

A Psychological Formulation of the Problems and Potential Treatment

Options that may apply to the Individual: A Case Study

Introduction of Mr Eric Beck

Mr Eric Beck is a 32-year-old Caucasian man who has recently been re-admitted into the care of a psychiatric hospital's outpatient clinic. Mr Beck reports to have been experiencing difficulties such as persistent feelings of anxiousness, chronic worry and an inability to concentrate. Historically, Mr Beck had an extensive history of various emotional problems over the past 15 years. Mr Beck initially began to display signs of a depressive nature during his time at high school, where he reports to have experienced a depressed mood, as well as adding that he had lost interest in activities that he considered should have been pleasurable. This period was then followed by Mr Beck's first suicide attempt. Noted in the case study, Mr Beck recalled that he 'crashed the car on purpose', because he 'wanted to die' (p.242).

After then progressing to college, Mr Beck's mood altered drastically. Mr Beck remained excessively elevated and agitated consistently through a two-week period, where he was energetic and felt 'on a high'. Consequently, Mr Beck would often find himself late or missing classes as he would become distracted in minor tasks, i.e. rearranging his bedroom furniture. Throughout this two-week period, Mr Beck engaged in behaviours described as many to be 'reckless', including consuming almost every recreational drug and physical fighting. At the end of this period, Mr Beck lost control of his parents' car whilst driving at 95 miles per hour, which led to his admission into hospital as a result of his injuries. It was then Mr Beck was firstly prescribed medication in treatment for an emotional disorder.

Throughout the years, Mr Beck's depressive symptoms returned as well as bouts of heightened agitation, elevation and restlessness, particularly excessive pacing around rooms. During such periods of heightened mood and as a result of dangerous driving, Mr Beck proceeded to crash a car on two separate occasions, leading to his licence being revoked for one year. On another occasion, Mr Beck became distracted and left the family vehicle's ignition running for several hours, causing the engine irreversible damage. Additionally, when Mr Beck has experienced elated mood he has spent excessive amounts of money on trivial gifts for members of his families.

After securing employment as a stockbroker, Mr Beck found the stress difficult to manage and resigned. This led to Mr Beck to identify himself as a failure, believing that he is not 'a contributing member of society' and never would be, resulting in his depression, guilt and worthlessness to deteriorate and becoming accompanied by other symptoms, i.e. feelings of shakiness, muscle tension and rapid heartbeat. Mr Beck then developed the strong belief that the CIA were monitoring his movements, relating this to the fact that his father and brother had once worked within the federal government. This belief then prompted Mr Beck's doctors to amend his medication from mood regulators to antipsychotics, which led to him experiencing adverse side-effects, which as a result, Mr Beck was not always compliant with. During periods which he experienced no extreme mood, Mr Beck displayed little if any psychotic symptoms or delusions; his only worries being an upcoming episode of mania or depression and any effects caused by his medication.

Mr Beck's actions and inability to hold down a job (as a result of his tendencies) contributed to his already existing feelings of guilt and inadequacies, resulting in his low self-esteem. Due to his background and upbringing, Mr Beck felt there were certain expectations

of him and goes to extreme lengths to work towards achieving this, i.e. excessively amending job applications/resumes, repeating information in his head. Furthermore, as a result of his numerous hospital admissions, Mr Beck's father became reluctant for his son to attend treatment sessions when his symptoms were particularly evident. Subsequently, hindering the effect on Mr Beck's response to his treatment. Mr Beck also considers his current medication to be unhelpful, claiming this affected his concentration and memory.

The DSM-5

As noted by the DSM 5 (2013), disorders such as depressive, schizoaffective and bipolar can be separated from delusional disorders by the progressive disturbances of mood and the severity of one's mood; suggesting that if delusions are only experienced during extreme mood episodes, the diagnosis of the disorder could be bipolar with psychotic features or depression. By relating this statement to his symptoms it is possible that, as Mr Beck's period of delusion, i.e. that the CIA were monitoring him and wanted him on drugs, were only present during periods of extreme elevation, agitation or depression, such delusions are more so a result of actual mood elevation. This then indicates that Mr Beck's disorder is not primarily related to a diagnosis, such as schizophrenia, which correlates with delusions.

Contrarily, this is not to say that Mr Beck's strong beliefs relating to the CIA are not a result from a brief psychotic disorder within its own right (DSM-5, 2013). The diagnostic criteria for a brief psychotic disorder requires the presence of one out of five possible symptoms; in Mr Beck's case, delusion. However, the DSM-5 (2013) stipulates that a diagnosis of 'brief psychotic disorder' should only be suggested if the disturbance, i.e. delusion, is not better explained by another diagnosis, e.g. bipolar disorder with psychotic features.

