RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Bye for Station No. 1

Sept 2006

Reading Bye for Station No. 1 - Instructions to Candidate

You have twenty (20) minutes to complete this station.

You are a community-based registrar who has recently carried out a detailed psychotherapy assessment with Mark, a prospective patient.

At the end of the assessment session you told Mark that you needed to talk with your supervisor and that you would see him after this to discuss whether therapy could be offered.

You have presented Mark's case to your psychotherapy supervisor and both of you agree that he is suitable for insight-oriented therapy.

You have set up a brief appointment with Mark so as to arrange the practicalities, contract and plan for the therapy before starting this properly, and are preparing for this meeting.

Your task is to:

- **Refresh your memory about the details of Mark's case from his clinical records**

Please do not make marks or notes on the case history provided. This information will be available again to you in station 1, as though you had taken his file with you into the appointment with Mark.

You can make your own notes on the scrap paper provided, and can take that with you into station 1, where you will continue with this scenario.

History from Mark:

Mark is a 38 year old NZ European man, an office supplies sales manager living with his wife of 10 years, Jenny, and their two daughters aged 6 and 9.

REFERRAL
Mark's GP referred him to the CMHC where you work. The referral noted that Mark had become low in mood and was functioning less well in the last month. He was assessed at the CMHC by a psychiatrist, one of your colleagues. It was felt Mark primarily had a number of relationship and existential issues. Although his problems were in general "too minor" for follow-up by the CMHC, the consultant felt he might be suitable for psychodynamic psychotherapy and was aware that you were looking for a case.

PRESENTING COMPLAINTS
Lower mood: "I feel out of sorts most of the time, although it depends on what happens"
Initial insomnia and fluctuating energy levels.
Generalised anxiety: "I worry a lot more than I used to"
Loss of confidence and anxiety when going out in public or meeting people.
Self Doubt: "I'm not sure I can handle the stress of my work any more"
Stress in marriage, fear of losing relationship - for the past year.

HISTORY OF PRESENTING COMPLAINTS
Mark's current difficulties started about a month prior to the assessment after he failed to obtain a promotion within his company to Head of Sales. He was distressed and angry about this and took a week's leave, after which he suffered a bout of 'flu' which required a further week of sick leave. At first Mark was happy to take things easy at home. However as time passed, even though his physical health improved he felt low in energy and "out of sorts". He sat about and made excuses when Jenny encouraged him to take the dog for a walk or help around the house. The couple had had a difficult period a year previously, after Mark had a brief affair with a secretary at work. They began to have more arguments again and Mark became worried that Jenny might leave him. Mark reported considerable tension between Jenny and Marlene, Mark's mother. Marlene liked to visit a lot, and Jenny found this intrusive. Mark usually took on the role of mediator; but had not been coping well and found himself becoming irritable. In terms of his mood Mark stated, "I'm not badly depressed, but I'm definitely not myself." He could still laugh at comedy on TV and had no diurnal mood variation or tearfulness. He denied any suicidal ideas or intent. Mark had disturbed sleep with initial insomnia, lying awake worrying. On the days when he "made himself" go for a walk his sleep improved. His appetite was good and he ate well. He found if he tried to think about returning to work he would become worried, doubting his own ability, but he denied symptoms of panic, phobia, or obsessive-compulsive disorder. He had taken a month's leave from his work and worried that he now felt unable to cope well with this, despite being due to return the following week.

PAST PSYCHIATRIC HISTORY
No previous psychiatric history and no history of attempted self-harm.

ALCOHOL AND DRUG HISTORY
Little alcohol - only a few glasses of wine with dinner at times. He had never used any drugs.

FAMILY PSYCHIATRIC HISTORY
Mark's father had abused alcohol and his brother continued to do so. They were not formally diagnosed or treated for alcohol abuse or dependence however. Mark felt his father was "a worrier" as well. No other family history of psychiatric illness. No family history of self-harm.

PAST MEDICAL HISTORY
No medical history.

MEDICATIONS - nil

FAMILY OF ORIGIN

Mark described his father as “difficult” and “a worrier”. He was a dentist and had expected Mark to become a dentist or a doctor. Mark felt that his father had been disappointed in him. His father drank more heavily as he became older, was somewhat intimidating and critical, but although at times verbally abusive when intoxicated he was never physically violent to Mark or his mother. He died of a myocardial infarction when Mark was 26. Mark felt sad about this as he had been beginning to be on better terms with his father.

Mark’s mother Marlene was now 63 and had spent her early years in an orphanage then in various foster homes. Mark described her as an energetic woman who had met the practical needs of the family and was always busy, but with whom it was hard to be close or affectionate. She tended to have strong opinions and to clash with Mark’s wife Jenny.

