NOTE THE FOLLOWING SCHEDULE:

9:00 am -- 12:00 noon, Thursday, Aug. 18, Question 1 -- Clinical Case
1:00 pm -- 4:00 pm, Thursday, Aug. 18, Question 2 -- DSM-IV
8:45 am -- 10:45 am, Friday, Aug. 19, Question 3 -- Psychopathology
11:00 am -- 1:00 pm, Friday, Aug. 19, Question 4 -- Psychotherapy, Part I
2:00 pm -- 4:00 pm, Friday, Aug. 19, Question 5 -- Psychotherapy, Part II

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

ADVANCED COMPREHENSIVE EXAMINATION

August 18 and 19, 2005
CLINICAL COMPREHENSIVE EXAM

ON EACH BLUE BOOK OR ON THE TOP OF EACH PRINTED SHEET FOR EACH QUESTION WRITE:
(1) THE FOUR DIGITS OF YOUR STUDENT NUMBER AS LISTED ON THE BROWN ENVELOPE,
(2) THE QUESTION NUMBER,
(3) THE DATE, AND
(4) “CLINICAL EXAM.”

Do not write your name on the blue book or printed sheet.

GOOD LUCK!
2005 Clinical Psychology Comprehensive Exam

Question 1: Clinical Case

Required of each student. Write no more than twenty-four single-sided pages on this question. Computer generated -- no more than seven sheets (10-point), double-spaced, single-sides of paper.

Read the accompanying case report carefully and then answer the following questions in appropriate detail. Be specific; avoid vague generalizations. Any additional points you wish to make that fall outside the questions as outlined are most welcome. On the front cover of your blue book indicate clearly whether you are taking essentially a cognitive behavioral, psychoanalytic, or systems approach to the case so that an appropriate grader can be assigned.

1. On the basis of the information given, provide the best tentative diagnosis available among the categories in DSM-IV (with numbers if you know them), and give the evidence for the suitability of your diagnostic formulation. If you question the applicability of a DSM-IV diagnosis for this case, please explain your reasons, and present the alternative you would prefer. (you should first, however, state what you think is the most appropriate DSM-IV diagnosis.)

2. Give the "differential diagnosis"; that is, mention any other possible diagnosis or assessment formulations that might, with additional assessment, interviewing or third party information, prove to be more accurate than your current best information. What specifically would constitute evidence for revising your preferred diagnosis in the direction of possible alternatives?

3. What other information would you require if you were assigned to work with this client, and why? If this necessitates psychological testing, please explain your choice of tests, what you hope to learn and how this information would be used.

4. Provide a case formulation within your chosen theoretical approach. Spend more of your time on this part than on the others.

5. What would constitute reasonable goals for treatment with this client? Give your rationale for the goals you mention, including limiting factors and other relevant considerations.

6. How would you work with the person? Be as specific as possible with respect to types of interventions, frequency of sessions, expected parameters of treatment, etc.

7. What issues of age, gender, race, ethnicity, religious orientation, sexual orientation, educational disparity, or socioeconomic differences (if any) would you need to be sensitive to if you were to work with this person?

8. Given optimal treatment, what prognosis would you expect, and why?
Case: Lisa

A. Identification

Lisa is a 29-year-old married woman, pregnant with her first child and due in two months. She and her husband work together in their own company, which involves running an import/export business. She is college-educated, with a degree in biochemistry. Before her marriage, she worked as a sales representative for a pharmaceutical company.

B. Presenting Problem

Lisa comes to therapy seeking help with “anxiety attacks” she has been suffering from for the past few months. She dated the first attack to when she was 3 months pregnant. She and her husband Joe were having a fierce argument after attending a wedding, and he ripped up her pocketbook. She began to feel acutely and unbearably anxious, was crying and hyperventilating, telling him, “Joe, I’m so anxious you’ve got to stop.” He did stop, and was sympathetic at the time, as he himself had problems with anxiety (about a year before meeting her). He has become less sympathetic over time.

She is most likely to have attacks in the middle of the night, when her husband is away (which he is fairly regularly for business reasons) and “when I feel like I don’t know where he is.” In these episodes, she experiences a sudden onset of a pounding heart, shortness of breath, feelings of being out of control and “like something terrible is going to happen.” She has found the episodes to be so unpleasant that now she has the added anxiety of being frightened about having them. She keeps herself up very late at night, so as to be able to fall asleep from exhaustion, and has increasingly used rituals to get herself calm enough to try to fall asleep.

C. Personal and Family History

Lisa feels that at least some of the problem relates to her current poor relationship with her husband. She acknowledges feeling trapped by the pregnancy, stating that “with every step of commitment I’ve made to him, my husband has become worse in the way he treats me.” She has been married a little over one year, and knew her husband two and one half years before their marriage. “He saw me at first as a ‘good catch.’ I was making $70,000 a year, driving a company car. The more dependent I have become on him, the more controlling he gets.” The worst of their problems began when they began working together. She feels like she does much of the work in their shared business, but that he takes all the credit and treats her like hired clerical help. “In fact, sometimes he treats the help better.” She has been resentful and jealous of their secretary, because she sees her husband as treating their employee with more kindness and consideration than he treats her: “He insisted that we give her a raise, and honestly, she doesn’t do that good a job.”

