

MFT 504.NOS Psychopathology
Fall, 2022
Practice Diagnostic Formulation – Case #1

Presenting Complaint

“I have been more upset with my kids and I don’t know what I’m doing with my life.”

History of Presenting Illness

Jennifer is a 34 year-old divorced employed Caucasian female of Italian descent, residing in the basement apartment of her parents’ home with 2 children, aged 13 and 9. She is seeking counseling because she feels overwhelmed with life responsibilities. Her 13 year-old son is having academic difficulties with remote schooling and they have been arguing a lot over the last two months over home chores, school responsibilities, and his frequent conflicts with his younger sister. Jennifer reports that her son does not do his homework after school despite her asking him repeatedly until they have an argument and she takes away his computer so he cannot connect with his friends. She is frustrated with him and finds herself yelling at him often. Although her daughter has adjusted to remote schooling better in that she follows her lessons and submits homework assignments on time, Jennifer notices that she has become more impatient with both kids and more irritable in general. She says she wonders at times if things would be easier or better if she had remained married to her husband or if she had waited until she was older to have children. Jennifer reports having a harder time falling asleep than before and she often feels tired. Her appetite has decreased somewhat nowadays but she is not sure when this started. When asked about her mood, Jennifer reports that since her divorce, she has often felt down about her situation and her children’s future but denies that this lasts more than a few days because there is so much work to do in raising the children. Jennifer denied having thoughts of suicide or homicide but admits to fantasizing about running away and letting her parents raise her kids but she could never do this as it would overwhelm her parents. She reports being happy in the past but cannot recall what that feels like. Jennifer denied ever having euphoric mood. She has no history of psychiatric hospitalizations and has had marital counseling in the past. Jennifer reports that she and her husband attended marital therapy sessions “on-and-off for like, a year” but her husband did not want to continue and so they stopped. She has never had individual therapy.

Personal History

Jennifer is the younger of two girls born to married parents. Her parents are supportive of her and her mother helps babysit the children when she is at work. Neither of her parents went to college.

Jennifer currently works 20 hours a week at a neighborhood retail store, earning \$10/hour. Prior to the pandemic, she worked full-time and was furloughed from mid-March to the beginning of August. Her employer brought her back to work part-time in August and she does not know when her hours will increase as business is slow. Jennifer reported her ex-husband, when employed, pays some child support. However, he works in construction and he did not work for several months with the pandemic but he has been working full-time since the summer and has been giving her monthly child support. She attended SUNY Purchase for several years but did not complete a degree program due to the birth of her first child. She states she met her ex-husband in high school and they were both attending SUNY Purchase when she became pregnant. They both agreed to have the child and had planned that her ex-husband would work and attend school part-time until he completed his degree. Things did not work out this way as Jennifer’s ex-husband was having difficulty managing both work and school and eventually, he quit school to work full-time. With the birth of their daughter, her ex-husband was

home less and less, spending more time hanging out and drinking with his fellow construction workers. Jennifer reported that the increased neglect and conflict, combined with ex-husband's extramarital affairs, resulted in her seeking and being granted, a divorce 4 years ago.

Prior to attending college, Jennifer was an "average" student in high school but was one of the brighter students in her elementary and middle school classes. Her favorite subject was English and she liked to read a lot. She doesn't read much now due to lack of time.

Jennifer was raised Catholic and tries to attend Mass when she feels up to it, for her "children's sake." Her last confession was over 5 years ago.

Family History

Jennifer has an aunt, her mother's sister, who suffers from Bipolar Disorder. There is no other significant family psychiatric history.

Medical History

Jennifer has a history of asthma but has not had an asthma attack for several years. She goes to the doctor only when she's sick because money is tight and she does not have health insurance. Her children all have health insurance from the state. Jennifer reports that all of the children were born vaginally and other than giving birth twice, she has no other significant medical history.

Alcohol and Substance Use

Jennifer reports drinking regularly at parties on the weekend in college, but never to excess and she was never intoxicated. She does not keep alcohol in the home and the last time she had a drink was in February when she went out with some co-workers after work. She denied trying any other substances.

What's your initial assessment and plan?

1. Propose one 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, including the rule-out 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. (12 points – diagnosis is 2 points, outline of symptoms is 10 points).
2. Propose another possible diagnosis, again systematically outlining the symptoms/reasons that lead you to believe that this diagnosis you selected MAY be present. Remember to address ALL OF THE REQUIRED SYMPTOM CRITERIA, including the rule-out criteria. Propose questions you would want to ask that would allow you to rule in/out the diagnosis, and state why those questions would be helpful to you. (12 points – diagnosis is 2 points, outline of symptoms is 6 points, additional questions is 4 points)
3. Assuming that your first diagnosis is present, suggest an initial treatment plan. 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.) (6 points).

A recommendation of "individual psychotherapy to treat the disorder" is grossly insufficient. Try to spell out what kind of therapy you would start with and why. Think of this as trying to synthesize what you know from all the classes you've had so far.