

Case 3

Symptoms of Mike

- anger
- Blame and cursing
- Irritability, frustration and tense
- Marital issues
- Low levels of libido
- Insomnia
- Increase in weight
- Work related anxiety
- Fantasy of punching former boss
- Alcohol
- Smoking cigarette
- Late to work
- Family of origin had alcoholics
- Early adulthood/late childhood history of extreme expression of anger towards mother and general recklessness

#1

First Diagnosis

Bipolar 1 for Mike, specifier- intensity of current episode is mild.

Because of symptoms such as:

- Anger
- Insomnia
- Fantasy punching former boss
- Reckless behaviour
- Cursing and blame
- Irritability and frustration

Criteria A

At least one manic episode

Manic Episode

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood AND abnormally and persistently increased goal directed activity or energy, lasting at least 1 week and present most of the day, nearly every day.

Mike was taken to the emergency room various times during his early adulthood for recklessness. There was also an episode of him punching the wall and having to be taken to the hospital, this was due to an argument with his Mother. This was record for such behaviour. He is now showing signs of cursing and blame with anger.

- During the period of disturbance and increased energy or activity, three (or more) of the following symptoms (4 if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
 1. Inflated self-esteem or grandiosity.
 2. Decreased need for sleep.
 3. Flight of ideas or subjective experience that thoughts are racing.

4. Excessive involvement in pleasurable activities that have a high potential for painful consequences.

Mike does show inflated self esteem with his drinking and he takes pride in the fact that “he can hold his liquor.”

He does complain of mild insomnia, would have to question if he had it during the manic episode in particular.

He hasn't mentioned about racing thoughts, my diagnosis is that there are continuous thoughts that make him act in such extreme behaviour of rage and so my question would be do you have control over the thoughts that come to you before you act in ways that are harmful to you? This is in regard to the punching of the wall when he got into an argument with his mother.

His excessive involvement in drinking has contributed to recklessness, my question to him for the validation of this would be have you noticed a pattern of you drinking and engaging in behaviour that is reckless causing you harm and going to the hospital?

- The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

There has been multiple episodes at the emergency room because of his erratic behaviour.

- The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition (e.g., hyperthyroidism, Cushing's Syndrome).

There is no mention of a history of the use of any drug or medication that would result in such behaviours.

Criteria B

The occurrence of the manic and major depressive episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or other specified or unspecified Schizophrenia Spectrum and Other Psychotic Disorder.

He mentions of no delusions, hallucinations, disorganised speech etc. None of the symptoms match the criteria for the above mentioned disorders.

Second Diagnosis

Substance use disorder- Alcohol.

Because of symptoms such as:

- Consumption of alcohol on a regular basis
- Low levels of libido
- Interrupting work
- Cursing
- Affecting inter personal relationship with wife

A problematic pattern of alcohol/substance use leading to clinically significant impairment or distress, as manifested by the following, occurring within a 12-month period:

- There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

- A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.
- Craving, or a strong desire or urge to use substance.
- Recurrent substance use resulting in a failure to full fill major role obligations at work, school, or home.
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.

Mike speaks of his drinking on a regular basis and there is no sign of him wanting to cut down the pattern which has lasted since his college days.

He does mention of him being late to work and his wife nagging about it.

He speaks of how he needs a beer after a frustrating day of work. A frustrating day triggers the symptom of wanting to drink.

I do want to ask him of his patterns of the use of alcohol and harmful behaviour patterns. He uses loose language with his wife and curses her.

There is also family history of alcoholics, the question being repetitive patterns from family of origin which he has seen and witnessed, does he see those same patterns play out with the use of alcohol.

Specifier- moderate severity.

#2 Two other diagnosis

First diagnosis

Generalised anxiety disorder

Because of symptoms such as:

- Work related anxiety
- Irritability, frustration and tense
- Insomnia
- Late to work

Criteria A

Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

He is late to work but doesn't show any worry about it and complains that his wife is to blame for it. He did have history of work related worry in the past as well.

