

Case study for formulation – SF

At the time of his admission to a private psychiatric hospital, Sonny Ford was a 24-year-old single Latino male who lived with his adoptive parents. Sonny had been referred for hospital admission by his outpatient psychotherapist. Over the past 2 years, Sonny had struggled with symptoms such as concentration difficulties, anxiety, and obsessional thinking. More significantly, within the year prior to his admission, Sonny began to experience paranoid and delusional thoughts that had become quite persistent. These difficulties began after Sonny smoked marijuana. While experiencing the effects of marijuana, Sonny believed that his mind had gone “numb.” From that time on, Sonny believed that the marijuana had permanently “warped” his brain. He became increasingly distressed and frustrated over his inability to get others to agree that marijuana had this effect on him.

More recently, Sonny had developed concerns that the police and FBI were “out to get him.” In addition, he had begun to feel that certain television shows had special importance to him and important information was embedded in these programs directed specifically at him. Sonny believed that these messages coming to him through the television were sent to remind him that he was at risk for some sort of plot by the authorities. Sonny also heard voices in his head. Although he could not make out what they were saying, Sonny perceived the voices as “angry” and “critical.” Over the past few months, Sonny’s symptoms had worsened to the point that they were interfering substantially with his attendance at work as a state office janitor. Because of these factors and the lack of improvement in outpatient counselling, Sonny was referred to this inpatient hospital.

At the intake evaluation for his inpatient admission, Sonny’s emotions were restricted. Although appearing tense and anxious, Sonny’s face was mostly immobile for the duration of the interview. He engaged in very little eye contact with the interviewer and his body movements were agitated and restless, as evidenced by rocking movements of his legs and body. His speech was hesitant and deliberate, and he often answered the interviewer’s questions with brief and empty replies. For example, when the interviewer asked “what difficulties are you having that you would like help for?” Sonny replied, “I think it was the marijuana.”

Clinical History

Sonny was adopted at birth, and no records were available about medical or psychiatric history of his family origin. Sonny was raised in a household of four: in addition to his parents, he had a sister 4 years older who had also been adopted. He could recall very few memories from his early childhood. However, Sonny said that throughout his life he had always been a loner who, to this day, never had any friends. Sonny’s parents, who were present at the time of his admission to the hospital, confirmed that Sonny had always been frustrated by social interactions and added that their son had always been hypersensitive to real or perceived criticism during his school years.

Sonny was very attached to his father and, for many years, experienced considerable distress and loneliness when he was separated from the family’s home or his father for extended periods. Whereas Sonny described his father as “a very accepting person” he claimed that his mother was “excessively critical and not accepting of me as a person.” Sonny also claimed that his mother was an alcoholic, a statement that was not supported by either of his parents. When Sonny was 16, he realized that he was homosexual. Although his father had been accepting Sonny reported that his mother had been very unaccepting of his homosexuality and often referred to him with pejorative labels, such as “fag.”

While Sonny accepted his sexual orientation, he said that being gay had caused him many troubles one of which was loneliness. Many of Sonny’s persistent and obsessive thoughts focused on the

possibility of contracting the HIV virus from having unprotected sex on one occasion. Sonny's fears of having HIV had not been quieted by the fact that the person with whom he had sex with was HIV negative or by the fact that all of his recent HIV tests were also negative. Despite lifelong difficulties with social adjustment, Sonny had been able to meet most of the demands and responsibilities of adolescence. Following his graduation from high school (with a C+ average), Sonny decided to attend a local college to take introductory courses.

This decision was strongly influenced by his apprehension of moving out of his parent's house to attend school away from his immediate community. However, it was during his freshman year that Sonny had smoked the marijuana that he believed permanently damaged his brain. Following the incident, Sonny dropped out of college due to the worsening of behaviors. Sonny enrolled at a second college for only one semester before dropping out again, because of his inability to cope with sitting in crowded classrooms and completing assignments and tests on time. Sonny has held his current position as a janitor for the last 18 months, in part because this position allows him to work alone and does not require extensive social interaction.