

## DSM CASE VIGNETTES

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## **CASE VIGNETTE: INTRODUCTION**

**Develop a GAF scale score for each of the following.**

### **CASE VIGNETTE 1**

A.L., a 20 year old male, presents to the emergency room of a hospital accompanied by his family. He is combative, smells of alcohol, and is obviously quite intoxicated. Three weeks ago, he was arrested for driving under the influence of alcohol (DUI). A. L.'s wife reports that he has been drinking increasing amounts of alcohol since his marital problems developed 2 months ago. For 3 days he has been tearful and reported to another family member that he "felt hopeless about the marriage." His appetite, concentration, interest and energy levels, and sleep patterns are relatively normal. He denies suicidal ideation. Past history is significant for poor academic performance during high school (i.e. he was enrolled in special education classes). There is not previous history of alcohol or drug abuse.

### **CASE VIGNETTE 2**

Ken is a 30-year old male with a history of multiple prior psychiatric hospitalizations. His family brings him in for evaluation. According to the family, he is not sleeping at night and is very suspicious. Ken reports auditory hallucinations, and voices that constantly warn him about the "intentions of people." During the interview Ken stares intently at you, occasionally becomes angry at your questions, and appears suspicious. His affect varies from appropriate to angry. He denies depressive symptoms. His associations are not loose; however, he is preoccupied with the idea that the Mafia is going to kill him. At times during the interview he appears quite anxious.

Past history is significant for numerous similar episodes beginning when the patient was 18. Ken has been psychiatrically hospitalized many times and frequently stops medications following discharge. Between psychotic episodes, he lives with his parents. The family states that he is always suspicious but not this disturbed. He stays by himself and has no motivation to work or do basic household tasks. He has never had a Major Depressive or Manic Episode, and there is no history of substance abuse or medical illness. According to the family, during Ken's childhood he was a quiet "loner" who never had any friends. He never dated. The family expresses surprise about Ken's angry outbursts in later life because "he never showed any emotions as a child."

## **CASE VIGNETTES: SUBSTANCE-RELATED DISORDERS**

### **CASE VIGNETTE 1**

Tony is a 20 year old male who is brought by his wife to the emergency room for evaluation. According to the wife, Tony had been very agitated for the past few hours. She suspects he is using drugs and reports that he has spent all of their savings. She also states that his behavior has changed over the last four months; he is frequently absent from home and has been taking money from her wallet.

Tony's vital signs show mild blood pressure elevation (150/95) and a slight fever (100.3F). On examination, Tony is quite anxious, has a gross tremor, is pacing the floor and sweating, and complains of severe muscle pain. His pupils are enlarged (mydriasis), and he has rhinorrhea (runny nose). HE is anxious to leave and keeps saying, "I'll be O.K. Just let me out of here." He denies regular substance use, but states that he has tried marijuana, cocaine, and heroine. The physical exam reveals recent needle marks on both arms. Toxic screen is positive for opiates.

### **CASE VIGNETTE 2**

Shilo is a 23-year old single white male and a recent college graduate. He states that he almost did not graduate from college due to low grades and that he has been unable to find a job. He currently lives with his parents. He was referred for an assessment by his probation officer after being repeatedly arrested for public drunkenness and being combative with police on his last arrest. He states that he is usually very friendly, but that he didn't feel fairly treated by the officer. Upon further questioning you find that he really has very little memory of the entire evening. His self proclaimed substance use history includes use of amphetamines which he took to study for exams and occasional use of cocaine and hallucinogens on the weekend for recreation.

Information provided by his parents indicates that he has not looked for a job for six months and that he spends his time in his room or with a few friends "down the street." They have bailed him out of jail several times, but now realize that he may have some type of problem. Toxicology report indicates the presence of cocaine, marijuana, and PCP.

