Treatment plan according to DSM 5 TR Paper details: FINAL CASE STUDY ADDICTION DISORDERS Instructions: Please use one (1) page only for your answers. After reading the case study, “Shan Yates,” give him a... 1) DSM 5/5 TR diagnosis. (There are 5 primary diagnoses for this case! You may give specifiers if confident, but these are not mandatory.) 2) Give your rationale leading to this diagnosis? (If necessary, a rationale for each.) This should be a few sentences for each one, but give enough information to show me how you came to this answer. 3) Give a brief treatment plan for Shan. Prioritize it, and customize it for this client. BE SURE YOU NAME IS ON THE RETURN ANSWER SHEET!!! ------------------------------------------------------------------------------------------------------------------ Case Study Shan Yates Shan, a 34 y.o. African American college student, presented for evaluation of chronic mood instability. His symptoms had persisted and worsened in the decade since he returned from a 12-mo. military tour in Iraq. Shan denied having had significant psychiatric symptoms prior to the enlistment. During his deployment, he worked in transportation, and although he was not directly involved in combat, he “lost many comrades.” This was his first psychiatric evaluation. He did not like to talk about this stuff, but his wife insisted. Upon presentation, Shan reported that his mood was “down.” He felt that he was “sleepwalking” most of the time and enjoying his wife or 2 young children. He reported restlessness, as well as uncalled-for vigilance whenever he went to public places. He avoided driving, especially over bridges, and preferred to stick around the neighborhood. His sleep was regularly interrupted by vivid, disturbing dreams about “bombs and land mines.” After several years of underemployment that was partly attributable to these symptoms, his wife had convinced him to go back to college to have more job flexibility in the future. Page 2 Case Study “Shan” Mr. Yates reported concentration difficulties since his return from the service. Cocaine initially helped, but his ability to study declined with escalating cocaine use. He reported some guilt related to sexual behavior while using, but he denied feelings of worthlessness or hopelessness. He had a remote history of passive suicidality (fleeting thoughts), but he denied suicidal ideation and suicide attempts. His appetite was good, and he denied any history of panic attacks, mania, psychosis, or obsessive-compulsive symptoms. He denied a history of psychiatric hospitalization or outpatient treatment. There was no family psych history aside from a father with alcohol abuse. Shan Yates first consumed alcohol on the weekends when he was age 14. He had an early high tolerance, requiring 1 pint of alcohol to “get drunk.” Shan reported that his drinking escalated somewhat in the military - “maybe a little out of control” - and that he experiences regular blackouts. After discharge, he would typically drink 1 pint every 2-3 days, but sometimes more. During periods of heavy use, he had occasional morning tremors that were resolved by drinking. He denied other withdrawal symptoms, but the morning drinking reminded him of his father, who ultimately died of cirrhosis at age 55, so he began to limit his drinking to weekends. Since the onset of frequent cocaine use, he began to use alcohol to “come down” from his cocaine high. He denied a history of legal complications or arrests. In high school, Shan smoked cannabis socially, never smoking more than twice per month. During the year prior to the evaluation, he found that marijuana helped with insomnia and he began to crave it every evening. His wife objected, arguing that he would eventually get caught by the police or by their children. He continued to use marijuana, despite the nightly arguments, because cannabis led to the greatest likelihood that he would sleep without nightmares. Shan identified cocaine as his overall drug of choice. He had first used cocaine after he left the service. He primarily snorted it but also experimented with smoking crack. He denied ever using IV. Over the prior year, the cocaine use cost him $200/week. He found himself pawning items for money and missing classes and work. He became especially depressed after using. Because of his use, he was making little progress at this school work and had lost at least 3 jobs because of it. Shan consumed other substances when readily available, such as PCP, benzos, and ecstasy