Diagnostic Case of Mr. Melvin Udall

Jaclyn N. Cervo

Regent University

1. Identify the cardinal diagnostic features of the scenario

Mr. Udall’s day to day functioning is overwhelmingly dictated by compulsions. From the time he wakes up in the morning and taps each foot side to side before putting on his slippers to switching on and off the light switches and locking and unlocking the doors five times when leaving or entering his apartment Mr. Udall’s repetitive behaviors are impossible to ignore. When walking down the street he refuses to step on any cracks or come into physical contact with other people regardless of how inconvenient or bizarre his behavior it to himself or others. Mr. Udall does show some evidence that he realizes his compulsions are excessive however this realization is not generally significant enough to dissuade him from performing them.

Separate from his compulsions Mr. Udall also exhibits signs of a phobia to germs. He carries individually sealed plastic silverware to the restaurant where he eats daily and if he plastic silverware it touched by another person he will dispose of it and open a new set. When picking up or touching his neighbor’s dog, which he grows quite attached to, he dawns plastic gloves so as not to contaminate himself with the dogs germs. When showing or washing his hands Mr. Udall does so with scorching hot water and several new bars of soap.

Patterns of orderliness and perfectionism are also clinically significant in Mr. Udall. He is immensely preoccupied with organizing even the most minute details of activities. In preparation for a two-day trip with friends Mr. Udall made detailed lists of what belongings he would need to pack, and laid them all out on his bed in a meticulously organized fashion before putting them in his suitcase. He also made several CD’s to play for the car trip in which he incorporated music to play as a joke, and emergency music in case the trip was not going as he had planned. Mr. Udall is excessively devoted to his work and confines himself to his home office to write books on a regimented schedule; any interruptions to this schedule are fraught with anger and anxiety.

1. Provide a rationale as to what makes the cardinal features essential for this client

Mr. Udall’s pervasive compulsions, preoccupation with orderliness and interpersonal control as well as his fear or germs impact his day to day functioning in a clinically significant way. His disordered behavior significantly limits his personal growth and ability to form healthy relationships with others. Mr. Udall responds with great inflexibility when any obstacles present themselves which cause him to deviate from his normal routine. For example, when his usual waitress does not report to work one day Mr. Udall is unable to cope with her absences, cannot comprehend eating his meal without her serving it to him and so eventually winds up tracking her down at her home to request that she makes his breakfast!

1. Discuss differential diagnoses. That is, identify what other diagnosis (es) might the client have been given.

Based on the observable behaviors that Mr. Udall exhibits, brief case notes from his psychiatrist and reported information from his neighbor Simon and his favorite waitress Carol a variety of differential diagnosis(es) might be considered for Mr. Udall including: Mood Disorders (e.g. Major Depressive Episode), Anxiety Disorders (e.g. Generalized Anxiety Disorder, and Hypochondriasis), Psychotic Disorders (e.g. Delusional Disorder, Psychotic Disorder Not Otherwise Specified, and Schizophrenia), and Personality Disorders (e.g. Narcissistic Personality Disorder, Antisocial Personality Disorder and Personality Change Due to a General Medical Condition). Major Depressive Disorder was ruled out because Mr. Udall did not experience the symptoms of this disorder for a minimum or two weeks (*DSM-IV-TR, 2000*, p.375). Generalized Anxiety Disorder was ruled out because Mr. Udall’s specific fear of germs as well as his relational issues can better be qualified by another diagnosis (*DSM-IV-TR, 2000*, p.474). Similarly, Hypochondriasis was ruled out because Mr. Udall is not preoccupied with fears that he has a serious disease and his preoccupation with avoiding germs is better classified under a different diagnosis. All Psychotic Disorders were ruled out because Mr. Udall does not exhibit signs of delusions, hallucinations, disorganized speech, or disorganized behavior ((*DSM-IV-TR, 2000*, p.297). Although Mr. Udall does frequently show a lack of empathy for others, Narcissistic Personality Disorder was ruled out because he did not meet enough additional criteria for this disorder such as a grandiose sense of self-importance, preoccupation with unlimited success or envy of others (*DSM-IV-TR, 2000*, p.717). Mr. Udall also did not meet the criteria for a diagnosis of Antisocial Personality Disorder which is characterized by elements such as impulsivity or failure to plan ahead and consistent irresponsibility (*DSM-IV-TR, 2000*, p.706). Last, but not least, Mr. Udall did not meet the diagnostic criteria for Personality Change Due to a General Medical Condition because there is no evidence of a direct physiological connection between his personality disturbances and a general medical condition (*DSM-IV-TR, 2000*, p.187).

1. Identify the behaviors, attitudes and interactions that make your diagnosis (es) appropriate for the main character in each case.

Mr. Udall’s daily routine consists of a series of strictly regimented events and constant attention to his compulsions. From the time he gets out of bed to the time he lays his head down again at night both his behavior and affect are noticeably different than that of normal functioning person. Mr. Udall almost always chooses solitary activities, and with the exception of the unusual relationships that he developed with his neighbor Simon and his favorite waitress Carol, he shows no enjoyment of or intentional pursuit of forming close relationships with others.

