

performed very well academically throughout junior high school and into high school, Carl's behavioral problems deteriorated to the point that he began missing school and went from having a few friends to having no friends. Increasingly, Carl started withdrawing to his bedroom to engage in the problem behaviors described previously. This marked deterioration in Carl's behavior prompted his parents to bring him in for treatment.

DSM-IV-TR DIAGNOSIS

Based on this information, what five-axis diagnosis do you think best applies to Carl?

Axis I
 Axis II
 Axis III
 Axis IV
 Axis V Global assessment of functioning = (current)

DIAGNOSIS NOT PROVIDED: CASE #2

CASE **I9**

At the time of his presentation to the outpatient clinic of a psychiatric hospital, Eric Beck was a 32-year-old single Caucasian man who lived with his parents. Although he had worked as a stockbroker after college and had also been trained as a paralegal, Eric had been underemployed over the preceding several years. Currently, Eric was working part-time as a night watchman for a large professional building in the city. Although he had a few close heterosexual relationships during college, Eric had not been in a steady relationship for more than 8 years.

Eric had a long history of emotional difficulties dating back to his high school years. He had been hospitalized on three occasions when his symptoms had become severe. The most recent of these hospitalizations, occurring a year before his initial visit to the outpatient clinic, had lasted 2 months. Over the past 13 years, Eric had continually taken some form of medication for his symptoms.

During his initial visit to the clinic, Eric stated that the primary reason for seeking treatment was for help with his persistent symptoms of concentration difficulties and chronic worry and anxiety. Eric reported that he worried about everything, including his inability to hold a job to be self-supporting, losing support from his family or being too much of a burden on them, the possibility of his car breaking down, accidentally insulting people, and his lack of a girlfriend. He claimed that he was having considerable difficulty controlling these worries to put them out of his mind and concentrate on something else. Because his worries hindered his ability to concentrate, Eric routinely repeated information in his head in an attempt not to forget things that he felt might be important later (e.g., the name of a company to which he might apply for a job at some point in the future).

Eric's inability to sustain a career and his self-perception that he might perhaps always be a "failure" were key areas of concern to him. Behaviors associated with these worries included difficulty throwing away newspapers (based on his concern that he might discard suitable job announcements from the classified ads), excessive overpreparation for job interviews, excessive rewriting of cover letters for job applications, and frequent revisions to his job resume. Moreover, all of Eric's worries were accompanied by other symptoms such as irritability, feelings of shakiness, muscle tension, rapid heart rate, and extreme restlessness. Eric's restlessness was

so severe that he often paced back and forth in his bedroom when he was feeling keyed up and worried about some matter. His pacing had been so extensive and persistent that he had actually worn holes in the carpet of his bedroom.

However, although Eric reported that his primary reason for seeking treatment at the present time was for his generalized anxiety and worry, the psychologist who conducted his intake evaluation soon realized that, as had always been true over the past 15 years, these difficulties were occurring in the context of other prominent symptoms. Specifically, Eric had an extensive history of depression dating back to his high school years. Over the years, these periods of depression were characterized by depressed mood, a loss of interest in pleasurable activities (at the intake evaluation, Eric stated, "I suffer even when doing things I should enjoy"), concentration difficulties and problems making decisions, and feelings of guilt and worthlessness (e.g., feeling that he was not a contributing member of his family or society, with little expectation of becoming one). In addition, Eric experienced recurrent thoughts of suicide and had a history of four suicide attempts. Eric's first suicide attempt occurred during high school when he "crashed the family car on purpose because I wanted to die." Each of his other suicide attempts had occurred over the past 3 years; on all three occasions, Eric had tried to hang himself.

During his freshman year of college, Eric experienced a 2-week period when his mood was both excessively elevated and excessively agitated. In addition to feeling like he was on a high and very energetic, Eric became quite talkative and spoke very loudly and very quickly. He became even more distractible and was often late or missed classes and appointments because he would be engrossed in some trivial task (such as rearranging the furniture in his room). In addition, during this time Eric engaged in a number of reckless behaviors, one of the most noteworthy being, over this 2-week period, experimentation with almost every recreational drug available around campus, except heroin. Because of the combination of the effects of the drugs he had taken and his agitated mood, Eric had also gotten in several fistfights during this time. This episode ended when Eric crashed his parents' car (by accident, not as a suicide attempt) at 3:00 in the morning when he lost control of the vehicle going 95 miles per hour on the highway. He was hospitalized for 4 days because of his injuries from the accident, and at this time the hospital physicians recognized Eric's emotional disorder and placed him on medications for the first time.

Over the ensuing years, Eric continued to experience bouts of depression as well as periods when his mood was elevated, agitated, or expansive. In fact, during subsequent "high" periods, Eric wrecked a car by driving at dangerous speeds on two other occasions. At one point, he had his driver's license revoked for 1 year. In another instance involving the family car, Eric burned up the car's engine because he had turned on the ignition, got distracted by something, walked away from the car, and left it running for hours. In other episodes, Eric had gone on buying sprees, spending thousands of dollars (primarily his parents' money because Eric had not held down a steady job since his position as a stockbroker) on vitamins, gifts for his family, and books. Although Eric paced a lot when he was worried about something, most of his pacing had occurred during periods when he felt excessively energetic or agitated. In later years when he was unemployed or working part-time, Eric would channel this energy into such activities as writing and

then rewriting his job resume, or going through the yellow pages of the phone book to try to arrange an interview at every company or office that he felt had the potential for hiring him.

