

The Case of Anthony

Eva L. Feindler

INTRODUCTION TO THE CASE STUDY

Recent research (Eells & Lombart, 2003) has focused on meaningful differences in case formulation among therapists with respect to how clients are conceptualized, how treatment predictions are made, etiology, and expectations about course and length of treatment. Practitioner differences according to theoretical orientation, level of experience, and expertise, as well as factors both common and unique to particular psychotherapies, have been studied for quite some time.

Goldfried (1995) and Eells (1997) have suggested that practitioners use psychotherapy case formulation as a tool to organize and synthesize complex and at times contradictory information about a client, independent from orientation. A case formulation is essentially a set of hypotheses about the causes, precipitants, and maintaining influences of a person's psychological, interpersonal, and behavioral problems (Eells, 1997). Furthermore, it facilitates the tailoring of treatment to custom fit an individual case as the therapist chooses intervention techniques; anticipates pacing, implementation, and obstacles; and evaluates client progress.

Tensions and controversies abound among clinicians from various orientations with regard to what constitutes effective treatment. Ideally, according to Messer (2004), clinicians should follow an evidence-based psychotherapy practice based on the following: (1) a theoretical formulation, (2) empirically supported treatments (ESTs), (3) empirically supported therapy relationships (ESRs), (4) the clinician's accumulated practical experience, and (5) clinical judgment about a specific case.

The recent development of ESTs, based on extensive clinical trials research, is focused on diagnostic categories, which were designed to be theoretical descriptions of symptoms and on specific outcome criteria as a result of treatment techniques.

However, most clients who present in a clinical practice do not fit a specific diagnostic category and have varying contingencies operating on their entrance to treatment and motivation to change. In addition, several elements of the psychotherapy process shown to correlate with therapy outcome need consideration: quality of therapeutic alliance, therapist empathy, and collaboration on goals (Messer, 2004). Finally, Wampold (2001) identified a possible category of bona fide therapies associated with positive clinical outcome. These approaches should have a firm theoretical structure, have been practiced extensively over time, and have a research foundation even if this does not include randomized clinical trials required to be established as an EST. For all of these reasons, multiple approaches to a single clinical case formulation can and should be considered.

This book represents another in a continuing series of comparative treatments of a single case study. The descriptive material that follows is from three 1-hour sessions of an actual case presenting in an outpatient treatment facility with possible multiple diagnoses. The case was chosen specifically to highlight an array of anger-related difficulties not captured in the *Diagnostic and Statistical Manual* (DSM-IV; Kassinove, 1995).

Although the intake assessment process is necessarily based on the theoretical position or “guiding conception” of the assessor (Messer, 2004), I have tried to present sufficiently detailed information such that the selected practitioners could create a specific theoretical case formulation; describe a coherent, pragmatic, and ethical treatment plan; and predict clinical course and progress if they in fact were the treating clinician.

THE CASE OF ANTHONY

Reason for Referral

Anthony M. is seeking treatment for anger management and says that his rage spills out mostly at loved ones. These episodes have become so unpredictable and intense that his wife is threatening to divorce him if he does not get help and his three daughters say that they are afraid of him. Anthony concedes that he has been labeled as emotionally abusive by his family members. Six months ago, an embarrassing incident confirmed his awareness that he had trouble controlling his anger. While coaching the all-star game for his daughter’s softball team, he became increasingly angry with the girls because of what he labeled as their “lack of

competitive drive.” Furious, he sat them down and verbally lambasted them, ignoring their tears. Anthony then picked up the equipment and hurled one of the bats at the backstop. Parents who witnessed this explosion called for his resignation as a manager and coach of the Little League team. He was publicly humiliated, and even though he apologized to all involved, he still feels ashamed of his behavior.

Demographic Information

Anthony is a 48-year-old white male of Italian descent and a nonpracticing Roman Catholic. Tall, stocky, and slightly graying, he lives in a two-bedroom condominium in New York, with his family, which consists of his wife and three daughters, his eldest daughter’s boyfriend, and their 18-month-old daughter.

When asked to describe himself, Anthony claims to be affectionate, nurturing, emotional, and passionate. He says he has a definite “feminine” side and loves to cook. In fact, since his wife works the evening shift, Anthony is usually responsible for the family after school and throughout the evening. In his leisure time, he raises tropical fish, watches sports, and plays computer games. During his adolescent and young adult years, he collected guns and knives as a hobby, but he does not own any now because of his wife’s concerns. Anthony completed only a few semesters of college and has had to struggle to find satisfying steady work.