## **CASE VIGNETTES: SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS**

**Develop an Axis I diagnosis and list the symptoms which led to this diagnosis.**

Dave, a 46 year old S.W.M. male, has a long history of psychiatric and social problems. He enlisted in the army at age 20, after dropping out of college. He scored very well on military intelligence tests but was unable to complete basic training because of apparent confusion under stress and difficulty concentrating on training tasks. After an early discharge, Dave tried to return to school and was referred to the mental health center after he was found wandering around campus in a heavy trench coat on a hot day. He reported that his radio was telling him what to wear.

A few weeks later Dave was committed to a state mental hospital after starting a fire in his dormitory room “to help me stay warm so I can study.” He was found to have delusions that he was unable to control his body temperature and would freeze to death if he was not careful. He responded to treatment with neuroleptic medication, but he discontinued taking it after discharge from the hospital. Over the next 25 years Dave was hospitalized on many occasions, each time with delusions of body deterioration of some sort, or of persecution by voices from outer space. He did not adapt well socially, never married, has not been able to work, and has never had serious problems with the law.

At this time, Dave is living semi-autonomously in a boarding home, where he spends his days watching TV or walking about a nearby park. He expresses few emotions and has little motivation. He scrupulously avoids illicit drugs and alcohol, although he smokes 20-30 hand-rolled cigarettes a day. He takes anti-psychotic medication daily. He has not been completely free of his symptoms since they first appeared, although they don't trouble him very much.

### **CASE VIGNETTE 2**

Chris, a 44 year old D.W.F. woman, was arrested after harassing a local television newscaster with telephone calls and letters asserting that he had fathered, then absconded with her child. She denied any wish to harm him but steadfastly pursued him with demands that he give her “visitation rights” to “their” child. She said she understood that he would be unable to marry her, or even to outwardly acknowledge his love for her, because of his delicate public position.

There was no indication that the newscaster had ever had a relationship with Chris, although evidence from her files and from her apartment indicated that her fantasized relationship with him had existed for several years. There was no indication of hallucinations, disturbance of affect, significant Mood Disorder, or organic illness, and the woman had never been treated for a psychiatric disorder.

## **CASE VIGNETTES: MOOD DISORDERS**

**Develop an Axis I diagnosis and list the symptoms that led to this diagnosis.**

### **CASE VIGNETTE 1:**

Jane is a 34 year old M.W.F. bank executive who is brought for evaluation by her husband. According to the husband, Jane was in excellent health until 2 weeks ago, when she began staying up later at night. He was initially not too concerned, until she began awakening him to talk about the “revolutionary” news ideas she had about creating an international bank cartel. He notes she was “full of energy” and talked rapidly about the many ideas that she had. He became quite concerned when at 3 A.M. Jane telephoned the president of the bank where she works to discuss her ideas. When her husband confronted her about the inappropriateness of her phone call, she became enraged and accused him of purposefully attempting to sabotage her venture.

On examination Jane’s speech is quite rapid and she jumps quickly from one subject to another. She states that she is about to revolutionize banking and control the world currency market. When questioned about the likelihood of achieving this goal, she becomes irritable and threatens to leave. She admits to auditory hallucinations that are telling her how to corner the market on gold. She is on no medications, has no prior psychiatric history (including no prior depressive episodes), and denies drug abuse. Family history is positive for Mood disorders. Her younger brother had a severe depression 2 years ago that required hospitalization, and her mother was diagnosed as Manic-Depressive many years ago. Her physical examination is normal and toxic screen for drugs is negative.

### **CASE VIGNETTE 2:**

Tom is a 28 year old S.B.M. government employee referred by his family physician for evaluation. He reports 3 month history of worsening anxiety that is especially bad early in the morning. “I wake up at 3 in the morning and I can’t get back to sleep. My thoughts torment me.” He also reports decreased energy, inability to concentrate at his job, decreased appetite with a 10 pound weight loss, and suicidal ideation. “I feel so hope-less that suicide seems like an option.” He also states, “There is nothing in my life that I enjoy.”

