

Psych 6210 Assignment 2

Name of Client

[Institutional Affiliation(s)]

Author Note

Assignment 2

Demographics

Bill is a married father of two grown children who is in his mid-sixties and of European descent. Both his father and mother died when he was in college. He's a recent college grad who plans to join the military after graduation.

Reason for Referral

He's had a 'case of the blues' and a sense of emptiness for the last two or three months. He claims his depression came on suddenly and was not the result of anything in particular. He no longer finds happiness in anything and has lost interest in all work and activities. When he wakes up in the morning, he struggles to get out of bed and contemplates suicide frequently. People in his surrounding have also noticed that he often appear tired and move around more slowly than usual.

General History

Bill has been taking Prozac and other medications for years, but he's unsure if they're helping. Every night, he has one or two neat Jack Daniels.

Bill grew up in a religious family, and that has influenced him greatly. Bill had a high opinion of his father, but he likely had his drinking problem. Even though he never used alcohol, he thought that his mother was harsh with him and feared her disapproval. There are members of his extended family who have made it big in business and politics, including cabinet-level positions in the federal government.

Bill hasn't done as well as he'd hoped during his military service. He says he was indecisive at the beginning of his career and did not meet expectations. His actions may have caused the 'vindictive' superior to give him poor performance evaluations, resulting in his career being destroyed. He sees this time as a 'downtime,' which he had to get over with his work ethic and perseverance.

To Bill, heroic figures from antiquity inspire him, and he believes that he will soon achieve the greatness of his own. He feels terrible about what he has done and hasn't done, and he puts on a happy face to hide his true feelings. He's constantly worried that he'll offend someone important to him.

After feeling so let down by others, he has concluded that his expectations of himself and others are unjustifiably high. He feels worthless and remorseful for even the most minor acts or words he has spoken to his family members. Afraid of their rejection, he can't express his frustration with his children's lack of communication. Even though he is frustrated and angry, he fears his wife rejecting him because he expects her to understand his current state of mind. Because of his fear of being rejected, he avoids communicating with his siblings.

Evaluation

Regarding mental health and substance abuse, I'd inquire if he or his family members have been treated for them in the past or are still receiving treatment. You may have depression or avoidant personality disorder (Cooper, 2018). If the answer to these questions is yes, I can assume that he might have depression or avoidant personality disorder. He has one or two sips of drink at night. Whether this is a new habit or one that has persisted for some time will depend on how it affects his military career. It's conceivably the root of his

tension with his immediate superior. Aside from that, I would like to know if one to two glasses is a reasonable estimate. If he does suffer from alcohol abuse disorder, it's possible that his father was an alcoholic as well. His diagnosis would be clarified if he had a history of bipolar disorder or manic episodes.

In particular, I'm interested in how he felt about his mother's criticism and why he found it so terrifying to hear. The only thing that makes sense is that it was caused by psychological abuse. His social anxiety and avoidant personality disorder, the root of his depression, could be traced back to this.

I'm curious as to why he enlisted in the military and whether or not he's content with his decision. It's possible he realized early on that his career was not a good fit for him, which would explain his indecision. Then that may be why he's feeling depressed right now as well. The other possibility is that he dislikes his job because it puts him in situations where he has to deal with criticism of himself and others. An avoidant personality would have a tough time in this line of work because of this.

I'm curious as to how long he's been afraid of being judged or rejected by others. Possibly, this stems from his upbringing, as he has always shown a desire to stay away from people and the things they say. Perhaps his mother's criticism wasn't as harsh as he had assumed, but he blamed it on the disorder. There are several signs that he may be shying away from involvement in his professional life and engaging in activities where he is unsure whether others will like him. He may also show signs of restraint in his relationships and a fear of rejection or criticism in social situations. He may also be reluctant to enter into new relationships because he feels inadequate. Instead of looking for a physical cause of his

depression, I'd focus on his avoidant personality disorder, which causes him to feel socially isolated and inadequate (Polychronis & Keyes, 2020).

I'm curious why he's afraid to express or share his emotions with his family because he's worried they'll reject him. I'm curious if he's had a similar experience before. His depression could be caused by his fear of rejection, which may have developed after a failed relationship with a significant other, like his mother.

Finally, I'd like to know if he's ever been depressed before, and if so, when was that? The fact that he has been prescribed Prozac suggests that he had previously been diagnosed with depression. If it's a reoccurring problem, I will consider avoidant personality disorder as a possible cause after ruling out any physical ailments, but depression would be my top choice.

