UNIVERSITY OF SWAZILAND FACULTY OF SOCIAL SCIENCES DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK SUPPLEMENTARY EXAMINATION QUESTION PAPER, JULY 2018

TITLE OF PAPER: PSYCHOLOGICAL AND PSYCHOTHERAPY INTERVENTIONS

COURSE CODE: SWK 431

TIME ALLOWED: TWO (2) HOURS

INSTRUCTIONS: 1. ANSWER ANY THREE (3) QUESTIONS

2. ALL QUESTIONS CARRY EQUAL MARKS

3. TOTAL MARKS 100

THIS PAPER IS NOT TO BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR

QUESTION ONE

Linda, a 52-year-old white woman, presented to her local hospital emergency department saying, "I'm dying." Indeed, she was in significant distress, complaining of heart palpitations, dizziness, clammy hands and a pervasive feeling of dread. She further stated, "this keeps happening now." When her medical tests all came back negative, the emergency department social worker was called to talk with her. By this time, the physical symptoms had subsided but Linda expressed her fears that she really was having a heart attack but that the "doctors didn't know it," that she was "going crazy," and that this would "just keep happening." In an effort to obtain a medical and family history, the social worker asked Linda if she had ever felt this way before or had she seen any family member who seemed to feel this way. Linda responded that she'd "had a spell" in college, when she'd first left home which later subsided, and that she had been "really, really nervous" for a time after the birth of her first child. She also stated that her mother used to get "so worried about the kids' safety," that "she'd always insisted on picking us up at school herself, even when we were older and it was embarrassing." As they talked, the social worker learned that Linda's only child had very recently left for college and she was now alone because her husband had left her the previous spring. She further described herself as "a very competent person" and could not understand how she could fall apart this way. She said she'd had two previous episodes in the last several months wherein she "felt I was dying." Upon further questioning, she revealed that she'd received a second notice of foreclosure in the mail, immediately prior to the onset of the symptoms that led to her coming to the emergency department. Linda was suffering with anxiety and struggling to make sense of its debilitating symptoms and her decreased functioning while worrying that "it would happen again."

Create a treatment plan tailored to Linda's problems and needs.

QUESTION TWO

George, aged 47, is susceptible to periods of depression and self-harming. He has been admitted to the local psychiatric hospital on a voluntary basis a number of times over the years. He recently lost his job, became depressed, stopped taking his medication and started drinking heavily. He refused to go back into hospital on a voluntary basis been detained for five months. His only relative, a sister whom he sees infrequently, has contacted the hospital and insists George should be allowed home. His living accommodation is very poor and he has very few links in the community. He would also like to be discharged. The hospital are concerned that if discharged he will fail to take his medication and may start to self-harm.

Consider any option that would enable George to return safely to the community using a verbatim.

QUESTION THREE

Joan is a semi-retired accountant, maintaining contract work with a few long-term clients to support herself in retirement. Joan is a divorcee, who lives on her own, in

her family home. She is a mother of 2 children. Kirsten and Mathew, aged in their mid 20s. Joan has a supportive network of family and friends, including her sister, father, children, and friends from her gardening club.

Joan's relatively steady life was overturned with the sudden death of her daughter, Kirsten. Kirsten was 24 when she died from head injuries caused during a car accident. She was admitted to hospital in a coma. Joan spent several anxious days with Kirsten, before she passed away.

Examine Joan's symptoms and make a proper diagnosis. Show which possible diagnosis was eliminated.

QUESTION FOUR

Since attending this course reflect on your professional values, principles and beliefs regarding mental health.

- a) What are some of your personal beliefs about mental illness? Reflect on what has influenced and shaped these beliefs, including stigma. Where do these beliefs come from? How have they changed over time?
- b) How has exposure to mental health stigma influenced and shaped your beliefs about people with mental illness? Consider messages you have received from various sources in your life, including the media (TV, movies, Facebook, news, etc.), family, friends, school, etc.
- c) What are your affective and cognitive reactions when you encounter someone with mental illness in various spheres of your life, including professionally? You might consider family, friends and peers, co-workers, clients and strangers. What comes up for you? How do you feel and how does this influence the interaction (or lack thereof)?
- d) As you move forward in your social work training, what can you do to address some of the beliefs and reactions you have described above, including the effects of stigma?

OUESTION FIVE

Create a complete differential diagnosis schedule for a client with **anxiety disorder**. Show every step involved in arriving at the right diagnosis. Show the multiaxial diagnosis according to DSM-IV.

QUESTION SIX

Create a complete differential diagnosis schedule for a client with **aggressive behavior**. Show the decision tree for this client. Show the multiaxial diagnosis according to DSM-IV