

# **MFT 504.NLS Psychopathology**

**Fall, 2021**

## **Practice Diagnostic Formulation – Case #1**

### **Presenting Complaint**

“I have trouble sleeping, I’m tired all the time, and it’s affecting my work.”

### **History of Presenting Illness**

Paul is a 32 year-old, separated, employed African-American male, is referred for counseling because of tiredness, sleep difficulties, and irregular job performance. He has been working in the information systems department at a Fortune 500 company for the last 5 years and historically, has gotten good work reviews. However, Paul’s most recent performance review was terrible and his manager informed him that if his performance does not improve over the next 6 months, that he may be in danger of being “downsized.” Paul has had the same manager for the last 3 years and up until May of this year, had a good relationship with him. Despite working from home throughout during the pandemic, he performed well up until the beginning of this year. Paul reported that his manager has been avoiding his calls, which is markedly different from before. His salary is more than sufficient to meet his financial needs. He reported that his work responsibilities have not changed, but that they are harder to meet in a timely manner than before and he has been spending more time at work. Paul used to end his work day at 6pm and is now working until anywhere between 8-9pm in order to complete his job responsibilities. He states that because he logs out late, he gets to bed late after spending a few hours after getting home unwinding by watching TV. He has been falling asleep in front of the TV, sometimes getting to bed when he wakes up around 3am. Paul states that as a result, he has been getting up later and logging into work at 9-9:30am, when the company policy is that all employees start at 8:30am. He tells you that he has tried explaining to his boss that his frequent lateness is due to his staying up late, but his boss has not been sympathetic.

Paul tells you that his wife of 3 years decided to move out 8 months ago and they have little contact now. She recently served him divorce papers and he seems undecided about what he wants to do and how he feels about this. Paul tells you his friends have told him that he seems down but is not able to tell you that he agrees with them. He tells you the only thing he notices is that he feels more tired than before. Paul denied any appetite change but admits that he doesn’t eat breakfast because he gets up too late for work and he doesn’t eat dinner on weeknights because of working late. He admits that some nights, he has a beer while watching TV and appreciates being able to do this as his wife used to object to it and would not allow beer in the home.

Socially, Paul used to hang out with a bunch of guys from his bowling league, about once/week. They did not bowl regularly during the pandemic and the league only started back up in May 2021. He has told them about his marital and work difficulties and finds them supportive. He used to attend online church services irregularly with his wife but hasn’t watched one or gone to church in-person since she moved out.

### **Family History**

There is some depression and alcoholism in Paul’s family history. His maternal grandfather was an alcoholic and his maternal grandmother was depressed. This is the only family psychiatric history he is aware of.

## **Personal History**

Paul reports that he was born 1-month premature. He was often sick as a child and frequently missed school, but did not have any academic problems. He had his tonsils removed when he was in 3<sup>rd</sup> grade. Paul reports that nearly every winter, he gets bronchitis or a sinus infection. He has never had surgery and he denied having any ongoing medical conditions.

Paul's mother has passed away and his father lives in a nursing home in Alabama, where his oldest brother resides. He is the youngest of four sons and all of his brothers live in California or Georgia. They are all married and have children. Paul admits that although he wanted to have children one day, with his marriage in its current state, he is grateful that he and his wife did not have children to argue over for custody. He denies being close to his father or brothers.

## **Alcohol and Substance Use**

Paul drank a lot on weekends in college but his alcohol usage decreased significantly when he started dating his wife. He smoked marijuana on and off in college. Other than drinking beer at home and at bowling, he does not use any other recreational or prescription drugs now and he doesn't smoke.

## **What's your initial assessment and plan?**

1. Propose a diagnosis (include all applicable specifiers) and systematically outline the symptoms/reasons that lead you to believe that the diagnosis you selected is present. Remember to address ALL OF THE REQUIRED SYMPTOM CRITERIA of the disorder you selected, including any rule-out items specified in the require symptom criteria. If you diagnose an Other Specified (Or Unspecified) Disorder, you need to outline why you ruled out all other specified diagnoses in the category. (25 points – diagnosis is 3 points, outline of symptoms is 22 points).
2. Suggest an initial treatment plan as to how you would like to work with Paul in counseling/therapy and to help him with his difficulties. This would include delineating what treatment strategies you would recommend and WHY (e.g., I would recommend a medication consult because Mania is best addressed through medication, and I would recommend Cognitive-Behavioral Therapy to address the client's thoughts that the world is coming after them, etc. (15 points).  
A recommendation of "I would see Paul for weekly psychotherapy to help him cope with his challenges" is grossly insufficient as this treatment recommendation can be applied to any client with any struggle. Your treatment recommendations should be specific to Paul and his specific challenges. Imagine yourself as the actual counselor/therapist Paul is assigned to and you would really like to do something in sessions that might actually help him. You can also look up treatment strategies/theories from any of the resources provided in the course syllabus (which will probably mean going into the Library on campus).