Willoughby Case Study

Directions

Below is a brief case study of "Willoughby" followed by a list of assessments and relevant findings. Please read the case and assessment information before class and be prepared to discuss the findings in small groups.

Case

Willoughby is a 29-year-old museum exhibit designer at a regional history museum who sought counseling after experiencing increasing anxiety over the past year. He describes himself as someone who has "always been a worrier," but acknowledges that his anxiety has become more difficult to manage and increasingly interferes with his daily functioning. He frequently worries about making mistakes in exhibit plans, financial stability, his parents' health, and whether he is falling behind his peers. Even when one concern is resolved, he quickly finds something else to worry about. Willoughby spends considerable time reviewing emails and design proposals before sharing them, mentally rehearsing conversations, and seeking reassurance from his girlfriend. He recognizes that many of his worries are excessive but describes difficulty "turning my brain off." He reports muscle tension, irritability, difficulty concentrating, and trouble falling asleep. Although he continues to meet most professional responsibilities, he feels increasingly exhausted and believes his anxiety is negatively affecting his productivity and free time.

Willoughby also describes longstanding discomfort in situations where he might be evaluated or judged by others. He becomes especially anxious during exhibit design reviews, meetings with senior curators, presentations to museum leadership, and unfamiliar social gatherings. He worries that others will notice his nervousness, interpret his comments as unintelligent, or think he is incompetent. Before presentations, he frequently experiences a racing heart, sweating, and trembling, and sometimes struggles to maintain eye contact. He has begun declining opportunities to present exhibit concepts at work and occasionally avoids museum opening receptions and social gatherings with his girlfriend's friends. He also finds himself hesitant to initiate conversations with unfamiliar colleagues. However, he reports feeling relatively comfortable with close friends and family. Willoughby explains, "I can usually get through these situations, but afterward I replay everything I said and convince myself I sounded ridiculous." He describes his relationship with his girlfriend of six years as stable and supportive. She encourages him to be more socially active, but he sometimes interprets her encouragement as evidence that she is disappointed in him.

Approximately eight months ago, Willoughby was involved in a serious motor vehicle accident while driving home from work. Another vehicle ran a red light and struck the driver's side of his car. Willoughby was briefly trapped in the vehicle and recalls believing that he might die before emergency personnel arrived. He sustained relatively minor physical injuries and did not require prolonged hospitalization. During the first several weeks afterward, Willoughby experienced distressing memories of the accident, occasional nightmares, and heightened anxiety while driving. Although these reactions have decreased considerably, he still experiences occasional unwanted memories when approaching busy intersections or hearing sudden braking sounds. He sometimes takes an alternate route to avoid the intersection where the accident occurred, although he continues driving regularly and generally manages these situations without substantial difficulty. Willoughby acknowledges feeling somewhat more alert to surrounding traffic and occasionally becoming startled by sudden noises. However, he does not describe persistent nightmares, substantial avoidance of everyday activities, or significant changes in his

beliefs about himself or the world related to the accident. He is uncertain whether his current tension and irritability reflect the accident or his longstanding anxiety, stating, “It was definitely scary, but I think I’ve mostly moved on.”

Over the past several months, Willoughby has also noticed occasional episodes of heightened physical anxiety, particularly before presenting exhibit concepts, during stressful workdays, and sometimes while driving through busy intersections. During these episodes, he experiences a noticeably faster heartbeat, mild dizziness, and occasionally trembling. The symptoms typically last several minutes and gradually diminish once the stressful situation passes or he redirects his attention. Although uncomfortable, Willoughby does not describe an overwhelming sense of terror, fear of dying, or fear of losing control. He has not experienced unexpected episodes involving a sudden surge of multiple intense panic symptoms. He occasionally worries about becoming visibly anxious in front of others, but does not report persistent fears of having a panic attack or significant avoidance specifically related to physical sensations.

Willoughby attended several counseling sessions during college for academic stress but has no history of psychiatric hospitalization. He occasionally feels discouraged when anxiety limits his activities, but does not describe persistent depressed mood or a loss of enjoyment in time with his girlfriend and close friends. Outside of work, he enjoys restoring old film cameras and rarely misses a monthly board-game night with two longtime friends. He is particularly proud of a hands-on museum exhibit he designed for visiting schoolchildren. He denies current suicidal ideation, past suicide attempts, or significant substance use. He drinks alcohol socially and typically consumes two or three caffeinated beverages on workdays. Willoughby is motivated to pursue treatment and would particularly like to feel more confident at work, spend less time worrying, and become more comfortable in social situations.

Assessment Information

Assessment	Scores
Generalized Anxiety Disorder-7 (GAD-7)	16 – severe anxiety symptoms, including frequent worry, nervousness, difficulty relaxing, and irritability
Penn State Worry Questionnaire (PSWQ)	69/80 – elevated trait worry, suggesting frequent, pervasive, and difficult-to-control worrying
Liebowitz Social Anxiety Scale (LSAS)	Total – 76; Subscales: Fear – 43; Avoidance – 33. Elevated social anxiety, with significant fear and avoidance in social and performance situations
Panic Disorder Severity Scale (PDSS)	4/28 – low panic-related symptom severity; occasional limited-symptom anxiety episodes without reported full panic attacks or substantial panic-specific impairment
PTSD Checklist for DSM-5 (PCL-5)	18/80 – below commonly used provisional PTSD screening cutoffs; some trauma-related symptoms are endorsed, but the findings do not establish PTSD
Patient Health Questionnaire-9 (PHQ-9)	6 – mild depressive symptoms (subclinical), primarily involving sleep difficulties, fatigue, and concentration problems; no sustained depressed mood or loss of interest reported.