Tom is tearful during evaluation. He lacks animation and his mood is quite depressed. He denies prior hypomanic or manic episodes. Mental status exam reveals slowed thinking and no evidence of psychosis. He does report two previous depressive periods, one in late adolescence and another during his senior year in college. During the latter episode, his symptoms were severe enough that he was unable to attend classes. “I almost failed that semester.” Both depressive episodes remitted in a few months without treatment; he “felt like normal” during remission. He denies drug abuse or use and has no medical problems. The family history is positive for depression in a paternal grandfather, and in his father, and he reports that a depressed uncle committed suicide about 10 years ago.

## **CASE VIGNETTES: ANXIETY DISORDERS**

- 1. Develop a diagnosis and list the symptoms for each.**
- 2. List additional assessment questions.**

### **CASE VIGNETTE 1**

Francis is a M.W.M. and presents with extraordinary concern about the safety of his wife and young daughter. He rarely leaves them alone when away (e.g., at work) he telephones home every hour. He has lost one job because of this, and his wife has threatened to leave him if he does not seek psychiatric help. Six months ago, the symptoms, which have been present for years, became worse after his wife had a serious automobile accident.

Francis describes recurrent, unbidden thoughts in which dangerous events befall his family and he is not there to save them. He knows the thoughts are “silly” and they come from his own mind rather than any real danger, but he cannot resist contacting his wife or daughter in some way to be certain they are safe. His wife has arranged to lift the telephone receiver briefly, then hang up, which is usually sufficient to allay his fears for an hour or so.

There is no history of significant medical illness or Substance Abuse. The client completed 2 years of college and has a responsible job. He performs well, and is not particularly perfectionistic, overly conscientious (except with regard to his family’s safety), rigid, or preoccupied with details.

### **CASE VIGNETTE 2**

Helen is a 35 year old M.B.F. who for the past 6 months, has had increasing anxiety and occasional panic attacks. Although the anxiety and panic were initially not associated with any particular situation they are now associated with her work as a personnel director for a large corporation. When she goes to work she often (sometimes more than once a week) has sudden attacks of nausea, perspiring, a feeling of unreality and impending doom, and trembling. These symptoms become quite intense within a few minutes and last less than half an hour. Helen dreads the episodes, which are so uncomfortable that she occasionally prevents them by staying home rather than going to the office.

She has noticed that the episodes, which initially came randomly and unexpectedly, have recently become more specifically associated with certain responsibilities, such as board meetings and presentations to her superiors. Helen denies any discomfort from the meetings and presentations themselves, saying that she enjoys her position, handles it well, and feels very comfortable as a member of the management team. She is not affected in ordinary social situations or while working with people in other settings. The client has never had other psychiatric symptoms, enjoys a normal family life, and is in good health. She takes no medications, has a low caffeine intake, and denies drug or alcohol abuse. Physical examination, with thyroid tests and echocardiogram, is normal.

### **CASE VIGNETTE 3**

Fumio is a 30 year old single male of Japanese descent. He is visiting the U.S. and began experiencing intense anxiety about 3 weeks ago. He states that he fears his body odor is offensive. He worries that his face and expressions may be displeasing to others.

### **CASE VIGNETTE 4**

Jane is a 28 year old single white female. She states that her boyfriend of two months asked her to come to counseling when he found out about her cutting behavior. She scratches her arms with a plastic knife whenever she becomes angry or feels out of control. This has occurred for at least one year. She denies any suicidal thoughts and states that she does not want to die but does want to be released from the emotional pain and anxiety.

Jane reports a history of persistent sexual abuse by her minister from the ages of 14 to 16. The abuse stopped when he was transferred to another parish. She tells the story of the events without any emotion. She has experienced nightmares of the event periodically since the event occurred, however, the thoughts have increased since she and her boyfriend tried to have intercourse unsuccessfully. She has difficulty falling asleep (D.F.A.) because she fears the nightmares. She avoids going to church and states that the cutting behavior helps her to avoid thoughts of the abuse.

## **CASE VIGNETTE: SOMATOFORM DISORDERS**

### **CASE VIGNETTE 1**

Paula is a 32-year old woman who is currently hospitalized on a general medical ward for evaluation of right-side paralysis. The attending physician requested a psychiatric consultation when no medical reason for the paralysis were found.

