

Tina Joen
Dr. Deanna Kwan
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Practice Diagnostic Formulation – Case #3

1. The two diagnoses that I propose are Narcissistic Personality Disorder and Adjustment Disorder with Disturbance of Conduct. The symptoms/reasons that lead me to believe that Narcissistic PD is present are as follows:

- There is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of Mike's culture, and this pattern is manifested in areas of cognition, affectivity, interpersonal functioning, and impulse control. Mike claims that he is in counseling only because his wife told him to be here – it's not because he feels something is wrong or he needs help. Mike thinks pretty well of himself and says that his wife is the one with the problem. Mike has issues related to anger, however, and increased marital conflict is reported between Mike and his wife. Mike also reported that he yells and screams at his wife, at times cursing at her, and he also has a personal history of quitting and moving from one job to another multiple times. This enduring pattern is inflexible and pervasive across a broad range of personal and social situations, such as with his wife and at his workplace(s), and this leads to clinically significant distress or impairment in social, occupations or other important areas of functioning as increased marital conflict has been reported and Mike has not been able to maintain a position or the same job. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood. The pattern is not better explained as a manifestation or consequence of another mental disorder and is not attributable to the physiological effects of a substance or another medical condition according to given reports as Mike denied any current problems related to alcohol use and denied use of other substances besides smoking half a pack of cigarettes daily. I would need to confirm that smoking cigarettes is not associated with the enduring pattern, and I would also need to confirm that head trauma is not associated with the enduring pattern as Mike has reported that in college, he went to the Emergency Room after hitting his head when sliding down his fraternity house banister.
- Specific diagnostic criteria are also met for specifically the Narcissistic PD. A pervasive pattern of grandiosity, need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five of the following symptoms: 1) Mike has a grandiose sense of self-importance in that he exaggerates achievements and talents and expects to be recognized as superior without commensurate achievements. For example, he reports that he was probably the brightest student in his elementary, middle, and high school despite earning average grades due to not applying himself. He also reports that he could have attended Columbia University but that he didn't want to have to spend the extra time away from his family because he believes "that a good father spends time with his children." Mike seems to hold himself to a high regard without commensurate achievements that has been reported. In addition, he reports that after obtaining his MBA, he has worked at a variety of jobs for 1-3 years each but left because he felt that he was overqualified for all of the positions. Mike is also very

proud that he was known for “holding his liquor” in his fraternity in college and that he never passed out or vomited. 2) Mike has a sense of entitlement. He expects favorable treatment like promotions and quits if he does not receive it. Mike reported that after graduating college, he obtained a position as a managerial trainee for a manufacturing company, but he felt that he was being overlooked for promotion opportunities and decided to quit after working there for 3 years. He reported again that after obtaining his MBA, he worked at a variety of jobs for 1-3 years each but left because he felt that he was overqualified for all of the positions and left in search of something more challenging that would suit his interests better. 3) Mike is interpersonally exploitative in that when asked about his problems with anger, he spoke about his wife’s problems and the demands she placed upon him and his feelings of constraint about these demands rather than talk about his expressions of anger. Mike tended to talk a lot about past situations where his wife nagged him and about the problems his wife has rather than talk explicitly about his anger problems. He also insists that the only problem here is that his wife nags too much, that she is the one with the problem, always complaining about one thing or another, not him. 4) Mike lacks empathy in that he is unwilling to recognize with the feelings and needs of his wife. He doesn’t seem to show any remorse for yelling and screaming at his wife, at times cursing at her, calling her “a loser” and “a terrible mother.” Instead, he tended to talk a lot about past situations where his wife nagged him rather than talk about his issues related to anger. He accuses his wife of never being satisfied and targets her of being the only problem without any concern for why she might be the way she is and always worried. 5) Arrogant, haughty behavior characterize Mike; he displays snobbish attitudes in the way that he speaks. He doesn’t seem to show any modesty by looking inwardly at himself in his relationship with his wife or how he is at work. He seems to believe that the only problem is that his wife nags too much rather than trying to identify if there might be a problem that lies within himself. 6) I also suspect that Mike requires excessive admiration. His pattern was to decide to quit a workplace when he felt that he was being overlooked for promotion opportunities or when he felt that he was “overqualified” for all of the positions; however, when he obtained an entry-level position in the marketing department at a financial company, he reported liking this position as the company recognized his talents. I wonder if he leaves a workplace when he feels that he is no longer admired there. Also, when asked if there was a time when Mike was less irritable, he states that he was an easy-going guy before he and his wife married. I wonder if he has become more resentful and irritable since he got married because his wife started to become more concerned, complained, and worried more about him after they got married, whereas there was more admiration when they were dating. I would want to ask Mike questions about what the argument he had with his mother was concerning when he punched a wall, which he reported as part of his medical history. I would also want to ask what the cause of the roughhousing with his fraternity brothers was when he broke his forearm. I wonder if these events in his life were associated in any way with Mike being very sensitive to “injury” from criticism or defeat. Mike’s anger may be a reaction to his vulnerability in his self-esteem. Mike’s relationship with his wife may be suffering because of Mike’s problems derived from entitlement, the need for admiration, and the relative disregard for the sensitivities of others. Although this single interview with Mike may be sufficient for making this diagnosis, it may be necessary to conduct more than one interview and to space these over more time.