Mark was the elder of 2 brothers. His younger brother Bruce (34) was more flamboyant and outgoing and Mark felt that as the younger he had been indulged, whereas there had been higher expectations on Mark to conform and achieve. Bruce was an actor and drank heavily, but had never had treatment for this. Mark was fairly fond of his brother while feeling that he was “a bit of a sponger”, however they had quarrelled a lot in childhood.

PERSONAL HISTORY

Mark’s early childhood was described as “OK but a bit lonely”. His father was at work a lot and his mother often out at various committees and part-time work at a bank. Mark was left in the care of an older neighbour woman quite a lot, where he watched considerable TV but was alone a good deal as her children had left home. He did not cope well with the arrival of his younger brother and felt that Bruce had supplanted him in his mother and father’s affections, being at home when Mark had to go to school. They fought a lot and Mark was always punished more harshly.

At school Mark achieved well academically at first, and in sports, becoming vice captain of the rugby team and doing well at tennis. He had a good network of friends and generally got on well with teachers. In his 6th form year the school got a new principal, a harsh disciplinarian. Mark found this a miserable environment. He and others were frequently subjected to corporal punishment. He continued to have good social relationships however his schoolwork declined: “I just lost interest.” He achieved 6th form Certificate but not a bursary qualification the following year (“Dad was furious”) and went on to University, achieving a business degree.

His first job was with a women’s clothing company in a junior sales role. Once he had saved some money he moved into a flat with three friends, and later moved to his current office supplies company, where he gradually moved up the hierarchy to his present sales manager post. He described his work as increasingly stressful as he had moved up the business ladder, with more “office politics” intervening, which he said he disliked. He felt that his current boss was holding him back and favouring others in the sales department, and that he was being treated unfairly.

Mark had had a number of girlfriends in his youth but felt they tended to get bored with him and “drift off”. He met Jenny at a friend’s dinner party and they married when he was 28 and Jenny was 24. They have their own home and two daughters aged 9 and 6, who Mark loves very much. Jenny had resumed part-time work from home as an accountant, in the past 2 years. The couple were fairly financially comfortable but Mark needed to resume work.

A year ago Mark had had a brief affair with a secretary at his work, but felt intensely guilty about this afterwards and eventually told Jenny, who was very angry and threatened to leave him. They had had 6 sessions of couples counselling at the time, and had patched up their relationship, but Mark still felt he was “on probation”. Mark did not know why he had had the affair, but described feeling “stuck - I felt in a rut and as though I was missing out on life”. He also said that he feared Jenny would at some point tire of him: “Perhaps I’m just too boring…maybe I wanted to precipitate the inevitable.”

PREMORBID PERSONALITY

Mark described himself as relatively shy. He abhorred aggression and conflict and said he liked to be a peacemaker, valuing friendship and loyalty. He felt most people saw him as more successful and confident than he really was, and that the outgoing nature of a sales job had at times been quite a struggle for him. He was quite perfectionistic and set himself high standards, and felt that he could be stubborn at times. He still played rugby for a local club and had several good friends. He and Jenny were not religious. He liked sport, reading and listening to music.

MENTAL STATUS

Mark made good eye contact and rapport was fairly easily established although he was somewhat nervous at first. Speech was spontaneous, well modulated, with normal rate and stream. There was no evidence of formal thought disorder. His thought content related to his recent stressors, his anxiety symptoms, concern that it was taking longer than expected to get back to work, and self-doubt. There was no evidence of obsessions or delusions and he did not report any abnormal perceptions. His mood was subjectively "not great" and was objectively dysthymic. Affect was slightly restricted in range, but was reactive and congruent. Cognitively he was fully intact. Insight was quite good, including some psychological understanding, although he was baffled as to why he still felt unable to return to work. He said that he wanted to understand himself better. His judgement was intact with no current risk to self or others.

DIFFERENTIAL DIAGNOSIS (DSM IV)

Axis I	Adjustment Disorder (acute) with Mixed Anxiety and Depressed Mood
Axis II	Possible compulsive traits
Axis III	No Diagnosis
Axis IV	Being passed over for promotion Loss of income due to leave from work Marital difficulties
Axis V	GAF (current) = 65

KEY THEMES IDENTIFIED IN THE INITIAL FORMULATION

- Low self-worth from upbringing where he felt criticised and had a relative lack of care
- Rivalry with other men and clashes with authority figures stemming from anger with father and mother, possible Oedipal issues and sibling rivalry
- Internalised rather punitive superego and fear of failure and criticism
- Inhibition and poor self-confidence in close relationships, with fears of abandonment

STRENGTHS

- Stable marital relationship although somewhat troubled
- Sustained close relationships with immediate family
- Stable work history and current job
- No substance abuse
- No other history of externalising behaviour