On examination, Paula is initially quite upset that anyone doubted the medical nature of her complaints. She reports the sudden onset of right-side problems while she and her boyfriend were talking with a lawyer. According to her, this complaint occurred once before: "They thought I had a stroke. " She is quite dramatic in her presentation and describes a long, complex medical history. She denies prior psychiatric hospitalizations or contact with other mental health professionals, and denies drug or alcohol abuse or Panic Attacks. Her family history includes a father who was an alcoholic (she is unfamiliar with his recent whereabouts) and a brother who is currently in prison.

Review of Paula's many medical records reveals numerous hospitalizations and medical evaluations for a wide variety of complaints. Complaints that resulted in past hospitalizations or medical evaluations include vomiting, chronic diarrhea, chronic abdominal pain, "crippling" migraines, shortness of breath, amnesia, double vision, loss of consciousness, seizures, paralysis (on three different occasions), dyspareunia (genital pain associated with sexual intercourse), dysmenorrhea (irregularity or other abnormality of menses), dysphagia (difficulty in swallowing), and blindness. Despite numerous extensive medical evaluations no organic reasons were found for any of her complaints

### **CASE VIGNETTE 2**

Elsie is a 28 year old single African American female. She was referred by her primary care physician for a psychiatric evaluation following a visit to the emergency room at the local hospital. Elsie sought treatment for loss of physical sensation in both feet which caused difficulty with ambulatory motion. No etiology was found during physical examination. Consultation with the patient's mother revealed that Elsie has experienced difficulty swallowing during the previous two weeks. Patient's history includes the recent break-up of a relationship with a white male who has recently moved to Mexico.

## **CASE VIGNETTES: INFANCY, CHILDHOOD, OR ADOLESCENCE**

### **CASE VIGNETTE 1**

Gary is a 13 year old boy, who lives with his mother, a single parent. He often refuses to talk to her for days at a time, although he talks to his teachers and siblings. There are no diagnosable Communication Disorder, and Gary is obviously capable of speaking when he wants to do so. His grades have declined significantly during the past 2 years. During the past year he has started fights with peers, stolen from his mother's purse several times, and often lied to cover his indiscretions or to get things he wants. The behavior started around age 8 or 9, and has escalated to the point at which he has been arrested several times (usually for curfew violations) since age 12. Gary was referred to the Mental Health Clinic by a juvenile court judge after recently vandalizing several cars and threatening the drivers with a knife.

### **CASE VIGNETTE 2**

Perry is a young man of 25 who had difficulty completing high school and has drifted from job to job for years. He seems to have every intention of keeping jobs and succeeding socially, but his impulsivity and propensity for minor antisocial behavior (such as swearing at his boss, stealing tools from a job site, skipping work and taking a company pickup to the beach) undermine his progress. Perry is genuinely puzzled by his repeated failures. He has had several scrapes with the law, but no serious criminal activity. He has never married, although he did live with a woman for about 2 months. No indication of intellectual deficit, psychosis, or Mood Disorder exists.

Perry's parents describe no significant developmental delays. They recall that even before the first grade he had trouble focusing his attention on his tasks or activities. In school, he was repeatedly cited for not sitting still, leaving his seat and walking about the classroom without permission, and forgetting simple assignments. His mother states that as a child he would talk incessantly, routinely intrude on others' conversations, and monopolize discussions or activities. His early school work suffered considerably until he was provided with a tutor.

### **CASE VIGNETTE 3**

Tenes is a fourth grader from middle-class family, and he has had difficulty with arithmetic since kindergarten. Now that he is taking science classes, the deficit affects more than his math grade, which is always failing or near failing. His performance in other subjects, such as writing and reading, is satisfactory. Tenes performance in other subjects, such as writing, and reading, is satisfactory. Tenes scored in the lowest 3 or 4% on standardized, individual math tests but is in the normal range on verbal measures. His mother reports that he avoids math homework and he becomes irritable when forced to do it.

