

MFT 504.NLS Psychopathology

Fall 2021

Practice Diagnostic Formulation – Case #3

80 points

Presenting Complaint

“I’m here because my wife told me to be here. She said if I didn’t show up today, she would have gone to her mother’s place. She says I have anger problems and if I don’t get help, she doesn’t know if she can stay in it. I mean, what happened to ‘for better or worse’? What marriage doesn’t have its downs, you know? But she gets all dramatic and says we have to get counseling or else. Or else what? I don’t know why I put up with her. I mean, she’s the one with the problem, always complaining about one thing or another. Never satisfied, you know what I mean? She’s always worried all the time. I tell her, if she loosened up a little more, maybe she wouldn’t worry so much.”

History of Presenting Illness

Mike, a 48 year-old, married, employed Caucasian male complains of increased marital conflict and issues related to anger. When asked about his problems with anger, Mike 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. When redirected by therapist, Mike reported that he yells and screams at his wife, at times cursing at her. He admitted that he has called her “a loser” and “a terrible mother.” When asked how often he becomes angry, Mike reported that it is less than before. For much of the interview, Mike tended to talk a lot about past situations where his wife nagged him and about the problems his wife has (“she grew up in a terrible home and her father used to physically abuse the children and I think this really affects her self-confidence”) rather than talk explicitly about his anger problems.

Mike denied feeling depressed but stated that he was feeling irritable, frustrated and tense. He reported that he has some middle insomnia and mildly decreased libido. Mike reported that he has “always been a big eater” and although he reportedly has not noticed any change in his appetite, he admitted a weight gain of 25 lbs. in the last year. Mike denied feelings of guilt and denied feelings of worthlessness. He denied suicidal ideation. Mike reported having fantasies of punching his former boss but denied current homicidal ideation and denied any past instance of violence, physical aggression, or destruction of property. 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. Mike denied any history of psychiatric hospitalizations and denied past suicide attempts. He denied past or current presence of euphoric mood and other manic symptoms. He denied past and current hallucinations and delusions. Mike reported having some work-related anxiety that increase his tension but denied that these symptoms interfere with his functioning. He reported that he tried counseling briefly in 1987 and again in 1999 when he was feeling down and anxious about work. Mike reported that the counseling sessions were a waste of his time as things improved when he quit whatever position he held at that time and found a better job.

Alcohol and Substance Use

Mike reported that he drinks alcohol on a regular basis, “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?” He stated that he had his first beer at a party in high school and that beer drinking was a regular fraternity activity in college. Mike proudly reported that in college, he was known for “holding his liquor” in his fraternity and that despite drinking the equivalent of a six-pack on “every Thursday, Friday, and Saturday night”, he never passed out or vomited. He denied any current problems

related to alcohol use, including any DUI charges. Mike denied experiencing any hangovers. He admitted that at times, he gets to work 15-30 minutes late and attributed these late arrivals to his wife's nagging him rather than to any alcohol use. Mike reportedly smokes half a pack of cigarettes daily. He denied use of other substances.

Family History

Mike reported that both grandfathers were alcoholics and that several uncles are alcoholics. Mike denied family history of depression, anxiety, or anger problems.

Personal History

Mike reported that as far as he knows, his mother's pregnancy and delivery were normal. He grew up in a small town in Pennsylvania and reported that he was probably the brightest student in his elementary, middle, and high school despite earning average grades due to not applying himself. Mike reported that he attended a community college due to his poor high school grades and made a decision to apply himself and get good college grades so he could obtain a good job. He reported getting straight A's in a 2-year program in business and transferred to Pennsylvania State University and obtained a Bachelors degree in Business Studies. Mike reported that after graduating college, he obtained a position as a managerial trainee for a manufacturing company. He felt that he was being overlooked for promotion opportunities and decided to quit after working there for 3 years. Mike then obtained an entry-level position in the marketing department at a financial company. He reported liking this position as the company recognized his talents and he rotated through different departments during the 10 years he worked for the company. Mike was let go from his last position as an information systems specialist when the company underwent an organizational restructuring. He reported enrolling at Pace University at this time to obtain an MBA degree. Mike reported 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." After obtaining his MBA, Mike reported that 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 wanted to find something more challenging that would suit his interests better. He obtained a position as Assistant Director of Marketing at a large computer manufacturing company about 6 months ago and reported that he is being considered for a promotion to Director of Operations, a position that would report directly to the Chief Operations Officer of the company.

When asked about his family of origin, Mike reported that he is the older of two children and that his younger brother is a doctor. His parents live in a retirement community in Arizona and he speaks to them several times a year by telephone. He and his wife have been married for 16 years and have two children, a son aged 14 and a daughter aged 11. When asked about how family members get along, Mike reported that his children do well in school and that the only problem is that his wife nags too much.

Medical History

Mike reported a history of one hospitalization at the age of 26 for appendicitis. He reported that he had numerous visits to the Emergency Room in both high school and college for vague injuries related to recklessness. When pressed, Mike reported that his parents took him to the Emergency Room when his right hand (his dominant hand) began to swell after he punched a wall after an argument with his mother. He reported that in college, he went to the Emergency Room 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.

Assessment and Initial Treatment Plan

??

For this case:

1. Propose TWO diagnoses and outline the symptoms/reasons that lead you to believe that these disorders you selected are present. Remember to address ALL OF THE REQUIRED SYMPTOM CRITERIA, including the rule-outs. If you diagnose an Other Specified (Or Unspecified) Disorder, you need to outline why you ruled out all other specific diagnoses in the category.
First disorder: 14 points – diagnosis is 3 points, outline of symptoms is 11 points
Second disorder: 14 points – diagnosis is 3 points, outline of symptoms is 11 points
2. Propose TWO OTHER possible diagnoses, outlining the symptoms/reasons that lead you to believe that this diagnosis you selected MAY be present AND propose questions you would want to ask that would help you to rule in the diagnosis or rule it out, and articulate why those questions would be helpful to you. Remember to address ALL OF THE REQUIRED SYMPTOM CRITERIA, including the rule-outs.
First disorder: 15 points – diagnosis is 3 points, outline of symptoms is 7 points, additional questions is 4 points
Second disorder: 15 points – diagnosis is 3 points, outline of symptoms is 7 points, additional questions is 4 points
3. Assuming that your first TWO proposed diagnoses are present:
 - a. Select the one you believe is most problematic AND state why.
 - b. Suggest an initial treatment plan to address both diagnoses. 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 thoughts of the patient thinking that they did not need medication to address the Mania. In addition, I would start to address the patient's interpersonal dysfunction using CBT by addressing the core schemas that are contributing to the symptoms such as...and by doing so, look for changes in...and so on).22 points – 4 points for a., 9 points for treatment plan for first diagnosis, 9 points for treatment plan for second diagnosis.