

Case Conceptualization

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Case Study

Kota Hauk is a 30 year old male who recently retired from the national guard. Currently Kota lives with his wife, Abby, and one-year-old son. Recently Kota was referred to a psychiatrist after experiencing panic attacks at work.

Upon evaluation, it was discovered that when Mr. Hauk was in the National Guard, he was practicing in parachute drills with his unit and upon jumping from the plane his parachute did not open. As he fell, Mr. Hauk struggled to find the proper chords, and after a frightening struggle, he managed to deploy the backup parachute. The chute caught him, however because it deployed at a low elevation Mr. Hauk hit the ground hard. He recalled a sharp pain in his legs and being driven by ambulance to a hospital where they discovered that he had broken bones in both of his legs.

In the following years Mr. Hauk made a full recovery, retired from the national guard, and had just started a new job as an outdoor education teacher at his local High School. The beginning of the school year had gone smoothly, until recently when he started a rock climbing uni. Mr. Hauk's job was to take student on a 1.5 hour outing at a climbing gym next to the school. During the first outing, Mr. Hauk was demonstrating how to climb the wall when he was overcome with images of himself rushing toward the ground with a faulty parachute. After moments frozen to the wall, Mr. Hauk downclimbed, unclipped, and went to the bathroom, where he found himself curling into a ball and shaking on the floor. This lasted around five minutes, and thinking he was just tired, Mr. Hauk rejoined his students. However, when he would watch students, Mr. Hauk found that he was burdened with intrusive thoughts of breaking ropes and nasty falls. Distressed by these images, whenever the students had climbing gym days, Mr. Hauk would sneak away to the gym locker room, where he would sit on his phone until it

was time to head back to the school. He felt guilty about not being present to support and monitor the safety of his students, but could not bring himself to participate out of fear that the visions and panic attacks would come back. When a colleague confronted him about his lack of engagement with the students Mr. Hauk responded that rock climbing was a dangerous sport and it was not going to be “on him” when the students got hurt. Concerned with Mr. Hauk’s attitude and attentiveness, the colleague asked Mr. Hauk to step back from his position. Mr. Hauk felt embarrassed by this request, and disappointed in himself for not being able to be fit for a job he had previously enjoyed.

At home Mr. Hauk’s wife was also concerned. Since the climbing unit two months prior, Mr. Hauk had started to get up and pace the house at night. When his wife asked why he was agitated he told her that she wouldn’t understand. She suspected Mr. Hauk was having nightmares, as he would frequently wake up with a startling jolt. She noted that Mr. Hauk was typically relaxed and engaged with the family, but lately had become more withdrawn and jumpy. She noted another instance where their son had been bouncing in a hanging Jonny-jump-up and Mr. Hauk had suddenly gotten angry, relocated their son to the floor, and thrown the jumper out in a rage. When the physician asked Mr. Hauk about the occurrence he had said that the sight of his son bouncing reminded him of his jump from the plane. He went on to say that he knew that the jumper was harmless, but he couldn’t shake the flashbacks that came from watching his son. When asked about substances, Mr. Hauk said that he has the occasional drink but prefers to be sober.

Diagnosis One: Post Traumatic Stress Disorder DSM-5 Code F43.1

Kota is exhibiting signs of posttraumatic stress disorder (PTSD) from an event he experienced while in the national guard. His symptoms are as follows. While doing a parachute

drill, Kota's parachute did not open, and while he did get his backup chute to deploy, he still landed hard, breaking both of his legs. Despite this near-death encounter, Kota made a full recovery. However, he started to experience symptoms of PTSD when he brought his students to go rock climbing. The first symptoms to occur were flashbacks while Kota was climbing. The flashbacks were felt experiences of falling and hitting the ground, as well as seeing flashes of his students fall as well. These flashbacks brought on a panic attack where Kota found himself on the floor in the climbing gym bathroom. These experiences have also seemed to have triggered nightmares which have affected his sleep at night. To avoid these uncomfortable feelings Kota began to disengage from his responsibility as a teacher and hide in the bathroom during the climbing outings. His colleague took notice and when he confronted Kota he was met with Kota's negative beliefs and avoidances which resulted in Kota being let go from his position. Furthermore, Kota's wife stated that he is easily agitated, and has been jumpy and harsh toward things around the house. He has also been withdrawn in his interactions which was not his normal behavior. These symptoms have been persisting over one month and have taken a toll on Kota's career and relationship. Lastly, Kota appears to be free of dependency on any substances. Accumulatively, all of these symptoms meet the criteria for a PTSD diagnosis listed in the DSM-5-TR.

Partner's Perceived Diagnosis: Post Traumatic Stress Disorder DSM-5 Code F43.1

Kota is exhibiting symptoms of Post-traumatic Stress Disorder (PTSD) due to an experience that occurred in his military training in which he was severely injured in a near-death parachuting accident. There is no indication that he had received any psychological evaluation after the incident. After getting a new job as an outdoor educator, Kota was stricken with flashbacks while teaching a student. He experienced deep fear as a result of the flashbacks and

found himself on the floor shaking. Furthermore, intrusive thoughts enraptured his mind when he observed his students climbing. Kota began removing himself from the portion of his job that included teaching people how to climb, resulting in subsequent guilty feelings. He became adamant that climbing was a dangerous sport despite having been certified to teach it and looked down on himself for not being able to feel good about being a climbing instructor.

Conversations with Kota's wife revealed she had become increasingly concerned by his actions at home, which included waking up agitated and pacing around in the middle of the night, continuous nightmares, and being on edge when he interacted with the family. Upon evaluation, Kota admitted that when he saw his toddler jumping up and down in a harnessed swing held together by ropes, it induced flashbacks of the parachute incident, and he would remove his son from the swing after becoming angry and concerned. He acknowledged awareness that the swing was not harmful.

For Accuracy, here are the qualifying symptoms Kota is presenting that qualify for the diagnosis of PTSD according to the American Psychiatric Association's DSM-5 (2022): 1) Experience of an actual life-threatening situation. 2) Recurring intrusive and distressful thoughts/memories of the event. 3) Flashbacks cause a visceral response. 4) Incurs distress when events even vaguely mimic the traumatic incident. 5) Avoidance of situations that may trigger memories of the traumatic event. 6) Decreased mood, agitation, and anger. 7) Sleep disturbances. 8) Symptoms presenting for more than 1 month. 9) Resigning from job-related activities due to fear of memories coming back. 10) The issues do not stem from another condition or substance use.