Case Study: Major Depressive Disorder

The New Kid

Danielle is 16-year-old high school student who recently moved from a small town in Minnesota to Santa Barbara, California. Danielle’s lacrosse coach referred her to the school psychologist because he was concerned about her sad affect and withdrawn behavior over the past month. Although Danielle is a good player, and has been on the lacrosse team since transferring to the school last semester, she has repeatedly commented that she “no longer enjoys playing” and feels like she “doesn’t fit in” with the other girls on her team. Danielle admitted to problems making friends at her new school. She feels terribly homesick, missing her former classmates and teammates.

Danielle was a straight-A student and star lacrosse player at her high school in Minnesota. She repeatedly made the high honor roll and started as a midfielder on both her school varsity team and a competitive travel team during the summer. In California, however, Danielle found her classes much more difficult. Although she would study incessantly, she found herself unable to earn anything higher than Cs and was struggling to pass language arts. Moreover, she was unable to gain a starting position on her school team, which already had many players who were more talented and experienced than Danielle. Although Danielle put countless hours into practicing, she seldom played more than a few minutes each game and had yet to score or assist in a goal.

The school psychologist asked Danielle to describe a typical school day. Danielle explained that she had a difficult time waking in the morning, can’t concentrate on her classes during the day, and usually eats lunch alone. “After school,” she explained, “I try to get enough energy together to go to practice, but my heart is not in it. Anyway, what’s the point? I’m not as good as the other girls on the team and I’ll never get to play as much as I did back home.”

The school psychologist asked, “Have you thought about getting a tutor, to help you with language arts? Danielle replied, “No. It’s just no use. I’m no good at anything. I’m a total loser.”

“What about friends” asked the school psychologist? “Have you tried to make friends with the girls on your team?” Danielle answered, “At first I did. But I could tell that they didn’t like me. They already have their own friends. Who wants to be friends with the new kid?”

Discussion Questions:

1. What DSM-5 disorder best describes Danielle’s behavior?
Major Depressive Disorder

2. How does Danielle meet DSM-5 diagnostic criteria for this disorder?

A. Danielle shows the following signs and symptoms:
   1. Depressed or irritable mood most days
   2. Anhedonia (giving up activities that she formerly enjoyed)
   3. Sleep problems
   4. Fatigue/loss of energy
   5. Feelings of worthlessness
   6. Concentration problems

B. She experiences significant distress and social/academic impairment.

C. Problems are not attributable to a medical condition.

D. Problems are not better explained by another psychiatric disorder.

E. There is no evidence of a history of mania or hypomania.

3. How might a cognitive therapist, like Aaron Beck, explain Danielle’s mood disorder?

Beck would argue that Danielle’s mood problems are caused by the way she thinks about stressful life events. Her thoughts about these events, rather than the events themselves, influence her actions and feelings. Beck would pay special attention to cognitive biases and distortions that Danielle might have regarding negative life events. A possible cognitive bias might be her tendency to attend to negative events and minimize or ignore positive events. A possible cognitive distortion might be twisting reality to fit her negative view of herself, others, and the world.

4. How might a behavior therapist, like Martin Seligman, explain Danielle’s mood disorder?

Seligman developed the theory of learned helplessness. This theory posits that individuals become depressed when they are unable to control their experiences. Another behavior therapist, Lewinsohn, believed that people become depressed when they are unable to derive positive reinforcement from their surroundings. In both cases, individuals (like Danielle) experience very little pleasure and (often) much discomfort from life. Danielle seems to meet with little success in school, sports, and social settings.

Seligman revised his original theory. The revised learned helplessness theory of depression posits that people become depressed when they attribute negative events to internal, stable, and global causes. Danielle attributes her failures to internal (herself), stable (dispositional), and global (pervasive) causes.

5. How might an interpersonal therapist, like Myrna Weissman, explain Danielle’s mood disorder?
Klerman and Weissman posited that depression is a medical disorder that interferes with an individual’s psychosocial functioning. Although relationship problems do not necessarily cause depression, they can exacerbate mood problems.

Interpersonal therapists believe that depression is exacerbated by one (or more) of the following relationship problems: (1) grief/loss of a loved one; (2) role transitions; (3) role disputes; and (4) interpersonal deficits. Danielle seems to be having difficulty adjusting to her new interpersonal role (i.e., student in a new school) and may be grieving the loss of her old peer network.