By applying the DSM-5's (2013) diagnostic criteria for bipolar I disorder to Mr Beck's symptoms and patterns of behaviour, criterion (a) 'a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity, or energy, lasting at least one week and present most of the day, nearly every day' (p.124), of a manic episode appears to summarise the two-week period he experienced whilst in his freshman year. Additionally, criterion (b) lists several feelings that Mr Beck has experienced during his periods of heightened mood; being distracted easily, spending excessively, engaging in reckless activities, restlessness, persistent pacing and engaging in purposeless activities, e.g. continuously rearranging his bedroom furniture. While the case study of Mr Beck provides sufficient evidence, suggesting that he experienced a manic episode during his freshman year in college, there is significantly less detail in further descriptions of his heightened moods. Moreover, this could also suggest that any future periods of elevated or agitated mood were more suited to the diagnostic criteria for a hypomanic episode. However, to suggest the diagnosis of bipolar II, Mr Beck's stint of elevated and agitated mood would have to have been considered as a hypomanic episode, as the diagnostic criterion (b) for bipolar II states the vacancy of a manic episode. Similarly, Mr Beck reported to experience several of the diagnostic criteria for a major depressive episode, specifically noting the loss of interest or pleasure in activities he felt he should be enjoying. Other symptoms can be identified from the case study in criterion (a) of the diagnostic manual, particularly points (7) feelings of worthlessness, guilt and feelings of worthlessness, (8) indecisiveness and (9) recurrent suicidal ideation, having demonstrated his tendency to plan towards hanging.

Proposed Treatment for Mr Beck

As noted in the description of his many symptoms, Mr Beck's emotional disorder was recognised during his stay in hospital following a car crash, where he was then placed on medication. If it was indeed established that Mr Beck was indeed suffering from symptoms of bipolar I disorder, there would be various options of treatment available to him; however, which treatment would be dependent on whether he was experiencing a manic, hypomanic or depressive episode.

According to the NICE (2017) guidelines, periods of mania or hypomania should aim to be treated with some form of antipsychotic, such as olanzapine, haloperidol, quetiapine, risperidone, etc. NICE (2017) proceeds to note that healthcare experts may advise patients to cease taking any existing antidepressants if an episode of mania or hypomania was to occur. As is the case with all medications, some can be more effective than others in different people, therefore it is advised that individuals whom did not find a particular antipsychotic drug to be effective, should be offered an alternative. If this is still considered to have little or no effect, lithium or valproate may be offered in addition to an antipsychotic (NICE, 2017). If in the rare event that antipsychotic medication exclusively, or in addition to lithium or valproate, is ineffective, experienced clinicians could consider treating the patient with electroconvulsive therapy (ECT).

Schoeyen et al. (2014) acknowledge how ECT is regarded by many to be the most effective treatment in individuals with bipolar depression, whose symptoms are considered to be treatment-resistant. Whilst their study is relevant to the treatment of bipolar depression types I and II on the whole, they investigate the efficiency of ECT in the treatment of major depressive episodes that are experienced by individuals affected by the disorder. However, the authors note there to have been no randomised controlled trials at that time to their

knowledge. Due to this, they aimed to compare pharmacological treatment that was algorithm-based to ECT in treating individuals with treatment-resistant bipolar depression. What was discovered in their study was that ECT treatment was deemed to have been more effective than pharmacological drugs, however stipulated that this was the case only in the acute stage of the depressive disorder. Additionally, it was found that the response rate for ECT was relatively higher in those more severely affected by the depressive episode. The effects of ECT have been considered to be rapid, with patients claiming quicker responses to the treatment.

In the case of Mr Beck, it may be beneficial for him to consider the treatment of ECT due to his dislike of and reluctance to take his medication consistently. It should however, be considered when identifying appropriate methods of treatment that Mr Beck considers the treatment to be almost as worse as his illness. Therefore, alternative options should be explored wherever practically possible. It is also reported in the case study that Mr Beck has been on various medication over the past 13 years, suggesting that he has not experienced the desired effects of such medications. Consequently, it could be proposed that Mr Beck appears to be treatment-resistant to previous medications and would in fact benefit from ECT. ECT may also have a substantial impact on his deep feelings of worthlessness, guilt and inadequacies, with these often being traits and feelings related to major depressive episodes. Nonetheless, the suggestion of ECT should not be taken lightly and all alternative options should and must be explored before pursuing this course of treatment. During Mr Beck's admission in hospital, there would be the certainty that he would attend all treatment appointments, particularly when he is at his most symptomatic. Which was described as not always the case with Mr Beck's treatment due to both his hesitancy in attending and his father's wishes. Finally, Mr Beck would also benefit from some form of talking therapies

when he is at his least severe to aim towards identifying his worry about being compared to his successful siblings, high expectations and never being a contributing citizen to society. Talking therapies such as cognitive behavioural therapy could have a substantial impact on aiding Mr Beck to develop his confidence and self-worth. However, as with all methods of treatment, CBT will have its own limitations. In order for CBT to be effective, appropriate levels of commitment and determination must be applied. Therefore, it would be probable that Mr Beck's attendance would have little, if any, impact on his feelings of anxiousness and depression if he was too unwell to participate in the therapy. To conclude, Mr Beck has the potential to benefit from all treatments, particularly ECT. However, it is noted that all other alternative options should be pursued before the suggestion of ECT.

References

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