

Andrew Gordon

Dr. Kwan

MFT 504

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Case #1

I am diagnosing Paul with other specified depressive disorder, moderate, depressive episode with insufficient symptoms. (ICD-10 F32.8) Paul meets the following symptom criteria:

A.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others. Paul's friends have said that he seems "down" lately.
2. Insomnia or hypersomnia nearly every day. Paul has trouble sleeping and is tired all the time.
3. Fatigue or loss of energy nearly every day. Paul complains of fatigue every day which is affecting his work.
4. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others.) Paul reports that while his work responsibilities have not changed, they are harder to meet in a timely manner than before. This leads me to think that Paul is having a hard time concentrating while at work.

Rule-Out Items:

**Major Depressive Disorder:** Paul only meets 4 criteria of Criteria A. Five are needed for an MDD diagnosis. Although Paul usually does not eat breakfast or dinner due to his work schedule/waking up late, I do not believe this sufficiently meets the criterion of "significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day." Paul does not complain of appetite loss, but instead his eating schedule is affected by his sleep/work schedule.

**Manic episodes with irritable mood or mixed symptoms:** Paul has not exhibited any manic-like symptoms.

**Mood disorder due to another medical condition:** Paul does not report any other medical conditions that could be causing his depression.

**Substance/medication-induced depressive or bipolar disorder:** Paul only occasionally drinks beer and does not currently take any other medications or substances.

**Attention-deficit/hyperactivity disorder:** While Paul has struggled with attention-deficit, he has not exhibited low frustration tolerance.

#### Treatment

I would recommend a medical examination by a psychiatrist to see if medication would help Paul's depression. Because I believe Paul's separation from his wife was a catalyst for his depression, I think a beneficial treatment plan could be one that centers on relational connectivity. Thus, I might recommend Paul attend Adlerian therapy in addition to group therapy for other separated individuals. I think that hearing others' similar stories would help Paul work through his grief and depression. According to *Theory and Practice of Counseling and Psychotherapy*, the goal of Adlerian therapy is to help a client modify his or her life so that they can build friendships, establish intimacy, and contribute to the world. I believe a large part of Paul's depression is rooted in relational damage, so I think Adlerian therapy could be a helpful proponent in reconnecting to relationships. Adlerian therapy is also action-oriented, and I believe that Paul could benefit from coming up with an action plan to live a more disciplined lifestyle and possibly talk to his boss again to negotiate a more realistic work schedule. If I were his therapist, I might recommend winding down each night with something other than watching TV. Because blue light stimulates the brain, this is definitely not helping Paul to "wind down." I might suggest setting a timer and reading a book or doing a relaxing activity like coloring or sudoku. My initial goal is to treat some of the immediate impairment Paul faces due to his lack of sleep.