Sabine Case Study – Final Exam Advance Release

Directions

Read the case study carefully in advance. You will receive the completed assessment forms and full exam questions during the in-class final. You are expected to score the assessments and integrate the results with the clinical history. The scores are intentionally not provided in this advance-release document. ***You can bring a paper version of this assessment to class with your notes and thoughts.***

Case

Sabine is a 21-year-old junior majoring in biochemistry who scheduled her first counseling appointment after what she described as a semester of 'barely keeping everything together.' She has maintained a 3.86 GPA, works approximately 12 hours a week in a faculty research laboratory studying cellular stress responses, and hopes to apply to medical school after her junior year. She is preparing for the MCAT while considering whether to pursue a summer research position or increase her clinical volunteer hours. Her academic advisor regards her as exceptionally capable, but Sabine has begun interpreting even routine feedback as evidence that she may not be competitive enough. She repeatedly revises assignments that are already complete, checks lab calculations more often than necessary, and spends evenings comparing her progress with classmates. She describes a persistent feeling that 'there's always one more thing I should be doing.'

Sabine is also socially active and has generally enjoyed college. She co-leads a science-outreach organization that brings hands-on experiments to local middle schools, plays on an intramural volleyball team, and has a small group of friends with whom she spends Friday evenings. She keeps a sketchbook of watercolor drawings of trees around campus, although she has barely opened it this semester. Friends describe her as funny, dependable, and the person who remembers everyone's birthdays. Recently, she has cancelled several social plans, missed two volleyball games, and found herself feeling emotionally absent even when she does attend events. At a science-outreach demonstration she usually enjoys, she noticed she could explain the activity smoothly while feeling 'like I was going through the motions.' She still has moments of genuine enjoyment, particularly with her roommate, but they seem shorter and less frequent than before.

Over approximately the past ten weeks, Sabine has experienced a more persistent low mood, diminished motivation, and increasing self-criticism. She feels tired most mornings after sleeping five to six hours, sometimes stays awake reviewing tasks in her head, and has occasionally skipped meals while working in the lab. She has difficulty sustaining attention when reading journal articles and recently earned a B-minus on an examination, which she experienced as a serious failure despite remaining in good academic standing. She has cried alone in her room on several evenings, then felt embarrassed that she was 'upset over something so small.' She says, 'I can still do the work, but everything takes twice as much effort.' Sabine denies thoughts of suicide, wishing to be dead, or intentionally harming herself, and reports no history of suicide attempts or self-injury.

Worry has been familiar to Sabine for much longer. She recalls periods of feeling anxious and mildly down during junior high school, particularly around transitions, exams, and family disagreements. Similar periods occurred in high school, but she continued earning high grades, participating in activities, and spending time with friends. She never received a formal evaluation or counseling, explaining that she could usually manage by making schedules, working harder, and 'just getting through the next deadline.' During the past six months, however, worries about academics, medical school, money, her family's well-being, and disappointing others have become more persistent and difficult to control. She recognizes that she cannot

prepare for every possible outcome but repeatedly seeks certainty through extra planning, checking application forums, and asking her advisor whether she is on track. When one concern settles, another usually replaces it. She reports tension across her shoulders, irritability when interrupted, and difficulty relaxing even when she has free time.

Family demands have also gradually increased. Sabine's maternal grandmother moved into her parents' home following a fall, and her mother has been managing medical appointments while continuing to work. Her parents have disagreed about whether they can afford additional help, and family group messages often reach Sabine during study sessions. Because she is 'the science person,' relatives sometimes ask her to interpret medical information or offer an opinion about decisions she feels unqualified to make. Her younger brother, a high school senior, has also begun asking for help with college applications. Sabine says her family is loving and has not explicitly demanded that she become a physician, yet she feels responsible for being 'the reliable one.' After recently telling her mother that she could not come home for a weekend, she spent several hours feeling guilty and distracted, despite her mother's reassurance that she understood.

A newer concern has been several unusual experiences of detachment over the past four to five months. Several times a week, Sabine feels as though she is watching herself carry out familiar actions, particularly while pipetting samples late in the laboratory or walking back to her residence hall after an exhausting day. At other times, sounds seem muffled or familiar surroundings appear strangely flat or distant, 'as though there's a pane of glass between me and everything else.' She sometimes feels emotionally disconnected, or as though she is carrying out familiar tasks on 'autopilot,' even while remaining fully aware of what she is doing. Most episodes last several minutes, although some continue for 20 to 30 minutes, and the unsettled feeling occasionally lingers afterward. They occur more often after poor sleep or during intense worry, but not exclusively during moments of obvious anxiety. Sabine knows that she and her surroundings have not actually changed, and she does not report hallucinations, delusional beliefs, memory gaps, or losing track of her actions. The experiences frighten her because she wonders whether they indicate 'something is wrong with my brain.' She has avoided mentioning them to friends because she worries they might question her ability to work in medicine.

Sabine has never attended therapy, taken psychiatric medication, or been psychiatrically hospitalized. She reports no episodes of unusually elevated mood, markedly decreased need for sleep with increased energy, or other experiences suggestive of mania. She denies using cannabis or other recreational drugs, drinks alcohol rarely, and typically has two caffeinated beverages each day, occasionally adding an energy drink during late study sessions. She reports no known neurological condition but has not discussed the detachment experiences with a medical professional. She is uncertain whether these symptoms are part of anxiety, sleep deprivation, depression, or something else. She has also begun questioning whether her desire to attend medical school is entirely her own or partly tied to her identity as someone who has always succeeded academically.

Despite her distress, Sabine continues to attend classes, participate in her research lab, and maintain close relationships with her roommate, family, and several friends. Her laboratory mentor recently encouraged her to reduce commitments rather than sacrifice sleep, and Sabine acknowledges that she would readily give a friend the same advice. She hesitates to follow it herself because stepping back feels 'too much like giving up.' She is open to treatment and wants to understand why her previous ways of coping are no longer working. When asked what she most hopes will change, she says, 'I want to feel present in my life again, not just successful on paper.'

Assessment Information

The following seven instruments will be used during the final exam. The completed forms and will be provided on day of exam.

Assessment	Area assessed
Patient Health Questionnaire-9 (PHQ-9)	Depressive symptoms over the past two weeks
Beck Depression Inventory-II (BDI-II)	Depressive symptoms, including cognitive-affective and somatic features
Generalized Anxiety Disorder-7 (GAD-7)	Recent anxiety symptoms
Penn State Worry Questionnaire (PSWQ)	Tendency toward excessive, difficult-to-control worry
Cambridge Depersonalisation Scale (CDS)	Frequency and duration of depersonalization/derealization experiences
Outcome Questionnaire-45.2 (OQ-45.2)	Symptom distress, interpersonal relations, and social-role functioning
World Health Organization-Five Well-Being Index (WHO-5)	Positive psychological well-being over the past two weeks