Diagnosis

Bill, I believe, suffers from recurrent major depressive episodes. A personality disorder, specifically avoidant personality disorder, is also something I suspect he may have, but I need more background information to be sure. He might be suffering from recurrent depression because of this (Lampe & Malhi, 2018).

There are five diagnostic criteria for depression that he meets, in my opinion. At least two to three months of his depressed mood, along with the associated feelings of sadness and emptiness. He has lost interest in previously pleasurable pursuits. He reports a diminished level of interest or pleasure in everything, including a lack of self-worth or excessive guilt over his actions or inactions. Others have noticed that he is moving more slowly than usual and has difficulty getting out of bed. He also has recurrent thoughts of death and says he contemplates suicide frequently (Sørensen et al., 2019).

Because Bill meets four of the five diagnostic criteria for avoidant personality disorder, I'm suspicious. He will only get involved with people if he knows they will like him. For fear of being shamed or ridiculed, he exhibits restraint in intimate relationships, such as when interacting with his wife, children, and siblings. To him, being socially awkward, unattractive, or inferior to others has harmed his career prospects. As a result, he has low self-esteem and holds himself to unreasonable standards. This is exacerbated by his envy of others' success, which makes him feel inferior to them. Fear of criticism or rejection keeps him from family gatherings (Lerner et al., 2020).

Other possibilities from which Bill might be suffering includes:
Parent-Child Relational Problems

- Child Psychological Abuse, Suspected, Initial Encounter.
- Distress in the marriage or intimate partnership
- Alcohol Use Disorder

Significant life changes such as moving or retirement can cause substantial depression and personal conflicts with a superior or significant other. Abuse of any kind can also cause considerable depression: sexually-motivated, emotionally-driven, or physically-motivated abuse (LeMoult & Gotlib, 2019). Since his father and mother died, he's had problems with his superior and may face social isolation if he's diagnosed with an avoidant personality disorder. Psychological abuse or stress in his mother-son relationship could have caused his feelings of inadequacy and depression later in life.

Biopsychosocial (biological, genetic, and social) factors may contribute to an avoidant personality disorder's onset, such as "the way a person interacts in early development with his

or her family and friends, as well as other children, and psychological factors." To put it another way, multiple factors may be at play. To learn the cause of his personality disorder, more testing would be required if he is found to have it.

Conclusion

Without knowing more, I believe his depression may be the result of a combination of life events. Losing his father was devastating for him, and he still isn't over it. On-the-job conflicts with his superiors that he believed had cost him his career. Because of his drinking and his children's separation, he has less contact with them than he would like. Having trouble expressing himself to people like his wife and brothers and sisters. Because of his low self-esteem and tendency to criticize himself, he has become socially isolated. He could have an avoidant personality disorder because of many of these factors, but it could also be hereditary because his mother was highly critical.

Concerned about his father's death, his self-criticism and inability to socialize even with close family members must be addressed first when devising a treatment plan. The following must be the beliefs that prevent him from progressing in his career and reaching his full potential, as well as his self-criticism. The fact that he drinks one or two drinks is not an underestimation, so I would have to address that as well. Inexperience makes it challenging to create a proper treatment plan, but I believe that addressing these issues will help him on his path to recovery.

References

- Cooper, R. (2018). *Diagnosing the diagnostic and statistical manual of mental disorders*. Routledge.
- Lampe, L., & Malhi, G. S. (2018). Avoidant personality disorder: Current insights. *Psychology Research and Behavior Management*.
- LeMoult, J., & Gotlib, I. H. (2019). Depression: A cognitive perspective. *Clinical Psychology Review, 69*, 51–66.
- Lerner, E., Teitelbaum, J., & Meehan, K. B. (2020). Avoidant personality disorder. *Encyclopedia of Personality and Individual Differences*, 351–358.
- Polychronis, P. D., & Keyes, L. N. (2020). A Case for Using the Psychodynamic Diagnostic Manual-2 Instead of the Diagnostic and Statistical Manual of Mental Disorders-5 in University and College Counseling Centers. *Journal of College Student Psychotherapy*, 1–12.
- Sørensen, K. D., Råbu, M., Wilberg, T., & Berthelsen, E. (2019). Struggling to be a person: Lived experience of avoidant personality disorder. *Journal of Clinical Psychology, 75*(4), 664–680.