In addition to his limited relationships with others, Mr. Udall frequently shows emotional coldness and appears indifferent to both the compliments and criticisms of others. For example, when he found a couple sitting at his usual table at the restraint where he eats daily he began to make audible loud, derogatory comments about the couple’s ethnic heritage and then proceeded to directly insult them until they finally left his table and the restaurant in disgust. In another incident Melvin was requesting a large personal favor from his publicist (that her husband provide medical services to Carol’s son so that Carol could go back to work and serve him at the restaurant), after Melvin secured the favor the publicist tried to engage him in conversation by sharing exciting news about her son’s acceptance to college; Melvin indiscreetly told his publicist that he had not interest in hearing about her son and excused himself from the conversation to avoid any prolonged social interaction with her.

1. Please discuss the time issues, duration of disorder and essential characteristics of the client that moved you to diagnose as you did.

It is unclear based on the current information available about the client when the onset of his disorders began. Now in his late mid-life, Mr. Udall remarks that he had a difficult childhood and was mistreated by his father, but he has not yet elaborated on how this may have affected his emotional, psychological, or behavioral well-being. Based on the typical course of his disorders as well as the lack of information regarding Mr. Udall’s early life and his family’s psychological history I would say that signs of his disorders most likely began manifesting themselves in his mid to late adolescence but it is possible that they may have surfaced as early as childhood (American Psychiatric Association [*DSM-IV-TR*], 2000).

Mr. Udall’s psychiatrist had notes in Mr. Udall’s file indicating that he had prescribed a medication to help Mr. Udall better cope with his disorder. Mr. Udall filled the prescription but did not attempt to use it until very recently. Mr. Udall sites his now girlfriend Carol the waitress as his motivation for wanting to take positive steps towards managing his mental health.

1. Provide a multi-axial diagnoses along with other critical information that the scenario requests.

**DSM-IV-TR Multiaxial Assessment**

**Axis I:** 300.3 Obsessive Compulsive Disorder

rule out 300.29 Specific Phobia

**Axis II:** 301.4 Obsessive Compulsive Personality Disorder

rule out 301.20 Schizoid Personality Disorder

**Axis III:** Deferred, pending general medical exam

**Axis IV: Problems with primary support group:** physically abusive father

**Problems related to social environment**: inadequate social support

**Axis V:** Highest Score in past year: 72

Lowest Score in past year: 55

1. Identify and address spiritual component of each case.

Mr. Udall has not made any statements which reflect that he is a spiritual person or a person of faith; however this would certainly be an area that could be addressed in future counseling sessions. Yarhouse, Butman, and McRay (2005) posit that persons with anxiety based disorders like Mr. Udall’s Obsessive Compulsive Disorder might be more prone to leading a Godless life because they lack the ability to take the risk of establishing a relationship with God (p. 143). If Mr. Udall is found to be a spiritual or religious person it will be important to remain aware of any tendencies towards “sin management” on his part (Yarhouse, Butman & McRay, 2005, p. 289). There is a tendency for some religious persons who suffer from Obsessive Compulsive Personality Disorder to try to disown their humanness and lead a perfect or sin free life; this practice can lead to unattainable expectations of leading a perfect life (Yarhouse, Butman & McRay, 2005).

1. Provide a treatment approach that will address the identified diagnosis outlining the goals and objectives as well as anticipated length of treatment.

Based on Mr. Udall’s multi-axial diagnosis as well as on his current history of treatment I would recommend a multifaceted treatment approach in order to best meet his needs. I would encourage Mr. Udall to continue to work with his psychiatrist to develop and then monitor the pharmalogical treatment of the symptoms of his disorders. Mr. Udall was initially very resistant to taking his prescribed medications so this will be something that all members of his mental health care team will need to remain aware and vigilant of. In addition to medication, a combination of cognitive and behavioral therapies would best meet his needs. The behavioral approach will focus on identifying and modifying his behavioral symptoms such as flicking light switches and avoiding cracks in the side walk. The cognitive therapy approach will allow Mr. Udall to explore his thoughts and feelings in relation to how he functions in life with his disorders.

Due to the nature of Mr. Udall’s disorders he will most likely require some form of ongoing treatment for the remainder of his life. If Mr. Udall dedicates himself to working with his psychiatrist and counselors (s) he will certainly see improvements in the quality of his life, however in order to maintain the benefits of his treatments he will need to continue to be monitored by a professional. Social support will also be very important to the success of Mr. Udall’s treatment. Empathy and support from his friend Simon and his new girl friend Carol will be central to encouraging Mr. Udall to stay invested in his treatment plan.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (Revised 4th ed.)*. Washington, DC: Author.

Yarhouse, M.A., Butman, R. E., & McRay, B. W. (2005). *Modern psychopathologies: a comprehensive Christian appraisal*. Downers Grove, IL: InterVarsity Press.