## **CASE VIGNETTES: PERSONALITY DISORDERS**

### **CASE VIGNETTE 1**

For as long as the local residents can remember, Hal, a 56 year old, single, high school graduate, has lived alone a couple of miles outside of town. Although frequently seen along the road, and occasionally in town, he doesn't frequent the local bars or cafes and has never been known to socialize. Hal makes his living fixing things, at which he is quite adept, but chooses not to open a shop in town. He seems indifferent to praise, advice, or complaints from his customers, generally answering with a nondescript shrug and continuing his work. He never married, and did not attend either his sister's wedding or his parents' funerals, all of which occurred nearby. When people offer greetings or friendly conversation, Hal remains aloof, barely acknowledging their comments. He has no complaints or psychiatric symptoms that bother him. He has never been in trouble with the law, and has had no known hallucinations, delusions, or psychiatric treatment.

### **CASE VIGNETTE 2**

Dave is a middle-aged, successful man who comes to the clinician's office to inquire about psychotic therapy because others "have trouble getting along with me.": He has noticed this for many years but felt no need for change or treatment until the recent breakup of his third marriage. For the first time, Dave wonders about his ability to be a husband and father worries about growing old alone: " That never bothered me before. I've always thought I was my own best partner."

Since childhood, Dave has been "obsessed" with money and power. This has come fairly easily, because, in his words, "everyone else is weak or incompetent; I just step in and take over. "He has extraordinary confidence in his ability to succeed, but not to a psychotic or hypo manic extent. Nevertheless, all of his life his self-image has been grandiose, and his demeanor arrogant: "Everyone else wishes they were in my shoes" Others' regard and admiration for him is important but "never enough." In spite of Dave's very exploitative personal and business style, he expects others o appreciate his brilliance and success: "I don't understand why my wife and kids aren't grateful to have me around. I'm not trying to brag, but my reflected glory makes the whole town treat them with respect. " Dave comments that he had trouble being a warm parent or husband, and seems not to understand his children's needs or feelings. His prior wives were both "idiots".

## CASE VIGNETTE: DISSOCIATIVE DISORDERS

### CASE VIGNETTE 1

On her first visit to the mental health clinic, Effie cried and talked about her failing memory. She pointed out that at 26 she was too young for senility, but that on some days she actually felt senile. For several months she had noticed “holes in her memory,” sometimes these lasted for two or three days. Her recall wasn’t just spotty; for all she knew about her activities on those days, she might as well have been under anesthesia. However, from telltale signs such as food that had disappeared from her refrigerator and recently arrived letters that had been opened, she knew she must have been awake and functioning during these times.

Effie lived alone in a small apartment on the proceeds of the property settlement from her recent divorce; her family lived in a distant state. She enjoyed quiet things—reading and watching television. She was shy and had trouble meeting people; there was no one she saw often enough to help her account for the missing time.

For that matter, Effie wasn’t all that clear about the details of her earlier life. She was the second of three daughters of an itinerant preacher. Her early childhood memories were a jumble of labor camps, cheap hotel rooms, and Bible-thumping sermons. By the time she reached age 13, she had attended 15 different schools.

Late in the interview, she revealed that she had virtually no memory of the entire year she was 13. Her father’s preaching had been moderately successful, and they had settled for a while in a small town in Oregon. She believed this was the only time she had ever started and finished a year in the same school. But what had happened to her during those intervening months? Of that time she recalled nothing whatsoever.

The following week Effie came back, but she was different. “Call me Lit,” she said as she dropped her shoulder bag onto the floor and leaned back in her chair. Without further prompting, she launched into a long, detailed, and dramatic recounting of her activities of the last three days. She had gone out for dinner and dancing with a man she had met in the grocery store, and afterwards they had hit a couple of bars together. She denies drinking alcohol.