The symptoms/reasons that lead me to believe that Adjustment Disorder with Disturbance of Conduct is present are as follows:

- Mike complains of increased marital conflict and issues related to anger. He states that he has been feeling irritable, frustrated, and tense. When asked if there was a time when he was less irritable, Mike stated that he was an easy-going guy before he and his wife married and he has become more resentful and irritable since then. The development of Mike's emotional/behavioral symptoms appears to be in response to getting married (an identifiable stressor). Mike reported that he has gotten more irritable, frustrated and tense after getting married but it has not been specified whether it occurred within 3 months after his marriage, which I can confirm by questioning. Mike's symptoms are clinically significant, as evidenced by significant impairment in his relationship with his wife. Adjustment disorders are common accompaniments of medical illness, and in Mike's case, Adjustment disorder with disturbance of conduct seem to be present in addition to Narcissistic PD as particular symptoms seem to occur in reaction to his marriage. The symptoms also do not represent normal bereavement as the death of a loved one was not reported. Also, once the stressor has terminated, the symptoms do not persist for more than an additional 6 months; however, if the stressor persists, like Mike's marriage that did not end, the adjustment disorder may continue to be present and become the persistent form. In addition, disturbance of conduct is predominant as Mike reported that he yells and screams at his wife, at times cursing at her, and calling her names such as "a loser" and "a terrible mother."

2. Two other possible diagnoses that I propose are Oppositional Defiant Disorder, Mild and Alcohol Use Disorder, Mild. Symptoms/reasons that lead me to believe that Oppositional Defiant Disorder, Mild may be present are as follows:

- Mike shows a pattern of angry/irritable mood and argumentative/defiant behavior lasting at least 6 months as evidenced by often losing his temper, is often touchy or easily annoyed, is often angry and resentful, and often blames others for his mistakes or misbehavior. This pattern is exhibited during interaction with at least one individual who is not a sibling, which is his wife in Mike's case. It is reported that Mike loses his temper by yelling and screaming at his wife, at times cursing at her, and he admits that he has called her "a loser" and "a terrible mother." It is also reported that Mike gets touchy and annoyed at how dramatic he thinks his wife is being, always complaining about one thing or another, in his words. Mike states that he was feeling irritable, frustrated and tense to the point he has some middle insomnia and mildly decreased libido as well. He states that he has become more resentful and irritable since he got married and complains about issues related to his anger. Also, it is apparent that just from this interview, Mike blames others – like his wife – for his misbehavior. He claims that the only problem is that his wife nags too much and implies that there wouldn't be increased marital conflict and he wouldn't have issues related to anger if his wife would loosen up a little more. He doesn't focus at all on whether there is a problem that lies within himself or on how he contributes to his wife's worries and complaints. Questions I would want to ask that would allow me to rule in/out the diagnosis would involve how often Mike loses his temper, how often he gets touchy or easily annoyed, how often he gets angry and resentful, and how often he blames others for his mistakes or misbehavior. When Mike was asked how often he becomes angry, Mike reported that it is less than before, which

still doesn't specify how often he does get angry. I would also like to request supplementary information from other informants, which would be helpful, like from his wife, because she is the spouse and she is the one who told Mike to go to therapy according to Mike.

- The disturbance in behavior is associated with distress in the individual (as he has issues related to anger) and others in his immediate social context that is with his wife (as increased marital conflict has been reported). I would want to ask Mike about other relationships he may have whether it's with his friends, coworkers, and his children. I wonder if he has any issues related to anger with other people in his life or at work as well. When asked about how family members get along, Mike did not really answer the question and left it at that his children do well in school and that the only problem is that his wife nags too much. I would want to ask more into what his relationship is like with his children. I would also like to look into with Mike why he was let go from his position as an information systems specialist when the company underwent an organizational restructuring when Mike did work for the company for 10 years rotating through different departments. Would I find some correlation between him being let go and his pattern of angry/irritable mood? It has also been reported that Mike had numerous visits to the Emergency Room in both high school and college for vague injuries related to recklessness. His parents took him to the ER when his right hand began to swell after he punched a wall after an argument with his mother, and in college, he went to the ER after hitting his head when sliding down his fraternity house banister and another time when he broke his forearm when roughhousing with his fraternity brothers.
- Mike's behavior do not occur exclusively during the course of a psychotic, depressive, or bipolar disorder as Mike denied feeling depressed, he denied past and current hallucinations and delusions, and he denied past or current presence of euphoric mood and other manic symptoms. Also, the criteria are not met for disruptive mood dysregulation disorder, as Mike is a 48 year-old male adult. I would need to question Mike's alcohol and substance use as I am suspecting a comorbid condition of Alcohol Use Disorder, Mild.
- I have specified this possible diagnosis as mild as Mike's symptoms are confined to only one setting according to the report thus far, which is at home with his wife.

