Cindy Britton 10/17/21
MFT 504 Psychopathology- Practice Diagnostic Formulation Case #1

According to the DSM-V, the client Paul is exhibiting characteristics matching that of a Major Depressive Disorder. He is experiencing depressed mood, change in appetite, fatigue, difficulty trying to think and concentrate, which is affecting his decision-making ability and insomnia. These symptoms have continued for most of the day, every day, for at least two weeks in a row. Distress accompanies these symptoms causing deficits in social, occupational, and other areas of functioning. Paul states that his friends tell him that he seems down. In order to assign a diagnosis of Major Depressive Disorder to Paul, it must first be established that he meets the criteria for a major depressive episode. Paul exhibited at least five of the symptoms necessary for the diagnosis of a major depressive episode, and in addition these symptoms were present for longer than a two-week time period.

Paul shows evidence of:

1. Depressed mood most of the day, nearly every day – Paul reports that his friends state he seems to be down.

2. Diminished interest and pleasure in almost all activities most of the day, every day – Paul no longer has an interest in going to church whether online or in person. This was an activity that he was involved with his wife.

3. Change in appetite – Paul reports that he doesn't eat breakfast because he is getting up to late and he doesn't eat dinner on weeknights because of working late.

4. Insomnia – Paul has difficulty falling to sleep or sleeping throughout the night. He goes to bed at 3:00 a.m.

5. Fatigue and loss of energy every day – Paul felt that he had no energy, and he was always tired.

6. Indecisiveness, inability to concentrate nearly every day – Paul reports that his work responsibilities have not changed but he is not getting his work done in a timely manner. He is also punching into work late.

Paul meets six of the criteria for a major depressive episode, and therefore Criterion A for Major Depressive Disorder.

Criteria B states that the "symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning." Paul meets this criterion because he was arriving and leaving work late. His performance has declined resulting in him getting a bad review.

Criteria C states that the "episode is not attributable to the physiological effects of a substance or another medical condition." Paul reports that he does not have any ongoing medical conditions and that he does not use any recreational or prescription drugs and does not smoke. He does occasionally have a beer while watching TV or when bowling with his friends. There is no evidence at this time to indicate that his drinking beer has resulted in alcohol intoxication or withdrawal at this time. This can be further explored.

Criteria D states that "the occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders." Paul has not exhibited any signs of delusion, hallucinations, disorganized thinking, catatonia or negative symptoms, therefore the above disorders do not give a better explanation.

Criteria E states that "there has never been a manic episode or a hypomanic episode." Paul has not experienced any manic or hypomanic episodes due to his current situation.

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Rule Outs:

Dysthymic disorder has been ruled out since the client has not been depressed for

two years. Bipolar is ruled out since manic episodes are not exhibited. The postpartum

onset specifier is not appropriate since the client is a male. There is no evidence of a general medical condition contributing to his depression. He denies using any substances that could induce a mood disorder.

Adjustment Disorder has been ruled out. Adjustment Disorder is frequently associated with suicide attempts, substance abuse, and somatic complaints. These are not evident in this client. For an Adjustment Disorder diagnosis, the stress related disturbance does not meet the criteria for another specific disorder. It does meet the criteria for Major Depressive Episode. There is also a history of mood disorders in his family. This diagnosis appears to fit this client better. Therefore, Adjustment Disorder does not apply.

Treatment:

Depression can be treated using a variety of methods. Although counseling and medicine are suggested as part of a therapeutic treatment plan, there are occasions when simply medication or psychotherapy are used. The objective of therapy and medicine would be to stop the depression by relieving symptoms and preventing relapses. The two most prevalent types of psychotherapy therapies are cognitive behavior therapy and interpersonal therapy.

Medication Treatment:

Depression is treated with antidepressant medications. Medication can improve one's mood. They can help to reduce anxiety, calm a person down, and improve sleep quality. Although medications cannot cure depression, they can assist to alleviate its symptoms and extend its duration. Tricyclics (TCAs), serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), lithium, and heterocyclic antidepressants are some of the most often prescribed medicines for depression. Tricyclies that are often used include amitriptyline, clomipramine, desipramine, doxepin, imipramine, notriptyline, protriptyline, and trimipramine (Ross-Flanagan, 2003). Paul does not appear to require medication at

this time, but it would be addressed and investigated further if his major depressive disorder persists or changes. to a more sever diagnosis.

Psychotherapy Treatment:

Psychotherapy has been shown to be an effective depression treatment. There are two main forms of treatment. Cognitive behavior therapy and interpersonal therapy are the two types of treatment. Psychotherapy that focuses on modifying cognitions and changing behaviors tends to result in fewer relapses into depression.

Cognitive Behavioral Therapy:

The most common kind of therapy is cognitive behavioral therapy (CBT). CBT focuses on addressing the behavioral and cognitive causes of depression. Negative thoughts and dysfunctional beliefs are identified and evaluated. It is stressed that the client learns to manage their own thoughts, intentions, and feelings. Cognitive changes may have an influence on depression therapy by aiding clients in thinking differently.

Interpersonal Therapy:

Interpersonal therapy (ITP), a type of psychodynamic treatment based on the notion that depression arises in interpersonal situations. This is the second most common type of psychotherapy. ITP assists in the resolution of strained personal connections that may have led to depression. Clarification of internal emotional states, as well as improved emotional communication, can assist a client in overcoming depression (Rosenhan & Seligman, 1989).

Outcomes:

After gathering the initial intake information, I would develop a treatment plan aimed at decreasing Paul's depressed symptoms. I would explain to Paul how CBT would help him build self-management skills through journaling, specific behavior assignments, contracts, and environmental changes. Relaxation and anxiety management techniques are also addressed. As Paul continues to attend treatment, we will devise general goals to focus on that are tailored to his unique situation. Worksheets would be used to assess if these objectives are being reached. Making a to-do list for the week is an illustration of this. This helped him stay focused and on task. This may alleviate the need to work late.

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