History of Presenting Problem

Anthony realizes he uses his voice as a weapon and says that he yells, throws tantrums, and curses at family members when he is angry. Lately, he has become concerned that this pattern of explosiveness will result in his losing his family. His wife and their daughters, ages 11, 17, and 20, seem afraid to confront him about this abusive pattern and stay distant. He maintains that the triggers for his rage can be as simple as not getting his own way, and he reports being unaware of the build-up of negative emotion saying that “it just takes him by surprise.”

In interacting with his wife and children, who endure the brunt of his rage, Anthony is admittedly impatient and says he has no tolerance for tardiness or stupidity. Describing his 11-year-old daughter as “brilliant,” Anthony states that she tries to circumvent his anger by “playing dumb,” which only seems to augment his rage. He believes his wife intentionally shows up late just to “get back at him.” Thus, he finds that “waiting is torture.” His impatience extends to his intolerance for waiting in any kind of line, whether it is at a bank, a store, a movie, or a theater or just waiting for others when they are late. Anthony finds lateness, stupidity, and laziness to be personal affronts and signs of disrespect.

His anger problem has intensified to such a point that Anthony feels shaky about his relationship with his wife and children. He realizes that he often provokes arguments or disagreements due to his confrontational nature and will play “devil’s advocate.” When family members do not comply or things do not go his way, he “blows up.” When he sees he has spoiled what should have been a special occasion (e.g., when he went into a rage at Christmas because wrapping paper was strewn about the living room), he apologizes, but it is too little too late.

Guilt also seems to be a trigger for Anthony’s anger, and he reports that he has many reasons to feel guilty. Often he suppresses the anger, which is triggered during conflict or crisis with loved ones. However, this lasts only so long, and then something unexpected occurs and Anthony explodes. At times in the past, he has resorted to physical violence, once with a woman he was dating, whom he suspected of cheating, and once with a male peer who “disrespected” him. However, he claims that he has not been physically aggressive toward anyone in 20 years but will throw objects, kick doors and walls, and do a great deal of screaming.

Psychological History

Family History

The third of four children, Anthony has a brother who is 6 years older, a sister who is 9 years older, and a sister who is 11 months younger than him. Both parents are still alive, retired, and living in Florida; however, he maintains relatively little contact with them or any other family members. His maternal grandmother was a dominant, negative figure in his life, but he reports being extremely close to his maternal grandfather until the age of 15, when his grandfather died of a massive heart attack. Upon his grandfather’s death, Anthony recalls tremendous sadness and a depression that lasted for several months because he thought that he had “lost his best friend.”

Anthony’s father was a chemical engineer for an engineering company. He put himself through night school over 14 years, which was a difficult process. Although Anthony found his father to be strict, he was also someone with whom he could spend time and talk. Sometimes Anthony felt his father lived vicariously through him, particularly in relation to the many athletic pursuits enjoyed by Anthony and not by his brother. His dad coached many of the sports he was involved in and was “devastated” when Anthony quit competitive swimming in high school. Anthony describes their relationship as close but says that he has always been aware of his father’s disappointment in him and lately they have become more distant.

Anthony reports that he did not like his mother, describing her as “old world.” She believed in corporal punishment, so he was hit often as a child and sometimes in the face. His mother was rarely supportive or affectionate but rather was often negative. Anthony tried to avoid her in order to avoid her negativity, which he concludes, “drove his father to become a workaholic.” He recalls her as being highly critical while raising all of the children but believes she was particularly demeaning to him. His mother was reportedly more focused on her oldest son and youngest daughter and even seemed distant and rejecting of his father. Anthony *never* recalls seeing any love or affection between his parents to this day and did not experience much joy in the family. In later years, his mother, who was the only girl in her family after a sister died in childhood, was forced to quit her college night school in order to take care of her own mother, who by then lived with Anthony’s family. Anthony recalls his mother as very bitter and completely consumed with and controlled by her own mother.

Anthony recalls being sexually abused by a maternal uncle for approximately 5 or 6 years beginning at the age of 7. This uncle had intentions of becoming a priest but had dropped out of seminary school. The abuse occurred when the family would visit his maternal grandparents in Virginia. Because there was limited space, Anthony would be sent to stay overnight at his uncle’s house down the road. The uncle would come into his bed and engage in mutual fondling and oral sex. As a young child, he loved his uncle dearly and thought he was “the greatest man in the world,” obeying his rule never to mention his sexual abuse to anyone else. The uncle claimed “that it was just a special relationship.” Anthony reports that he does not remember many details about the abuse and questions himself as to why he “let it” happen. During the past few years, his recall was triggered several times by particular sounds and visual flashbacks and he has had some disturbing dreams.

