

Case study for Formulation

At the time of referral to a psychiatrist, Buddy King was a 28 year old married African-American manager of a family food business (he had gained his degree in business management at the age of 24). Buddy had been referred by his GP when his wife had called the doctor to express open concern over her observations that her husband was becoming increasingly depressed.

Over the prior 2-3 months his depressive symptoms had escalated. They included sustained depressed mood, lack of energy, difficulty concentrating, decreased interest and withdrawal from activities he usually enjoyed. In addition he suffered from pessimistic views and rumination about the future with sleep disturbance in the early hours of the morning.

More recently he had suffered a decrease in sexual relations with his wife and occasionally he had suicidal thoughts.

Despite the escalation in Buddy's symptoms he was hesitant to see a psychiatrist due to his fear of being revealed as mentally ill or weak. However, his symptoms were interfering with work, social life and marriage. He had previously been energetic and devoted to his work, but he now found it difficult to get up in the morning and go to the office. Furthermore, he had been an avid athlete, but recently he had discontinued most of his athletic activities. Based on these factors Buddy agreed to reluctantly see a psychiatrist.

Clinical history

Buddy's decision to agree to see a psychiatrist was also influenced by experiences from college. When he was in his senior year at a prestigious university he had experienced symptoms of depression. During this time he was under a lot of stress stemming from his family who were upset that he was taking too long in college and his own worries about what he would do for a career when he finished his studies. However, unlike more recent events, a few days following his depression whilst in college, he experienced more dramatic symptoms and experienced a full manic episode characterised by symptoms of abnormally persistent elevated mood, grandiose and persecutory delusions, hyperactivity and a decreased need for sleep. During this time, his academic performance decreased greatly and he skipped classes altogether. Although previously a sensible drinker, he began to binge on alcohol and marijuana. This manic episode was accompanied by other bizarre and risky behaviour. His sexual appetite significantly increased and although he did not have a partner at the time, he was arrested by Campus police when found naked with a 15 year old girl in an empty building on campus. Fortunately for Buddy, although threatened with charges, these were later dropped.

The morning after his arrest he was involuntarily hospitalised with the diagnosis of an acute manic episode. This lasted 6 weeks of which the first two weeks he was resistant to treatment and refused medication. He eventually accepted medication but refused lithium and instead was treated with a combination of haloperidol, sodium valproate and Depakote. On discharge from hospital he insisted on discontinuation of haloperidol but continued with the other medication.

Following discharge, things were tough for some time. Although the charges were dropped, the college refused to let him return to study, forcing him to transfer and complete his studies at another university. He was shunned by his friends who did not understand his behaviour and his family were deeply upset. They pressurised him to comply with his medication and were disappointed that he was becoming non-compliant. He had to submit to regular laboratory tests to

ensure that he was receiving the required therapeutic dose. This resulted in numerous family disputes and conflicts and heated discussions between him and his family.

However, unlike many other people who experience a manic episode, Buddy had no further episodes since that initial first one, despite no longer taking any medication. He completed his degree and not finding work elsewhere, began working at the family food business. He met his wife the first year after completing his degree and the eventually got married. Although he suffered no further manic episodes, he continued to experience brief episodes of depression but not long enough to cause him to seek treatment despite his wife urging him to do so. This time however, he reluctantly took his wife's advice.

Buddy was born and raised in a very pressured and high achieving family. His father was a successful food manufacturer who gradually incorporated all of his children in the family business. Buddy was the youngest of five children and he often struggled with competition from his older brothers. He felt he had to go the 'extra mile' in order to measure up to them and his parents expectations. His father was somewhat harsh but supportive who demanded conscientiousness from all of his children. Differences of opinion were not tolerated well within the family with each child being pressured to agree with parental views. Although the family was wealthy, much of the parents support (financial and emotional) was tied to such compliant attitudes. For example, children who rebelled (by disagreement) were ostracized and later allowed to re-join when giving up their rebellious attitudes. Buddy recalls being hyper conscientious and driven as a child, something he attributed to the family environment. He also recalled being perfectionist in school and at athletics and also recognised that these family dynamics contributed to conflicts in family business decisions and possibly his recent depression.

Buddy's family had various other members with mood disorders; his mother had reoccurring bouts of depression that were treated with anti-depressants, and his maternal grandmother, paternal uncle and oldest brother had also received outpatient treatment for depression. Buddy's maternal uncle had alcoholism and bipolar disorder, although the presence of the latter diagnosis was uncertain as he had become estranged from the family.