

Unspecified Somatic Symptom and Related Disorder Case Study and Treatment

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Received: 22-Sep-2022, Manuscript No. IPIJCR-23-16110; Editor assigned: 27-Sep-2022, PreQC No. IPIJCR-23-16110 (PQ); Reviewed: 11-Oct-2022, QC No. IPIJCR-23-16110; Revised: 31-Jan-2023, Manuscript No. IPIJCR-23-16110 (R); Published: 28-Feb-2023

Citation: Waheed S (2022) Unspecified Somatic Symptom and Related Disorder Case Study and Treatment. Int J Case Rep Vol.7 No.1: 001.

Abstract

Somatic Symptoms and Related Disorders (SSRD) share the hallmark feature of the presence of physical symptoms in the absence of identifiable disease, accompanied by associated psychological distress and impairment. As somatic symptoms are common among children and adolescents, a Consultation-Liaison (CL) psychologist is likely to encounter SSRD in practice. Studies on the etiology of SSRD point to contributions of biological, psychological, and social factors; as such, biopsychosocial diagnosis, assessment, and treatment are most effective.

Keywords: Somatic symptoms; Psychological distress; Biopsychosocial diagnosis

Introduction

Client is a 35 years old female. She is 4th in birth order and has 4 siblings. She has passed middle school from a school in her village. She is married and lives in joint family system with his husband, in-laws and 2 daughters. She belongs to low socioeconomic class. She never did a job in her life. She lives in Lahore. The client was referred to psychologist by the senior psychologist for assessment and management purposes. The client visited the services Hospital because she was suffering from aggressive outbursts, hearing sounds, self-harm restlessness, helplessness, and hopelessness for the past six months. She had low self-esteem and considered herself capable of fulfilling the responsibilities that were imposed on her by her in-laws and husband [1].

Case Presentation

Interview information

The client visited the services Hospital because she was suffering from aggressive outbursts, hearing sounds, self-harm restlessness, helplessness, and hopelessness for the past six months. She had low self-esteem and considered herself capable of fulfilling the responsibilities that were imposed on her by her in-laws and husband [2]. She reported that whenever the stress

of responsibilities was faced by her she could hear sounds of her heart and brain arguing about whether she must do those chores or not. The client reported that the very initial symptoms of hopelessness and low self-esteem started to show when she left School after completing 8th class [3].

She had a love marriage with one of her cousins however after engagement their relationship did not seem to be healthy as she attempted suicide due to a conflict with her fiancé. Her first mode of attempting suicide was the intake of excessive sleeping pills after which she had vomited and therefore the vomiting saved her life [4]. Later on, she also attempted suicide after marriage by drinking bleach and her stomach had to be washed. The client reported that she did not know that her husband was a drug abuser before marriage and she also reported that her husband is neglecting her and not giving her proper attention [5]. She was the pampered one in her home and after she got married she suddenly had to comply with her in-laws and responsible person. Initially, she was able to comply with her in-laws and fulfil her responsibilities. However later on her confidence started to decline and she started considering herself not capable of fulfilling the responsibilities [6].

Due to the above-mentioned issue she was unable to have a healthy relationship with her in-laws and was also incapable of nurturing her children the way she should [7]. Her parents also face significant distress due to her anger outbursts and self-harm. The incapability of nurturing her children was causing significant distress for the client [8]. The client's father is 80 years old, alive uneducated, and has a satisfactory relationship with the client. Her mother is 75 years old and uneducated as well however she has a very close relationship with the client and used to stitch the clothes for people for earning [9].

The client only had two friends in school and later on, she had friendship with two of her cousins but now she is not constantly in contact with any of them. She told that she shares all her secrets with her mother [10]. First the client was seeking treatment from OPD during the six months and she was also taking medications prescribed by the psychiatrist in the OPD however the client reports that it proved of no therapeutic significance. After examining and coming to the conclusion that the client is not responding to the treatment in OPD she was referred to be admitted to the ward [11].

Results and Discussion

Informal assessment

- Behaviour observation
- Clinical interview

Test administered

- Bender Gestalt Test (BGT)
- Rotter's Incomplete Sentence Blank (RISB)
- Beck Depression Inventory (BDI)

Behavior during session and testing

The client sat on the bed in a calm way. Her clothes were clean and according to the weather. Her rate of speech was normal and understandable [12]. She was cooperative and maintained eye contact throughout the session. She shared a good amount of information throughout the session and was not secretive. A good therapeutic alliance was built up easily so the client can share her problems, history of problems, and how she felt during the past years. She completed her psychological

assessment with a normal level of interest. Her mood during the therapy session was happy when she was informed that she will be fine. There were crying spells once in the first session for one minute and then every occurred during subsequent sessions [13].