By the time Anthony was approaching pubescence, he no longer felt comfortable around his uncle and developed a hatred toward his grandmother for “bringing his uncle into his life.” Fortunately, the family did not visit frequently after his grandfather died, and Anthony no longer spent the night at his uncle’s house. When Anthony was 19 and still living at home, his uncle attempted to “visit” him in his basement apartment. The visit came to an abrupt halt when Anthony commanded his dog to “attack” and his uncle left without a word. This uncle also separately abused his older brother during the years prior to Anthony’s “nighttime visits,” but this was not discussed between the brothers until they were adults.

The uncle later married, became a successful government attorney, and adopted three children with his wife. At some point later, he sexually

abused his oldest daughter, who has had significant struggles and confided the abuse to Anthony as an adult. The uncle is dying of cancer now and, according to Anthony, “isn’t suffering enough.”

While visiting with his parents for his younger sister’s wedding, Anthony confronted his parents about his uncle’s sexual abuse; they said that they knew he “was strange” but were unaware of the sexual inappropriateness. They did not appear to be in denial about the abuse but never apologized and seemed unfazed by his disclosure. This was extremely painful for Anthony, and he signals that conversation as the beginning of his disengagement from his own family.

In summary, Anthony’s early family relationships were a mixture of idealization and disappointment. He describes having looked up to his grandfather, father, and uncle only to have each of those relationships end with Anthony experiencing much emotional pain. Relationships with his mother and grandmother were characterized as cold and rejecting while his sibling connections seemed minimal at best.

Education and Vocational History

Diagnosed with attention deficit hyperactive disorder (ADHD) in junior high school, Anthony reports being a dyslexic, impulsive child, who, despite being an academic underachiever, was a popular jock in school. Self-described as hypermasculine, he was an accomplished athlete in swimming and football. At the age of 9, he was a junior Olympic champion in swimming, a state champion in junior high, and a varsity swimmer as a high school freshman. A punter and quarterback for high school football, he received an athletic scholarship to a small southern university, only to lose that scholarship. The loss was due to a physical altercation with a “town kid” at a bar; the altercation resulted in the hospitalization of the teen and Anthony’s arrest. Charges were later dropped, and Anthony managed to continue college for 1 year; however, his scholarship was canceled. Anthony then attended a local college for two semesters before dropping out, which confirmed his sense of himself as a poor “student.” He had always dreamed of becoming a physical education teacher and a high school coach. At the age of 23, he tried out for a position with the New England Patriots as a punter and made it through several rounds of cuts, but in the end, he was rejected. He continued to work part-time as a coach for local youth sports teams and as a lifeguard.

Full-time employment began at the age of 25, when his father told him to “get out and get a full-time job or I’ll kick you out!” At the time, he was content as a lifeguard at a local beach, playing on local teams and just “kind of hanging out.” Begrudgingly, Anthony began working for an aircrafts parts company, a job his father secured for him through a

family friend. This mechanic job employment lasted for 21 years. Anthony recalls that he related to his boss as a “father figure” and looked up to him. However, when he was late or absent (which was frequent), he would fight with his boss with much defiance and disrespect. Eventually, his boss ran out of patience and fired him following a particularly intense argument. Since that time, he has held four or five jobs at similar companies, but he reported never fitting in and feeling ashamed at the low starting salaries.

Now Anthony works as a projects manager for another aircraft company, a job that Anthony began 6 months ago after being let go from a previous company. Over the years, although he has supplemented his income on and off with part-time jobs, Anthony has had a history of poor work performance and describes himself as lazy and ambivalent about “working and never getting ahead.” Throughout his description of this work history, Anthony’s affect was quite flat and he seemed resigned to accept his patterns.

Finances have long been a source of concern in his life and in his relationship with his wife, who currently earns twice his salary. Over the years, Anthony estimates that he has lost as much as \$40,000 worth of pay because he would take many days off, reportedly just sitting around the house. He admits that neither he nor his wife handles money well, which is further complicated by the fact that his wife spends a “tremendous amount” of money on clothing. However, because of his guilt over his failure to provide adequately for his family, he says nothing to his wife about her spending habits. They currently have some credit card debt, do not own a home, and have no savings.