Criteria B

The individual finds it difficult to control the worry.

Question- is the consumption of alcohol after the stress of work that manifests with the blame and cursing? Would you curse or blame if there wasn't stress or worry of work? You mention being frustrated and irritable, if work the reasons for such behaviour? Could worry be the reason for such behaviour?

Criteria C

The anxiety and worry are associated with the following symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

1. Restlessness or feeling keyed up or on edge.
2. Irritability.
3. Muscle tension.
4. Sleep disturbance

He complains of mild insomnia, irritability, frustration and tension. He also mentions the need for a beer after a long work day.

Criteria D

The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

If there wasn't stress from work and you didn't have a long day at work would you be frustrated, irritated, tense? How are other days when you don't have work, do you curse or fight with your wife then?

Criteria E

The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

There is no mention of any medication for the behaviour that is taken.

Criteria F

The disturbance is not better explained by another mental disorder.

He does not show symptoms of any other mental disorder. Mentions no delusions, hallucinations, phobias or any other symptom that explains another disorder present.

Second diagnosis

Antisocial personality disorder

Because of symptoms such as:

- Recklessness
- Irritability, frustration and tense
- Blame/anger/cursing
- Work related anxiety
- History of Misconduct and harmful behaviour to the self and others

Criteria A

A pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by the following:

1. failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
2. deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
3. impulsivity or failure to plan ahead
4. irritability and aggressiveness, as indicated by repeated physical fights or assaults

5. reckless disregard for safety of self or others
6. consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

All of these criteria is extreme for his case. However his past does show some of these symptoms. and so the questions would be:

Do you see the anger similar or in varied form when you were reckless and argumentative in your late childhood/Early adulthood?

Do you take responsibility for your anger/rage? You seem to blame and curse, showing disrespect to your wife. Do you not see the hurt you are causing? Do you have any form of remorse for your conduct?

Work seems to be a burden, although being promoted, you don't seem to be happy with what you are doing, you mention being irritated, frustrated, and tense, is that related to your work? Why are you being late to work? Your responsibility seems to be slipping, would you agree?

Criteria B

The individual is at least 18 years.

Yes

Criteria C

There is evidence of Conduct Disorder with onset before age 15 years.

Yes, the many hospitalisations show evidence.

Criteria D

The occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or Bipolar Disorder.

Yes, there are no delusions, hallucinations or suicidal, feeling emptiness or depression.

#3 A. Most problematic diagnosed disorder would be Bipolar 1

This is because he has had extreme manic episodes, history is seen repeating as his wife complains of his anger and worries about his blame/cursing. He calls her a loser and a terrible mother. This is seen in his early adulthood and late childhood in his behaviour with his own mother. How he was harmful to himself once when he got into an argument with his mother and he punched his dominant hand against the wall causing swelling and hospitalisation. His cursing and name calling seems to show early signs of a possible manic episode. His drinking is not kept in control or changed. This need for alcohol can lower his impairment in judgement and control of self. He already has history of a lack of emotional stability when triggered. With the use of alcohol and present anger, behaviour could escalate to cause harm to the self and his wife. He does speak of fantasy's of punching his former boss. He is also getting late to work and he mentions his wife blaming the alcohol to be the problem but he digresses and says its her nagging. He is showing signs of not seeing the problem at hand as a problem. He thinks counselling is a waste of time. His

rage if not dealt with is only going to be problematic for himself with his work, relationships and life.

B. Treatment plan

For Bipolar 1, I would suggest Cognitive behavioural therapy.

The reasons for this are:

His anger, blame and cursing. All suggesting thoughts of negativity which he is projecting onto with his former boss and his wife. His behaviour with being late to work also shows signs of irresponsibility. He is showing signs of frustration, irritation and becoming tense with work and he feels more relaxed when he has had alcohol. This again has his thought patterns running in a cycle of only one stress releaser which can be harmful. This dependency which isn't healthy could add to his disrespectful behaviour. His sleep patterns are also becoming irregular. His high level of self esteem is also an indicator of a thought pattern that isn't healthy which could lead to harmful behaviour, his past is proof of such patterns.

