feeling down and anxious after his diagnosis with diabetes 36 years ago. He felt worse after he lost his 47-year-old sister to colon cancer in 1988, and then his 74-year-old father died from heart disease in 1991. But, he says his life “really fell apart” when his 54-year-old wife died from lung cancer in 1995. He contemplated suicide for 3 months but never acted. During this desperate period, he marginally functioned, lost many business clients, and was forced to close his company.

Overwhelmed, he moved to Cape Town to live with his mother and worked at unskilled jobs. Diabetes complicated his emotional struggles, with blood glucose control fluctuating wildly and ranging from episodes of ketoacidosis that required hospitalization to severe hypoglycemic events that resulted in car crashes. Low mood and anxiety complicated his diabetes management, and after a hypoglycemia-related auto accident in which he ran over several pedestrians, he decided to stop working and was approved for a disability grant because of psychiatric disability.

He came to Johannesburg in 1998 to briefly visit his younger brother and decided to stay. Although he still lives near his brother, he says they have had only sporadic contact since a falling out after Ben "passed out" during a severe hypoglycemic episode. In 2000, Ben got engaged, but his fiancée left him to marry the father of her child. He says he felt devastated by the loss of yet another woman who had "become everything" to him. Since then, he has withdrawn socially and does not leave his apartment unless it is necessary. He has trouble managing his money, keeping his apartment neat and orderly, taking medications on time, and maintaining any structure in his day.

Ben punctually arrives at the correct hour but often on the wrong day for his medical appointments. He grapples with neuropathy, retinopathy, and unpredictable blood glucose levels. He monitors his blood glucose levels 8–12 times/day and tries to be careful about what he eats. He also has sleep apnea, and his sleep patterns are highly erratic. He frequently does not fall asleep until 4:00 A.M. and then may only be able to sleep for 2 hours. Often, he will then nap for several hours in the afternoon. He began continuous positive airway pressure treatment for his sleep problems in 2003 but did not tolerate treatment. He has switched to bilevel positive airway pressure (biPAP) within the last 18 months but only tolerates it for up to 3 hours each night. Additional diagnoses include hyperlipidemia, hypertension, atrial fibrillation, Meniere's disease, tinnitus, and arthritis. His medication list includes atorvastatin, lisinopril, hydrochlorothizide, warfarin, meclizine, and folic acid. He does not smoke and only rarely drinks alcohol. Only his paternal grandmother had diabetes.

Ben did not descend into a suicidal mood until his wife died ten years ago. Four years ago he underwent electroconvulsive therapy (ECT), and although he continues to have occasional suicidal ideation, he has not made an attempt and has had no further psychiatric admissions. Both of his parents, his brother and his sister suffered from depression. A maternal aunt suffered from dementia. His mother also struggled with alcohol abuse until her death from emphysema at the age of 89.

QUESTION 1

Provide a comprehensive psychodiagnostic assessment battery for Ben. In your answer consider assessment domains as well as at least one assessment measure per domain with motivation.

(50)

QUESTION 2

Provide a provisional and differential DSM 5 diagnosis for Ben with motivation. You can hypothesize and use the case history to substantiate your answer.

(25)

QUESTION 3

Provide an integrated theoretical aetiological model for the disorder(s) diagnosed in Question two, making use of examples from the case study and formulate the case using a psychological theory of your choice.

(25)

QUESTION 4

Discuss your proposed treatment/management plan for the patient within the framework of your Scope of Practice. **(20)**

TOTAL …… [120]

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Definitions:

Hyperlipidemia: increased levels of lipids in the blood, including cholesterol and triglycerides.

Hypertension: high blood pressure

Atrial fibrillation: irregular and often rapid heart rate that can increase your risk of stroke, heart failure and other heart-related complications

Meniere's disease: disorder of the inner ear that causes episodes in which you feel as if you're spinning (vertigo), and you have fluctuating hearing loss with a progressive, ultimately permanent loss of hearing, ringing in the ear (tinnitus), and sometimes a feeling of fullness or pressure in your ear. In most cases, Meniere's disease affects only one ear.

Atorvastatin: cholesterol lowering medication

Hydrochlorothiazide: diuretic

Meclizine: antihistamine often used to prevent nausea

Warfarin: blood thinning medication

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