When asked if there were any parts of the last week that she could not recall she states, “Oh, no. She’s the one who has amnesia.” She was Effie Jens, whom Lit clearly regarded as a person quite different from her own self. Lit was carefree, and sociable; Effie was introspective and preferred solitude.

Lit also gave information about early childhood. She reported that her father had molested her and when she finally told her mother, she made Effie promise to never tell, because it would break up the family.

## **CASE VIGNETTES: SEXUAL AND GENDER IDENTITY DISORDERS**

### **CASE VIGNETTE 1**

Vale, a 22 year old female seeks psychological help because of sexual concerns. She has not been able to attain orgasm with her husband of 3 months, although she feels attracted to him, has arousing fantasies about him, and describes normal physiological signs of arousal. Intercourse is not painful for her. Her husband has no difficulty with erections or orgasm, and in fact often ejaculates in only for a few minutes. This signals the end of their lovemaking for the evening. She has not discussed this with him, but she confided in her mother who recommended she seek medical help. Her gynecologist found no physical abnormality. He told her that some women are more sexually responsive than others.

A careful history reveals that Vale was brought up in a protected, but not overly restricted environment. She had no sexual experience prior to marriage and her husband had little experience before marriage. She has been able to achieve orgasm through masturbation. Sex education, for both, was limited to books and the church-sponsored premarital counseling. There is no history of drug or alcohol use.

## **CASE VIGNETTES: EATING DISORDERS**

### **CASE VIGNETTE 1**

Brie is a 19 year old S.W.F. college freshman who is brought in for evaluation by her parents; she is attending college while living with them. Brie's parents are very concerned about her declining weight. Two weeks ago Brie's mother found a large supply of diuretic hidden in her daughter's closet. The parents also report that Brie is a perfectionist; when not in class, she spends her time studying in her room. She has never dated, has few friends, and is a straight A student. The mother reluctantly reports that large boxes of cookies, pies, and cake have disappeared from the kitchen.

On examination Brie appears extremely thin. She weights 85 pounds and is 5 feet 7 inches tall. She denies any problems with food intake, and denies use of diuretics or laxatives. She does admit that her last menstrual period was more than 4 months ago. She does not agree with he parents' concerns about her weight; she angrily states, "I don't have a problem!"

### **CASE VIGNETTE 2**

Yolanda is a 15 year old S.B.F. She is seeing her high school guidance counselor for sadness resulting from the break-up of a relationship with her Caucasian boyfriend. Her counselor observes that her weight seems to fluctuate rapidly by 10 pounds over 2 months and that marks are appearing on her fingers and knuckles. Yolanda reports that she is exercising 3 hours a day to cope with her situation.

## **CASE VIGNETTE: ADJUSTMENT DISORDERS**

### **CASE VIGNETTE 1**

Manny presents with feelings of sadness one month after break up of seven-year relationship. She had been living with her boyfriend for five of those years and reports that they traveled and enjoyed many mutual activities together. She states that she has experienced sadness while at work and has been unable to reach out to friends for support since she had her boyfriend shared many mutual friends. The reminders are too painful. She doubts that she will ever find another significant relationship that is as rewarding and she does not like living alone. This leaves her feeling hopeless about the future regarding her dreams of marriage and a family. He denies any suicidal ideation and has no history of depression.

### **CASE VIGNETTE 2**

Miles is a 42 yr old male who seems distressed after the holidays. His financial situation has been gradually deteriorating during the past 6 months and he has been feeling a great deal of anxiety. His work as a tree cutter is seasonal and his income varies from month to month. His child support payments for his 2 children from a various marriage have recently been increased and his new wife of 2 years has no job and is unwilling to work outside of home. He reports that his marriage is otherwise good, but he worries that their future together will be limited by his inadequate income. They have stopped going out to dinner and movies and seldom socialize because of lack of funds. He denies any suicidal ideation and his treatment record includes marital counseling from his prior marriage that ended seven years ago.

