

Running Head: PRACTICAL PSYCHOLOGY CASE: LONG-TERM DEPRESSION

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Practical Psychology Case:

Long-Term Depression
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Case History. Background Information

Marie is a widow, who has been married for 20 years to a divorced man. She was 56, when she came for treatment. Her long-term depression had worsened over the last few years.

Marie was a high school teacher, who mainly taught at a Catholic school. She was a Catholic herself. She was quite physically healthy, apart from the fact she did not eat properly. Her family was mentally healthy, except for one sister, who suffered from anorexia at one stage. She was estranged from her mother, sisters and brother most her married and adult life. This because she married a divorced non-Catholic. Her relationship with her children was not good as she was blamed by them for damaging their lives. She had no social life at all primarily due to alcohol abuse. Her reaction to stressful events was to drink alcohol.

1. Description of the Problem

- Marie is suffering from long-term depression that has become progressively worse. She is apathetic to extreme degree and does not eat, pay her accounts and such.
- She avoids personal human contact. Her reason was she feels rejected and looked down on due to her husband's suicide.
- She has guilt over her alcohol abuse and husbands suicide, blaming herself for his death.
- Her abuse of treatment drugs and alcohol is severe as she drinks herself into a coma, and has been hospitalized with alcohol poisoning.

2. Diagnosis

An extreme sense of unworthiness compounded with a sense of rejection, blaming herself for her depression, alcohol abuse, husband's suicide and associated pain, collapse of her family.

She blames herself for her husband's unfaithfulness and blames her drinking for his affairs and suicide. This causes her to avoid people socially and compounds the sense of isolation and rejection.

To deal with this she over uses tranquilizers and alcohol. She has no strong relationship with her children, who reject her as alcoholic and blame her for the father's suicide.

The difficulty in diagnosing her problem was because it was hard to untangle the compounded issues.

3. Intervention

The intervention required a 4-part strategy:

A. The first was to seek to stabilize her Fluoxetine (Prozac) was used as it lifts depression, helps with obsessive-compulsive thoughts and maintain balance of the mind. (U.S. Dept of Health and Human Services).

B. Then she needed to be physically built up. To do this she moved into a residential hotel where she was given three meals daily. This also meant she had daily social contact with other residents.

C. After that, she was given cognatative behavior therapy. This was chosen, as she needed rapid intervention, which this form of therapy provided within 16 weeks. During therapy, she explored the fact that until she married she never drank. It was after her husband had an affair, she started drinking. This removed her guilt and self-blame for her drinking and she started to form friendships. They assured her of their acceptance and she began to socialize and get involved.

D. She had pastoral counseling and returned to her faith. As a Catholic married to a divorced man she was excommunicated and carried great guilt that God rejected her. Now she settled that issue.

4. Conclusion

The treatment was successful because of the combined strategy of Prozac to alleviate the depressed feelings. Then cognitive behavioral therapy to help her change her feelings. The consequence of this she was able to restore social contact now having a better self-acceptance. Finally, the pastoral counseling assisted her to feel accepted by God and church.

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References

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