

Linden Cameron 10/13/2021

Diagnostic Formulation 1

Presenting Problem and client Description

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, referred for counseling because of tiredness, sleep difficulties, and irregular job performance. Paul 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. Paul 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 workday at 6pm and is now working until anywhere between 8-9pm to complete his job responsibilities. Paul states that because he logs out late, he gets to bed late after spending a few hours after getting home unwinding by watching TV. Paul 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. Paul states 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 says 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 it seems he is undecided about what he wants to do and how he feels about this. Paul further states his friends have told him that he seems down but is not able to tell you that he agrees with them. According to Paul 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. Paul 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. Paul has told them about his marital and work difficulties and finds them supportive. Paul 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. Paul was often sick as a child and frequently missed school but did not have any academic problems. Paul had his tonsils removed when he was in 3rd grade. Paul reports that nearly every winter, he gets bronchitis or a sinus infection. Paul 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.

Differential Diagnosis

- Major Depressive disorder; with mild anxious distress; Single Episode; Moderate 296.22(F32.1)
- Substance induced depressive disorder (Alcohol/Mild 291 F10.24)

- Unspecified Depressive Disorder 311(F32.9) Rule out Disruptive Mood Dysregulation Disorder; Rule out Persistent Depressive Disorder (Dysthymia)
- without anxious distress; without mixed features; without melancholic features; without atypical features, without psychotic features, without peripartum onset; without seasonal pattern; expected prognosis and remission

According to DSM 5, Paul demonstrates characteristics of a Major Depressive Disorder. Paul submits that he is experiencing loss of interest or pleasure in most activities in some activities, changes in sleep patterns, low appetite and energy level, and psycho motor activities. In addition, Paul states that he is that he has difficulty thinking and concentrating which effects is decision making and ability to work. Paul provides no information demonstrating that he has suicidal ideations.

Paul's symptoms have been "present during the same two week". Paul states that he is not aware of how he feels but stated that friends have told him that he seems down. His symptoms "represent a change from previous functioning" and include "depressed mood" and loss of interest or pleasure". He admits 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. Worrying and Mild Anxiety are manifested. (DMS V - 186).

To establish an assignment of Major Depressive Disorder Paul submitted that he has experienced least five of the symptoms necessary for the diagnosis of a major depressive episode beyond the necessary two-week time-period.

Paul demonstrated evidence of:

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report
(e.g., feels sad, empty, hopeless) or observation made by others. Paul states that his friends have told him that he seems down
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). According to Paul, 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 workday at 6pm and is now working until anywhere between 8-9pm to complete his job responsibilities. Also, Paul 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.

3. Significant weight loss or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. 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.
4. Insomnia or hypersomnia nearly every day. Paul has been falling asleep in front of the TV, sometimes getting to bed when he wakes up around 3am. Demonstrating evidence of difficulty sleeping.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). Paul 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."
6. Fatigue or loss of energy nearly every day. Paul states that he notices that he feels more tired than before.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). Feelings of worthless or excessive or inappropriate guilt can be seen in statements that that his manager has been avoiding his calls, which is markedly different from before. Paul submits 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. Moreover, Paul's wife of three years served him with divorce papers eight months ago.

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). Paul appears undecided about what he wants to do and how he feels about being served divorce papers.

Paul has met eight of the nine criteria for major depressive episode, substantiating Criteria A for major depressive disorder.

Recommendation:

I recommend outpatient cognitive behavioral treatment Major Depressive Disorder. Cognitive behavior therapy has been shown to be effective for individuals with complaints like Paul's. I further recommend a treatment will aid Paul in confronting, modifying, and resolving his issues regarding trouble sleeping, being tired all the time, and restoring his positive work behavior.