Tamsin Mini-Case Study – Optional Extra Credit (10 Points)

Directions

Read the following case and examine the four completed assessment forms provided during the exam. Calculate the scores, then answer the two short discussion questions. Support your responses with specific findings and distinguish what the information suggests from what it cannot establish. ***You can bring a paper version of this assessment to class with your notes and thoughts.***

Case

Tamsin is a 27-year-old stage manager at a regional theater who sought counseling after several months of feeling increasingly tense and preoccupied. Her job involves coordinating rehearsals, communicating cues to technicians, and checking that performers and backstage staff can work safely. She enjoys the unpredictability of live productions and is generally regarded as dependable, but lately she has been worrying about the theater's financial future, renewing her apartment lease, her father's upcoming surgery, and whether she is letting colleagues down. She often lies awake planning for problems that have not happened. Even after resolving one concern, she moves on to another. She reports shoulder tension, occasional irritability, and trouble concentrating during meetings, although she continues meeting her responsibilities.

Over the past four months, Tamsin has also become troubled by a particular thought: "What if I missed something and someone gets hurt because of me?" Checking backstage exits, equipment, and electrical controls is already part of her legitimate work routine. However, after completing the required checks, she sometimes returns to confirm them again, photographs a switch position for reassurance, or mentally replays the steps on the trip home. If interrupted before she feels certain, she becomes uncomfortable and finds it difficult to concentrate until she checks again or asks a technician to confirm what she did. She recognizes that these repeated actions are probably excessive, and there has been no recent safety incident to explain the change. Similar doubts sometimes lead her to recheck her apartment door or stove. The unwanted thoughts recur throughout the day, with stretches of a few hours when they recede; together, the thoughts and checking can take several hours on a difficult day. She occasionally arrives late to meet friends because of the rechecking.

Tamsin describes her mood as "mostly okay, just worn out." She has not lost interest in activities and continues enjoying Sunday pottery classes, occasional dinners with her sister, and trying new recipes with her roommate. She has had a few nights of poor sleep, some fatigue, and mild concentration problems, but denies persistent sadness, hopelessness, suicidal thoughts, or intentional self-harm. She is more concerned that she rarely feels genuinely relaxed, even when she has free time. At pottery class she can laugh and become absorbed in her work, yet later finds herself mentally rehearsing the next day's tasks. Her sister has noticed that Tamsin frequently asks for reassurance about routine decisions, but describes her as affectionate and engaged rather than withdrawn.

Tamsin has never been in counseling and has no history of psychiatric hospitalization. She drinks one or two alcoholic beverages socially, does not use recreational drugs, and typically drinks one cup of tea in the morning. She wonders whether the repeated checking is simply part of being conscientious in a safety-sensitive job, or whether it has become "something I can't quite turn off." She would like to worry less, trust herself after completing necessary checks, and be able to enjoy time away from work. She is receptive to further assessment but does not want her therapist to assume that every workplace safety practice is a symptom.

Assessment Information

Completed response forms will be supplied for: PHQ-9, GAD-7, Y-BOCS-II Self-Report (Parts B and D only), and WHO-5. For the Y-BOCS-II-SR, the case describes the intrusive thoughts and checking behaviors that Parts A and C would ordinarily help identify. The completed forms and will be provided on day of exam.

Optional Extra Credit Questions (10 Points)

1. Assessment scoring (2 points)

2. Anxiety, intrusive thoughts, and checking (4 points)

2. Mood, well-being, and treatment monitoring (4 points)

***Any extra credit received will be added to your total points earned on your Final Exam*.**