Presenting Complaint
"I get really bothered by an annoying voice at work saying things like, 'You can't handle the job'."

History of Presenting Illness
Wyatt, a 24 year-old, single, employed, self-referred, White non-Hispanic male complains of difficulties concentrating at work and concerns that he might lose his job. He reports that he graduated college in June 2020 and because of the pandemic, had difficulty finding full-time employment in his field, computer science. Wyatt was hired as a computer analyst a year ago and you sense from his demeanor, that the job is very important to him and he places significant emphasis on career success. He says that he began hearing the voice about 2 weeks ago, after the completion of a particularly stressful project at work. He reports that his work team worked long hours to finish the project and on some nights, he slept only 4 hours a night. Wyatt says that the team finished the project at 6pm on a Friday night and went out for drinks to celebrate. Wyatt isn't sure exactly when he heard the voice for the first time, but believes it started the following week. He reports hearing the voice, "sometimes every other day, sometimes several times a day, but only at work." Wyatt reports that that voice is male, and says things like "You can't handle the job" and at other times, only says his name. Wyatt reports that although the voice is not aggressive or threatening, he is greatly distressed because it interferes with his ability to concentrate on his work tasks. He reports that he has had two performance evaluations since he started working at his company and both evaluations were positive.

Wyatt reports doing well in college, graduating with honors. He has no history of psychiatric hospitalizations and no history of suicide attempts. He denies current depressed mood, appetite or weight changes, and denied fatigue. Wyatt denies ever having a panic attack though admits his heart pounds at work sometimes. Even though he has had good performance reviews, he worries about his performance worsening and the possibility of being fired after it took him over a year to get a full-time position. Wyatt had counseling once before, in his junior year of college after his girlfriend of 6 months broke up with him and his academic performance worsened due to difficulties concentrating on his studies. He had intrusive thoughts of "you're no good" at the time, but this resolved after 8 sessions of counseling.

Family History
Wyatt recalls that his paternal grandfather was in the hospital several times for "mental problems" and that he has an uncle who is "moody."

Personal History
Wyatt is the second child of 4 children born to intactly married parents and reports his family is "close-knit." He has an older brother and two younger sisters. He reported that his childhood was uneventful, "typical suburban upbringing, bused to school, soccer lessons for the boys, dance lessons for the girls, church on Sundays." Additional information to be obtained in next session due to time constraints.

Alcohol and Substance Use

Wyatt reports that he drank alcohol 3-4 times/week in college but now drinks 1x/week, on Fridays, when going out with work colleagues. He has 3-4 beers when he goes out on Fridays. He denies drinking at other times in the week. Wyatt reported denies past and current use of marijuana, cocaine, opioids, or any other recreational substance.

Medical History

Wyatt reported having a complete physical just prior to starting work and that his doctor told him that he was in good health.

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.
(14 points – diagnosis is 3 points, outline of symptoms is 11 points).

2. Propose a possible diagnosis, again systematically outlining the symptoms/reasons that lead you to wonder if this diagnosis may be present. In addition to addressing ALL OF THE REQUIRED SYMPTOM CRITERIA, including the rule-out criteria, identify what additional information you need in order to ascertain if this diagnosis is present and what questions you would want to ask Wyatt in order to obtain this information. Remember that the above information was gathered in the first session and that you can obtain additional information in the next session.
(14 points – diagnosis is 3 points, outline of symptoms is 6 points, additional questions is 5 points)

3. Propose a second possible diagnosis, again systematically outlining the symptoms/reasons that lead you to wonder if this diagnosis may be present. In addition to addressing ALL OF THE REQUIRED SYMPTOM CRITERIA, including the rule-out criteria, identify what additional information you need in order to ascertain if this diagnosis is present and what questions you would want to ask Wyatt in order to obtain this information. Remember that the above information was gathered in the first session and that you can obtain additional information in the next session.
(14 points – diagnosis is 3 points, outline of symptoms is 6 points, additional questions is 5 points)

4. 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.) (8 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.