Interpersonal History

Recently, this self-described angry, controlling, impatient, inflexible husband, father, and grandfather admits that his verbal lashings leave him feeling guilty and ashamed. During the first intake session, he spoke only of emotional and verbal abuse toward family members. Gradually, he began to discuss several episodes of physical violence in his past, which he worries may stem from his own sexual abuse by his uncle. Although Anthony’s wife has emphasized his traumatic childhood as key to the understanding of his temper outbursts, he actively denies any connection and indicates that he has “dealt with the abuse.”

Anthony had a reputation as a womanizer and dated frequently in high school and college. He recalls one time he became violent and hit his girlfriend when he thought she was cheating on him. He met his wife, Joanna, while he was involved with the football tryouts. She was his best friend for several years; they then fell in love and married when Anthony

was 27. Anthony believes that he was Joanna's "second choice," because she had been previously engaged to her childhood sweetheart. Now the thought of losing her terrifies Anthony, and he misses the old days when she was passionate, bubbly, and excited about life with him. Both love the beach, but he enjoys swimming and bodysurfing while she would rather soak in the sun and read. Other than their children, they have few other common interests. While Joanna works out quite frequently and perhaps sports could be a joint activity, he has become less physical due to chronic sciatica. Over the past several years, he has lost nearly 40 pounds by dieting, inspired by his wife's loss of 70 pounds. Formerly quite overweight, Joanna works out daily to maintain her trim physique. Anthony seems to envy her self-control and dedication to her own fit lifestyle and envies those who can continue to be athletic. He has lost weight during the past year; however, despite this, he feels physically "unfit."

Twelve years ago, Anthony had an "emotional" affair with a female co-worker at newspaper office where he had a part-time job. He insists that they just "became best friends" because she seemed to understand him and care about him. Her husband discovered letters sent between them and threatened to expose them. Although he claims that they were never physical but simply close friends, when Anthony told his wife, she immediately assumed that it was a sexual relationship. This relationship was his main source of support during a difficult family time: his third child was born and his wife was caring for her mother, who was dying of cancer. After some counseling and tense times, the couple put this episode behind them. However, Anthony wonders if his wife still holds this against him.

Currently, Anthony has a friendship with a woman he met online in a game chat room. They discuss their similar interests of skiing, sailing, and tennis and usually talk on the computer each night. After exchanging photos over the Internet, they met for the first time when she took him out to lunch for his birthday. According to Anthony, his wife knows about the relationship and "supports [his] need for a best friend." It is clear, however, that he has become emotionally attached to this online female friend.

Regarding extended family, Anthony sees his own siblings or cousins infrequently. His brother, whom Anthony describes as bisexual, is married with three children and lives in another state. His sisters and their families live more locally, but they rarely interact. Anthony's wife is the youngest of seven children and was also sexually abused by an uncle. All of her siblings are married with children; however, his wife severed ties a decade ago due to issues related to her mother's death and disbursement of her estate. For now, there is *no* contact.

On a social level, Anthony seems outwardly skilled, yet he continues to feel isolated. Not one to let his guard down and make close friends

easily, the friends he does have are mostly women who are his wife's friends. He has always had mostly female friends and struggles to find male friends he can trust. For years, his "best friend" was his wife's nephew, but he no longer has contact due to his wife's estrangement from her family.

Anthony's wife of 22 years has been a railroad conductor for the past 9 years. Joanna works mostly with men and on the nightshift because the pay is better. A direct opposite of the tall, blonde, Waspy women he used to date, she is of Puerto Rican descent, short, and dark skinned. Their ability to communicate with each other has disintegrated, and she appears to be resentful of the fact that for years he did not live up to his earning potential. According to Anthony, Joanna harbors much anger over his poor management of money, his loss of wages, and the years he did "nothing but sit on the couch and watch TV." Neither Anthony nor his wife considered that he might have been depressed or needed some help. His wife often seems "pressed for time" and will ask him to "get the girls" or do certain chores. According to Anthony, Joanna appears annoyed when the chores are not done, although she finds time to shop, work out, and have her own social life with her co-workers. As a couple, they have maintained a tradition of "Saturday night dates" for 20 years; however, recently the dinner discussions have become heated and created distance between them.

When his eldest daughter, Angela, now a college student, revealed that she was pregnant, it created intense stress between Anthony and his wife. They eventually decided that they would "adopt" their granddaughter and raise her as their child. In the end, his daughter decided to parent her own child with the help of her now live-in boyfriend.