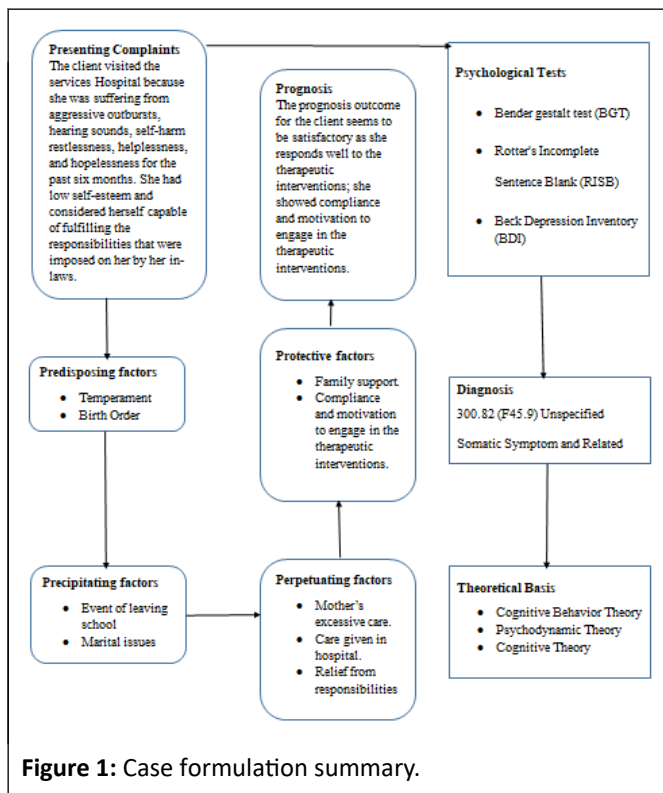
Psychological evaluation

According to the results of the neurological testing, the client's raw score is 32 which signifies an average in descriptive rating. She falls within the age range of 16 years and 10 months. The obtained score was in accordance with the client's level of neurological functioning observed [14]. The client scored 151 on RISB that is above cut off score and indicates maladjustment. She reported good relations with parents but not with husband. In general, she has low confidence and self-esteem [15]. She scored 39 on BDI that indicates severe depression. However, according to clinical judgement she was answering all the items on higher extremes intentionally to portray severe psychological distress (Table 1 and Figure 1).

Table 1: Therapy plan.

Patient's name and age	F.S., 35 years
Presenting complaints	The client visited the services hospital because she was suffering from aggressive outbursts, hearing sounds, self-harm restlessness, helplessness, and hopelessness for the past six months. She had low self-esteem and considered herself capable of fulfilling the responsibilities that were imposed on her by her in-laws and husband
Test administration	Bender Gestalt Test (BGT) Rotter's Incomplete Sentence Blank (RISB) Beck Depression Inventory (BDI)
Diagnosis	300.82 (F45.9) Unspecified somatic symptom and related disorder
Goals of therapy	<p>Short term goals</p> <ul style="list-style-type: none"> Build rapport with the client Provide psych education to the client and the family Administer different psychological tests to find out co-occurring problems and to aid in the diagnosis process Engaging the patient in therapy because people with factitious disorder want to be in the sick role, they're often unwilling to seek or accept treatment for the disorder Keeping track of therapeutic progress <p>Long term goals</p> <ul style="list-style-type: none"> Continuation of short-term goals

	Elimination of feelings of helplessness and low self-esteem
	Helping client understand the negative influences of portraying illness so the client starts to show improvement
	Enabling client to maintain therapeutic effect so relapse can be prevented
Main therapies	Cognitive behaviour therapy
No. of sessions planned	12 sessions in total with each session of 40 to 45 minutes
	Initial phase (1 st -4 th session)
	Therapeutic alliance
	Confidentiality
	Rapport building
	No harm contract
	History taking
	Application of relaxation techniques
	Assessment
	Middle phase (5 th to 10 th session)
	Cognitive behaviour therapy
	Dysfunctional thought record
	Thought challenging
	Cost benefit analysis
	ABC model
	Healthy stress coping
	Coping statements
	Distraction
	Ending phase (11 th to 12 th Session)
	Reviewing all the goals
	Termination



Tentative diagnosis

300.82 (F45.9) Unspecified somatic symptom and related disorder.

Prognosis

The prognosis outcome for the client seems to be satisfactory as she responds well to the therapeutic interventions; she showed compliance and motivation to engage in the therapeutic interventions. Her protective skills are strong, family support and adherence to treatment.

Recommendations

- Client should be called for follow-up sessions to maintain therapeutic effect.
- She must also get help from a nutritionist as she perceives herself physically weak so maybe some supplements can help her feel better.
- For her excessive sleep concerns she should also seek a specialist who could screen for underlying medical concerns regarding muscle spasms.
- She should go on vacations so she can relax from responsibilities and monotonous lifestyle that she has at home.

Conclusion

Client is a 35 years old female. She is 4th in birth order and has 4 siblings. She has passed middle school from a school in her village. She is married and lives in joint family system with his husband, in-laws and 2 daughters. She belongs to low socioeconomic class. She never did a job in her life. She lives in

Lahore. She came with the presenting complains of aggressive outbursts, hearing sounds, self-harm restlessness, helplessness, and hopelessness for the past six months. She had low self-esteem and considered herself capable of fulfilling the responsibilities that were imposed on her by her in-laws and husband. Her psychological evaluation included informal assessment through behaviour observation and clinical interview. Formal assessment included Bender Gestalt Test (BGT), Rotter's Incomplete Sentence Blank (RISB), Beck Depression Inventory (BDI). The client was diagnosed with 300.82 (F45.9) Unspecified Somatic Symptom and Related Disorder. It is recommended that client undergoes psychotherapy.

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