Symptoms/reasons that lead me to believe that Alcohol Use Disorder, Mild may be present are as follows:

- A problematic pattern of alcohol use leading to clinically significant impairment of distress occurring within a 12-month period as manifested by: 1) Mike's craving, or a strong desire or urge to use alcohol is expressed in Mike's statement, "Sometimes I get home from a frustrating day at work and I just need to have a beer in front of the TV, you know what I mean?" Mike reports that he drinks alcohol on a regular basis as well. 2) Mike did report that he drinks alcohol on a regular basis, and he had started drinking since he was 18 years old. In college, he was known for "holding his liquor" in his fraternity and drank the equivalent of a six-pack on "every Thursday, Friday, and Saturday night." I would need to question if he has started to drink in larger amounts or over a longer period than was intended: What is your definition of needing to have "a beer" in front of the TV? How much do you drink on a regular basis? 3) Mike admitted that at times, he gets to work 15-30 minutes late, but attributed these late arrivals to his wife's nagging him rather than to any alcohol use. I would question how often this

happens, and I would also want to confirm the reason he gets to work late. I would want to explore whether he is fulfilling his role as a husband to his wife and father to his children as well. Once all answered and discovered, we would be able to confirm whether Mike's recurrent alcohol use is resulting in failure to fulfill major role obligations at work or home. 4) Mike does drink alcohol on a regular basis and increased marital conflict is reported. I would need to find out if Mike's continued alcohol use contributes to the increased marital conflict to any degree. Does his wife have a problem with Mike's drinking? If this is the case, the severity of this disorder would become a Moderate one with the presence of 4 symptoms.

3. a. Assuming that my first two proposed diagnoses are present, the one I believe is most problematic is the Narcissistic Personality Disorder. I believe this is the most problematic because symptoms of this personality disorder reflect poor and maladaptive coping responses to emotional experiences, which manifest as behaviors done TO others, resulting in interpersonal conflicts. Specifically, vulnerability in self-esteem makes individuals with narcissistic personality disorder very sensitive to "injury" from criticism or defeat. Although they may not show it outwardly, criticism may haunt these individuals and may leave them feeling humiliated, degraded, hollow, and empty, and they may react with disdain, rage, or defiant counterattack. Interpersonal relations are typically impaired because of problems derived from entitlement, the need for admiration, and the relative disregard for the sensitivities of others. Sometimes vocational functioning can be very low, reflecting an unwillingness to take a risk in competitive or other situations in which defeat is possible. This would prevent Mike from having any growth in his life, relationally or vocationally, leading to a worse condition and possibly have suicidal ideation and so on. Mike is 48 years old, and he may have special difficulties with narcissistic personality disorder adjusting to the onset of physical and occupational limitations that are inherent in his aging process as well. Also, this disorder may be the reason there is increased marital conflict. Symptoms for Adjustment Disorder may not persist by treating the Narcissistic Disorder. If Mike is suffering from Adjustment Disorder because of getting married and the condition of his marital relationship improves by treating the Narcissistic Disorder, the symptoms may not persist as the stressor in Mike's life is terminated.

b. Assuming that my first two proposed diagnoses are present, I would recommend Psychodynamic Therapy for Mike for his first diagnosis of Narcissistic Personality Disorder. I would recommend this initial treatment plan in order to focus on my relationship with Mike and the immediate interpersonal and dynamic processes between us. I would want to use the therapeutic relationship as a place to practice more adaptive interpersonal ways of being and relating. I would use this form of therapy to try to resolve the original conflict assuming that personality organization stems from childhood interactions with parents and that those patterns are enacted with all persons due to "repetition compulsion." There might be a reason there is no report of Mike visiting his parents, but instead speaking to them several times a year by telephone. With this therapy, although it may be very hard work, I would want to help Mike face the underlying shame and insecurity and loneliness that lie beneath his exterior. My goal would be to build Mike's poor self-esteem and for him to have more realistic expectations of others. I would want to meet Mike twice a week. I would also recommend Marital Therapy for Mike and his wife for Mike's second diagnosis of Adjustment Disorder with Disturbance of Conduct. I would recommend this initial treatment plan in order to explore the impact of this disorder (and behaviors) on the marriage with the wife present as increased marital conflict has been reported.

Through this therapy, I hope to process emotions and perceptions of Mike and his wife from marital conflict/ behavioral exchanges with both present. I would want to reach an agreement with the married couple about the problematic behaviors and subsequent actions taken by each spouse. I'm very curious to hear from the wife's point of view as her side was not presented, and according to the report, Mike states that his wife is the one with the problem, not him. I would want to meet the married couple once a week.