Her boyfriend, Jerome, is a 22-year-old African American high school graduate who is quite overweight. Anthony sees a lot of himself in Jerome, does not think he will amount to much, and sometimes puts him down. Jerome is a counselor in a group home, and Anthony assumes he has low earning potential and becomes furious with Jerome's perceived lack of responsibility (e.g., he has failed to provide a plan for health insurance for his young daughter). Angela has a seizure disorder and is quite overweight. When Angela was an infant and toddler, she and her father were inseparable, and Anthony believes perhaps he "overprotected" her because of her seizures. She neither drives nor works outside of the home but manages her classes along with child care responsibilities. Both he and his wife hope that, above all else, she finishes college, as she was a marginal high school student.

Seventeen-year-old Jackie, the middle child, has been defiant and outspoken. Because Anthony stayed consumed with firstborn Angela, he does not remember Jackie's early years and now feels guilty about this

lack of attention. He reports having overcompensated lately by not making demands on her and giving in to her tantrums. He also feels badly that she does not have her own room but rather shares the living room sofa with her younger sister. Jackie is an average student in high school and plans to attend a local community college upon graduation.

The youngest child in the family is 11-year-old Savannah. She is bright, does extremely well in school, is quite athletic, and is involved in many extracurricular activities. Described as somewhat manipulative, she knows how to push her father's buttons, which further complicates his anger issues. Anthony has been very involved in her athletic pursuits, previously coaching soccer and softball through her elementary years. He says that he has great hopes that she will really succeed in life and feels most proud of her.

Living in close quarters with six other people is not easy for someone with an "anger control problem." Recently Anthony says he "broke some ground" when his youngest daughter, anticipating that his rage was about to escalate, began to cry. He used that as a cue to leave the house and cool off. Now, he is more acutely aware of his need to enter therapy so that he can better cope with his anger.

The death of his wife's 26-year-old nephew in a car accident was a recent trigger for his anger and emotional outbursts, which he tried to suppress. He said he "cried like a baby" at the funeral and could not get over a "wasted life that was cut short at such an early age." His wife, trying to process her own grief over her nephew's death, blurted out, "It's not all about you, Anthony!" leaving him confused about how to express his emotions.

Medical History

Over the years, Anthony has had several medical conditions: ADHD, sciatica, hypertension, and hiatal hernia, all of which have limited his athletic pursuits. Currently, he does not exercise and experiences chronic, mild leg and back pain. He sought marriage counseling 10 years ago initially because of his "emotional affair" but then looking to ease the stress in his marriage resulting from severe financial problems, the birth of their third child, and the death of his mother-in-law. He found the limited treatment helpful. Out of admitted shame, Anthony never wanted to disclose his history or sexual abuse to anyone other than his wife, so he never considered individual psychotherapy for himself.

Drinking and recreational drug use were a part of his teens and early adulthood. However, he says he "gave up drinking when [he] had kids." When out socially, he will sometimes have "a beer or two." There is no family history of drug and alcohol abuse.

Summary

Currently, Anthony feels like a failure and worries that time is passing him by. He admits that he does not read well and is not college educated. He does not have a strong work ethic and vacillates between respecting and envying the fact that his wife has a stronger one. Ambivalent about his current job, he says he lacks a “working man’s” identity. Although he exhibits a confident bravado, Anthony admits that he does not have good self-esteem. He offers that he struggles with shame over with his past sexual abuse and guilt issues related to his lack of financial success, his outside relationships, and the emotional abuse of his family members. Stating his continued love of his wife and family, Anthony wants to understand his anger and control himself so that he does not harm others.

Assessment Results

After the first intake session, Anthony was given several self-report inventories to complete and return at the next session.

1. The *State-Trait Anger Expression Inventory* (STAXI; Spielberger, 1988) was administered. Table 2.1 presents the T-scores for all subscales as well as summary scores for State Anger (SA), Trait Anger (TA), and the Anger Expression Index (T-Ang-T). T-scores greater than 65 indicate areas of clinical concern. The low scores on SA indicate that Anthony was not experiencing much anger at the time of testing or in the testing situation. Elevated scores on the TA subscale and in particular the T-Ang-T section indicates that he usually experiences angry feelings and often feels that he is being treated unfairly. Being quick-tempered and often frustrated,