Six months after he had landed a job as a stockbroker (a position he obtained 1 year after college graduation), Eric quit because he felt that he could not handle the stress of this career. After his resignation, Eric experienced an extended period of severe depression related to his self-perception of being a failure. However, unlike other times when his mood was down, this episode of depression eventually was associated with other problematic symptoms. Specifically, Eric concluded that because both his father and his brother had once been employed in high-security jobs with the federal government, the CIA was monitoring his actions continuously. Eric began to believe firmly and persistently that he was being set up to fail, career-wise and relationship-wise, by the CIA. Upon learning about these beliefs, Eric's doctors, who had been treating him with medications designed to regulate mood, decided that Eric should be taking drugs to manage psychotic symptoms. Consequently, Eric was put on antipsychotic drugs. As is often the case with these types of medications, Eric experienced a number of aversive side effects and often would not comply with his prescription regimen. As a result, Eric often had a recurrence of his symptoms (either a period of feeling very down or very high), and his unusual beliefs would return. In later episodes, Eric began to hear voices, which he said were the CIA telling him to keep taking his medications. This would lead Eric to be even less compliant with his drug regimen because he believed that the CIA wanted him to be on drugs because the drugs were designed to keep him down and make him fail. Eric's suicide attempts usually occurred when he was very despondent and hopeless about his prospects of being a "useful citizen" if the government was against him.

However, when Eric was not feeling very down or very high, he experienced few symptoms. For instance, during these between-episode periods, Eric did not entertain any thoughts or hear any voices involving the CIA or the federal government. At these times, Eric's excessive worries would also diminish, and he recalled that his only worries would be (a) his fear that another episode might soon occur and (b) his concern about the potential for negative and permanent effects from taking medications continuously.

CLINICAL HISTORY

There appeared to be no history of psychological disorders in Eric's first-order relatives (i.e., parents, grandparents, siblings). Eric was raised in a close-knit and religious middle-class family. His older brother and two younger sisters were quite well adjusted, and each had graduated from college and had sustained productive careers (a fact that added to Eric's perception of being a failure). As noted earlier, the first evidence of Eric's emotional difficulties arose during his high school years, when Eric struggled with some of his class work. His grades fluctuated between As and Cs, and for some courses Eric had considerable difficulty in keeping up with assigned readings and in taking exams (due to high test anxiety). Consequently, Eric became very stressed out over whether he would gain admission to college. These issues were compounded by Eric's feeling that he was constantly

being compared, by his parents and teachers, to his older brother, who was in his junior year of college on a full scholarship studying to be an electrical engineer. Eric's symptoms quickly progressed into the more debilitating symptoms that were discussed at the beginning of this case.

In general, Eric's family was quite supportive of him. In addition to allowing him to move back into their home after he quit his job as a stockbroker, Eric's parents were quite involved in his treatment and care over the years. They had done everything possible to keep Eric at home and to prevent him from being hospitalized, partly because the most recent of Eric's three hospitalizations had used up all of their insurance money for hospital coverage. However, his parents also felt that Eric's condition had deteriorated further as the result of prolonged hospitalization. Eric's father charted his son's symptoms and medication use daily to try to predict when Eric was at risk for an escalation of symptoms. Moreover, in an effort to avoid some of the serious complications of Eric's condition, his father had routinely engaged in some preventive actions. For example, he had taken away Eric's credit card permanently and had put him on an allowance to try to prevent his tendency for overspending when he was on a high. Because Eric had either wrecked or damaged the car on several occasions, his father prevented the car from starting (by secretly disengaging the wire to the car's ignition when he was not using the car) to keep his son from driving at all times. While these maneuvers were done in an attempt to keep Eric from further harm, they resulted in substantial discord within the family because Eric felt that he was being treated like a child, even though he was in his early 30s. Occasionally, there was also some conflict between Eric's parents because his mother felt that his father was sometimes overinvolved in Eric's affairs (e.g., charting Eric's symptoms and medication use). For example, Eric's father often did not drive his son to therapy appointments at times when Eric was very symptomatic, in order to keep him "safe" at home. Eric's mother disagreed with this decision strongly because she felt that it was especially during times of increased symptoms that Eric needed to be going for treatment. However, Eric and his father usually won this argument—an unfortunate victory because it appeared to be a factor in why Eric had not responded well to treatment over the years (i.e., irregular attendance of treatment sessions).

Indeed, while the numerous drugs Eric had been prescribed over the years had controlled his initial tendencies for aggressive behavior (e.g., getting into fist-fights), they had been ineffective in altering his cycles of depression and overagitation-elation. Eric regarded the "cure" to be as bad as his problems because the drugs made him feel "fuzzy" and interfered with his memory and ability to concentrate—for example, their effects made it difficult for him to focus on basic things such as reading a newspaper or book or watching a television program. As noted earlier, besides these side effects, Eric's compliance with drug treatment was often severely compromised by his belief that the CIA wanted him on drugs, a thought he routinely had during extreme depression or extreme agitation and elation (but not at other times).

DSM-IV-TR DIAGNOSIS

Based on this information, what five-axis diagnosis (or diagnoses) do you think best applies to Eric?

Axis I

Axis II

Axis III

Axis IV

Axis V

Global assessment of functioning = (current)