She had doubts about the marriage from the beginning, and in fact wanted to call off her wedding, but felt that plans had gone too far. She states that Joe “flipped out when he found out
the baby was a girl,” as he wanted a boy, and has denigrated her through her pregnancy for being “fat and ugly.” Part of what seems to have motivated her to marry against her better judgment and to choose (the baby was planned, not an accident) to have a child was a strong sense of certain life milestones needing to be met by certain times. “Having a baby before 30” was something she had always planned for herself. She says she has always been frightened by time passing by, and by fears of death.

Asked about her current feelings for her husband, Lisa states that “I love him, but I feel like I could love anybody. I feel like we never had a lot of chemistry.” She says that he “was wonderful to me at first,” and she loved his attentiveness to her, but that it now is a thing of the past. He can only enumerate her faults.

Lisa is the only child of a marriage that has since ended in divorce. Her mother, a recovering alcoholic, currently lives in Florida. Her father, a lawyer, remarried and has a 5-year-old daughter; he lives nearby. She was brought up in “no particular religion”: her father was a nonpracticing Jew and her mother a nonpracticing Christian. She converted to Catholicism when she married because it was important to her husband and his family. “Joe is very into church.”

Her mother is now in AA, but was an active alcoholic all during her growing-up years. “My mother wasn’t one of those abusive kinds of drunks, more the depressed, passed-out-on-the-couch type. I was pretty much on my own, raised by a television set.” Her parents divorced as soon as she left for college. She currently maintains little relationship with her mother.

She was closer to her father, but he was absorbed in work, and often absent. “I suppose he could have been there for me more, but he had to work. I don’t really blame him.” She also grew up with a sense that her father’s business dealings were somehow “shady,” e.g., finding out only a few years after the fact that he had been before the bar on some kind of ethics charges and was very nearly disbarred. She never felt she could ask him about what happened. She has even wondered about mob connections, “but I’ve probably just seen too much TV.” She cannot recall emotional or intimate conversation with either parent. She sees her father regularly, but feels uncomfortable with his new wife and finds herself feeling jealous and resentful of her half-sister, whom she views as “spoiled, getting whatever she wants.”

Socially, she had few friends growing up, and currently has no close and supportive friendships. Since high school, she has always had a boyfriend, but “I was never close to the girls; you couldn’t really trust them.”

Her husband, Joe, 29, is the oldest of four sons in an Italian Catholic family. The father is a domineering self-made man who makes $500,000 a year doing the same kind of business that Joe does (“only on a bigger scale”). The mother is treated (and acts) as a ditzy, incompetent person. “I was always afraid I’d end up being treated like his mother, and that’s just what’s happened.” “I don’t know how to get him to treat me like he did when we were dating, to get him to see that Lisa, not the fat and unhappy Lisa he only seems to see now.”
D. Clinically Relevant Self-Statements

During the intake interview, Lisa made a number of comments that exemplify aspects of how she views others, herself and her current situation:

1. “I feel my life has to proceed according to a plan. If it isn’t, or I don’t meet my goals when I am supposed to, things are out of control.”
2. “I feel so trapped by this marriage, this baby. The more dependent I feel, the more out of control I feel.”
3. “It’s strange that sometimes I want out of this marriage, but when he isn’t here, I get so panicked.”
4. “I always did well in school, but was never particularly attached to any subject. I picked my major because I could do the work well and was told job prospects were good in that field.”
5. “It’s probably weird, but I worry a lot about death, that time is passing by, that I’ll be dead without ever really living.”

E. Previous Therapeutic History

Lisa had similar problems with anxiety her Senior year of college for a period of two months. She had a few sessions at her college counseling center. Her counselor linked it to all the uncertainties in her life right then, gave her some specific behavioral coping suggestions, and the problems soon remitted. There were no other previous therapeutic encounters.

F. Pertinent Medical History

Lisa reports no current medical problems and says that she is now and has generally been a healthy person. She is in her seventh month of pregnancy, and her doctor assures her that everything is proceeding normally. However, she finds herself more and more frightened of labor and delivery as her due date approaches. It is not so much the pain that she is fearful of as the “being out of control.” She is frightened of the medications used for the delivery because she fears they might further put her out of control.

G. Mental Status at Intake

Lisa appears her stated age, is well-groomed and dressed in stylish maternity clothes. She is oriented as to time, place and person, and shows no signs of thought disorder. She denies alcohol or drug abuse: “I’ve never used drugs, and I haven’t had a drink since I got pregnant.” Suicidal and homicidal ideation are denied. Affect was mildly dysphoric.

In the interview Lisa comes across as being quick to irritation and impatience, as if she would like to bypass the discussion of her problems and move immediately to the solution phase.