Table 2.1 Scores on the State Trait Anger Expression Inventory

STAXI Subscale	T-score
T-Ang (trait anger)	72
T-Ang-T (angry temperament)	74
T-Ang-R (angry reaction)	56
S-Ang (state anger)	44
AX-I (anger expression) index	74
AX/Con (anger control)	30
AX-O (anger-out)	76
AX-I (anger-in)	62

persons with elevated T-Ang-T scores are impulsive and lacking in anger control but are not necessarily vindictive in attacking others. In terms of the anger expression and control subscales, results indicate endorsement of items reflecting outward expression in physical or verbal acts of aggression, such as slamming doors, yelling, making threats, and so forth. The results also indicate minimal anger control, both in monitoring and preventing outward expression and in implementing methods of anger reduction. Finally, the high anger expression indicates that Anthony experiences intense angry feelings, often expressed in aggressive behavior. Furthermore, the scoring manual suggests that persons with high AX index scores as well as elevated AX-O and AX-I scores are likely to experience difficulty in interpersonal relationships and are at greater risk for developing medical disorders.

2. On the *Beck Depression Inventory* (BDI; Beck, 1979), Anthony received a summary score of 14, indicating a mild depression.
3. The *Trauma Symptom Inventory* (TSI; Briere, 1995) was also administered.

Table 2.2 lists the T-scores Anthony received on the clinical subscales.

Although only the scores on the anger irritability (AI) and the intrusive experiences (IE) subscales fall within the clinical concern range, there are elevated scores on the tension reduction behavior (TRB) and the defensive avoidance (DA) subscale. According to the TSI manual (Briere, 1995), high AI scores indicate the extent of angry mood and irritable affect and reflect either the irritability associated with post-traumatic stress disorder (PTSD) or a more chronic angry state. Items on this subscale reflect an internal experience of annoyance and bad temper such

Table 2.2 Scores on the Trauma Symptom Inventory

TSI Subscales	T-Score
a. Anxious arousal	48
b. Dissociation	49
c. Depression	49
d. Sexual concerns	43
e. Anger/irritability	74
f. Dysfunctional sexual behavior	44
g. Intrusive experiences	59
h. Impaired self-reference	45
i. Defensive avoidance	55
j. Tension reduction behavior	55

that minor difficulties or frustrations provoke contextually inappropriate angry reactions. Combined with an elevated TRB (indicating tendency to externalize distress and act out negative affect as a way to modulate or soothe negative internal states), Anthony's responses underscore his trait anger and his impulse to externalize his anger.

Scores on the IE and DA subscales support Anthony's experience of some traumatic events. Items reflect intrusive post-traumatic reactions and symptoms such as repetitive thoughts or an unpleasant previous experience. Avoidance responses to a history of aversive internal experiences that one would seek to avoid include attempts to eliminate painful thoughts or memories from conscious awareness and a desire to neutralize negative feelings about past trauma.

Diagnostic Formulations

According to information obtained during several intake interviews and the scores on assessment inventories, the initial diagnostic impression was as follows:

AXIS-I: 309.81—Post-Traumatic Stress Disorder: Delayed Onset

Anthony's history includes recurrent intrusive recollections and disturbing dreams about his sexual abuse as a child. In addition to a crisp memory of his auditory experiences as a child ("I still hear the Velcro enclosure on his bathrobe") and the fear and helplessness he experiences, Anthony seems to have some dissociative amnesia concerning the events during ages 7 and 11 years. For the majority of his adult life, Anthony has avoided conversations about the trauma, thoughts and feelings related to the sexual abuse, and many of his own family members. A final PTSD symptom that fits is the irritability and outbursts of anger.

AXIS-I: 312.34—Intermittent Explosive Disorder

This categorization seems logical because Anthony reports several discrete episodes of failure to resist impulses that result in serious assaultive acts.

AXIS II: 62.81—Relational Problem NOS

This diagnosis is given to emphasize the dysfunctional interactions that currently exist between Anthony and all of the family members living with him. It is clearly his participation in the self-described "emotional abuse" of his wife and daughters that stimulated his interest in therapy.

AXIS III

Medical conditions (i.e., hypertension, hiatal hernia, sciatica) are mild.

AXIS IV

Anthony has problems with his primary support group and work environment. He also has financial problems.

AXIS V

GAF: 60 (present); GAF: 65 (highest in last year).

Although clinicians from various orientations might have collected additional intake information or done further structured assessment, the preceding case write-up was considered in each of the chapters that follow. Clinicians were asked to consider the case material, to develop a theoretically integrated case conceptualization, and to propose a comprehensive treatment plan according to their orientation. Each author also received a list of questions to consider as they developed their clinical approach (see appendix A) and was asked to provide an overview of the theoretical orientation driving the treatment described.