## **CLINICAL VIGNETTES V-CODES AND OTHER CONDITIONS**

### **CASE VIGNETTE 1**

The parents of a 16 year old female present regarding issues of parenting. They indicate that they have always regarded their relationship with their daughter to be very good. However within the last 6 months she has begun to defy their house rules and recently had a pizza party while they were away on a week-end trip. An expensive couch was ruined from a cherry cool-aid stain and Dear Heloise could not help them. They indicate that they have always expected her to go to college at a nearby school but recently she states that she wants to attend a school on the west coast in California 2,000 miles away. Although she reports to have saved money for this venture, her parents are unsure of her maturity to live so far away from home, especially in light of her recent actions. They have tried to convince her to stay at home, but their anxiety has been heightened by her recent announcement to graduate early from high school and to leave for c

## **CASE VIGNETTES: SLEEP DISORDERS**

### **CASE VIGNETTE 1**

Perry is a very obese, 42 yr. Old man, presenting with complaints of irritability, poor concentration, and fatigue. His wife believes he is depressed. He described insomnia, restless sleep, and daytime listlessness, but most other signs of mood disorder were lacking. He has twice fallen asleep during boring meetings at work. One weekends he spends much of his time napping.

Careful history indicates that Perry gained much of his weight during the past year, and that his sleep disturbance increased with his weight. His wife reported that when sleeping he often becomes very still for 10-20 seconds, then emits a gasping snore. "It sounds like he's choking," but he rarely awakens completely. The episodes seem works when he has been drinking, but they are not limited to intoxication. Except for his obesity, superficial physical examination was normal.

Referral for polysomnography revealed apneic episodes of 20-30 seconds, punctuated at the end by snorts and gasps, many times a night. Respirations are otherwise normal. The episodes aroused Perry from sleep, but he did not recall them the next morning. An otolaryngology consultant found excessive soft tissue surrounding the upper airway.

### **CASE VIGNETTE 2**

Fina, a 19 year old military recruit, was referred to the psychiatrist after he walked in his sleep in his barracks on at least three occasions. Other trainees in his company said that he had a "blank" look on his face when sleepwalking, that he didn't seem aware of the occurrences, and that he returned to bed after a few minutes. Fina said he was not aware of this behavior and did not recall any dream associated with it the next morning.

Fina walked in his sleep as a young child, as did one of his sisters, but he had not done so since about age 7. There was no personal history of significant dysphoria, adjustment problems, or other psychiatric symptoms. He had been doing well in his basic training and did not want a medical discharge. "Both my brothers were Marines, and I'm going to be a Marine, too." Physical examination, including neurological exam and EEG was negative.

## **CLINICAL VIGNETTE: COGNITIVE DISORDERS**

### **CASE VIGNETTE 1**

Arnie, a 70 year old male is brought in for assessment by his family. He has had increasing difficulty caring for himself. His memory is poor and he has gotten lost several times in his own neighborhood. Police assistance was needed to find him. Arnie believes that his neighbors are stealing things from his house. Further history reveals that Arnie's memory problems began about 2 years ago. His memory problems slowly progressed, and he has gotten more irritable and suspicious over the past 6 months. His children state that he is like a different person. Arnie has been in good physical health, is on no medication, and has no history of mental disorders or inappropriate substance use.

Arnie appears disheveled and is somewhat hostile. He is alert and doesn't cooperate with the examiner. When asked to perform memory tasks, he says, "I'm not going to answer your dumb questions." He believes his wife, who died 5 years ago, is alive and is being held captive. His handwriting is unreadable and he is unable to copy even simple designs. Physical exam presents normal findings.

### **CASE VIGNETTE 2**

A psychiatric resident requests consultation regarding a 74 yr old female patient who was hospitalized 3 days ago for an evaluation of congestive heart failure. She appeared fine upon her arrival, however, she has begun screaming up and down the hospital ward demanding her clothes so that she can go home. She also began shouting about the doctors wanting to cut hole in her chest. She bit the head nurse when she tried to stop her from leaving.

Upon evaluation you note that she is easily distracted and does not know the time of day. She is not even sure of the name of the hospital. In the middle of the interview she begins talking to the wall.