

## Chapter 7 Case Study

### The Case of Paula Ames: Part 1

Paula, a 31-year-old single Caucasian female, is an undergraduate student in liberal arts at a major university. Paula's height is approximately 5'6," and she was initially reluctant to share her weight with her psychologist. Paula works as a waitress full time in order to pay her tuition and to make ends meet. Paula was pleasant during the sessions but often seemed rather tense and on edge. She kept checking her watch, and she wore long sleeves even though it was summer.

#### *Excerpt From Transcript of Treatment Session Conducted by Dr. Brian Philipps with Paula Ames*

Brian Philipps, Ph.D. Psychologist

*Transcript of Treatment Session: Paula Ames*

*Client:* Paula Ames

*Therapist:* Dr. Brian Philipps

DR. PHILIPPS: What brings you to therapy today, Paula?

PAULA: I need to finally shut certain people up, especially my Mom and my fiancé. They have really been driving me crazy about my eating. It's not like I do anything odd; most women diet before their wedding. My wedding is in a few months, and I need to fit into my dress. I need to lose a few pounds, but I do like my food. I'm also not the biggest fan of crowds . . . I don't do well in social situations . . . everyone always seems to be staring at me, so we are trying to keep the number of guests down.

DR. PHILIPPS: I would like to try and understand why your family and future husband might, as you say, be concerned about your eating. Would you be able to describe your diet for me?

PAULA: Well, I'm tall—5'6"—and I weigh . . . do you need to know exactly, because I can tell you exactly. Like, I know how to calculate accurately as I bought a very expensive scale. I weigh 92 pounds and that is too much. I want to be a beautiful bride, so I need to lose about maybe 5 more pounds to get into the best dress I can afford. This is my day, my fairytale. Cinderella wasn't fat like I am. I look at my arms and see the flesh hanging off . . . blech.

DR. PHILIPPS: I see. And would you be able to describe your *eating* behaviors?

PAULA: I eat . . . What is it with you people? Food is not a problem for me. I told you I need to get to the proper size before my wedding. I'm a flabby Patty right now, and a flabby bride won't do. My fiancé will leave me at the altar if I don't lose a bit more.

DR. PHILIPPS: Could you perhaps be more specific about your eating behaviors? For example, what do your meals look like on a daily basis? How would you say you manage your weight?

PAULA: Manage my weight? Not real well as you can see. I eat normal meals, cereal at breakfast, sandwich for lunch, yogurt for dinner, maybe iceberg lettuce. Always drink water, as that's the healthiest, or tea plain. No coffee or coffee specialty drinks. I need to keep my calories down, no more than 500 a day tops; 300 is much better, of course.\* Sometimes I exercise to keep the weight off or to lose the weight. But I can handle food; it's not a weird thing for me.

*\*Note:* The suggested calorie count for females is anywhere between 1,500 and 2,000 calories per day.

## **The Case of Paula Ames: Part 2**

### ***Excerpt From Transcript of Treatment Session Conducted by Dr. Brian Philipps with Paula Ames***

Brian Philipps, Ph.D., Psychologist

*Transcript of Treatment Session:* Paula Ames

*Client:* Paula Ames

*Therapist:* Dr. Brian Philipps

DR. PHILIPPS: Last time we met, we discussed your eating habits and how you're feeling about your family's concern with your current weight. I wonder if today we could talk a bit more about your interpersonal relationships. Perhaps we can start with your occupational relationships?

PAULA: Well, I manage at work. Sometimes I feel kind of faint, lightheaded, so I head to the women's room. I can't put my head down there to rest, to lie down, though, so I usually just splash some cold water on my face instead and that does the trick. Sometimes I rest on the toilet—sitting up, of course. Oh . . . I did pass out once. . . . I felt weak so I tried to get to a stall, but I didn't make it. That was bad . . . a coworker found me. I told her I was having a bad period. She asked if I was pregnant! I told her I doubted it, and then I took the rest of the day off. Now I'm a lot more careful about those things. I'm a very private person, and I don't need anyone to help me out. I keep these fainting things to myself.

DR. PHILIPPS: Do these moments of faintness happen often?

PAULA: Well, more often now. I'm under a lot of pressure at work and with my upcoming wedding. It's hard to deal, you know? So I guess I've been fainting more the past few months. I'm cool though.

These things happen to dieters. It shows I'm on the right track with my weight.

*Diagnostic Considerations:* Paula often feels faint, probably due to her lack of proper eating, or in some instances a total lack of eating. She sees herself as being quite fat even though she weighed 92 pounds at the initial intake interview. She seems to be in extreme denial about her body weight and the dangerousness of her eating behaviors. Finally, she is so preoccupied with her weight that maintaining it or losing more weight are her most important daily concerns. It appears that Paula suffers from anorexia nervosa, restricting type.

## **The Case of Paula Ames: Part 3**

Paula has been diagnosed with anorexia nervosa and has begun individual treatment with a psychologist as well as family therapy with her mother, father, and sister.

### ***Notes From Individual and Family Treatment Sessions Conducted by Dr. Brian Philipps***

*Week 1:* Paula has been asked to keep a food diary to keep track of her daily eating habits and food intake and should share it with her psychologist on a weekly basis. Ideally, the food diary will also include binges, purges, and the patient's feelings when she eats.

*Week 9:* Though keeping a food diary seemed to make Paula somewhat wary, she has kept the diary for two months now. We have discussed the contents in individual therapy with the promise that it would not be discussed during the family sessions.

*Week 11:* Paula's weight has increased during the early part of therapy. Her affect has improved, and she has been more animated and appears healthier.

*Week 13:* As Paula's weight increases (at present, she is approximately 110 pounds), her family members have begun to drop out of therapy. Her mother did not like being focused on in therapy, and Paula's sisters and father saw little use in attending, as they consider Paula as the one with a problem, and not themselves.

*Week 18:* Since Paula's family dropped out of treatment, there have been noticeable changes in Paula's behavior. She has been quieter in therapy and has begun missing appointments. After missing two consecutive appointments, Paula called unexpectedly one morning asking to come into the office.

When she arrived for that appointment later in the week, her appearance was startling.

She had easily lost most of the weight that she had put back on when she was consistently in therapy. She looked pale and lifeless and displayed no emotion during her session. She was weighed and indeed her weight has dropped to 96 pounds. She had huge dark circles under her eyes and walked somewhat uneasily. When asked what had happened, she replied:

"Well, I realized—finally—that food was somewhat of a problem for me while coming to treatment. I still think I'm incredibly fat. My entire family dropped out of therapy. . . . They don't support anything I do. Oh, the wedding is off for now. My fiancé is fed up with my food issues too. . . . The idiot just never said anything about it. My lack of periods means no kids, and that won't work for him. I guess I just fell off the eating wagon. You're no dope; you can see that. I'm sleeping too much but I still have no energy. I'm just a mess right now, a fat stinking mess."

*Treatment Plan:* Based on this, the only viable option for Paula seems to be admission to the local psychiatric hospital for inpatient treatment. At this point, Paula needs more intensive care than could be offered to her in outpatient therapy.