His thoughts are making him behave in manners that are detrimental to himself. I would suggest for him to look into what triggers him in the present scenario and plot it back to his developing stages of growing. There seems to be some transference of the alcoholic patterns and behaviours that he has taken on from the men in the family as mentioned. I would with therapy invite him to look into such behaviour, help him see how there could be a possibility that he is repeating what he was conditioned to. Awareness with looking at what is leading him to behave the way he is would be my initial plan for Mike.

I would question:

- 1) Do you have thought patterns that are negative on a regular basis?
- 2) Do you curse at work? Do you experience similar trigger patterns at work that make you want to curse? Would you potentially act angry at work in the future if the triggers continue?
- 3) Do you feel the impulse to act physically when enraged?
- 4) Would you consider calling your wife a loser and terrible mother a behaviour of misconduct?
- 5) Do you see behavioural patterns similar to the men in the family that drink?

His thoughts are given attention. He can then really take an assessment of what is detrimental to him and re learn better submitting positive thoughts that would then show in his behaviour and possibly reduce the many negative symptoms that is present.

CBT would help immensely in diagnosing the root of the condition, our thoughts give fuel to our behaviour and the behaviour in turn fuel the existing thoughts making it a cyclic problem. If what the cycle is, how it has come about can be addressed then the cycle of negativity starting from thought to behaviour can be modified.

For Substance Use disorder- Alcohol, I would suggest behavioural therapy.

The reasons for this is:

He is complaining of irritability, frustration and tense moods. All this could be addressed if he was given relaxation training and taught mindfulness. He resorts to alcohol as this has been his

behavioural pattern to cope with stress. If methods of breathing and more healthier substitutes with behaviour therapy are introduced to him he would know of other alternatives and with time make better decisions when daunted with stress.

His symptoms of cursing, work related anxiety, starting to show irresponsibility and a low libido could be addressed with behavioural therapy. Operant conditioning could also help with the reduction of the consumption use. He has involuntarily or voluntarily combined the experience of stress with alcohol, with giving it awareness and making the two separate he will have better thoughts and behaviours towards both. Muscle relaxation and desensitisation could also help with the external stimuli's of nagging and resistance to be open, accepting and vulnerable in his marriage. He also doesn't seem to know how much of stress he can tolerate and his behaviour is showing signs of excessive stress taken on.

Questions

- 1) How has your wife's nagging added to stress? How has your alcohol consumption behaviour contributed to her nagging? Could the tense be building because of this behavioural pattern?
- 2) Do you feel pressured to perform at work? Are you taking more work than your body and mind can handle?
- 3) Do you see a pattern in the increase in stress/pressure and your alcohol consumption?
- 4) What are your alternatives to coping with pressure?
- 5) You mention being tense, could there be a correlation of the lack of sleep, a lack of libido, consumption of alcohol, anger and anxiety? What are you currently doing that would help you reduces the tenseness you are feeling other than the consumption of alcohol?

I would also offer him to visit Alcoholics Anonymous and observe what is said and done there. This could probably give him perspective for his erratic behaviour.

In the reduction of the mentioned stress and tension with the technique mentioned he would feel a lot more in control of himself and the surrounding. He would resort to better alternatives when coping with such situations. He would learn to take responsibility of his part of the fault in any problem. He would know the signs when the stress is beyond his tolerance and learn to be aware and say no to the added pressure versus taking it excessively. This would help him stop relying on alcohol for a relief. He would also know how they have been correlated and the use of it could stop. He would then build healthier patterns of drinking.

Both therapy in the treatment plan would emphasise the role of self and responsibility. The introduction of proper care for the symptoms shown could help Mike find relief on a daily basis. This could bring stability within his marriage, work and daily life.