

CONFIDENTIAL INTER - OFFICE COMMUNICATION

DEEP BEHAVIOURAL PROGRAMMING AND INVOLUNTARY RE-EDUCATION



PROPOSAL

VMM PSYCHIATRIC SYSTEMS

Medical Report

Patient Name: MOHAMMED RASHEED

Patient ID: 4482

Date of Birth: 21-12-1975

Gender: Male

Date of Report: 30-08-2024

Patient Background

Age: 45+

Sex: Male

History: Mohammed Rasheed has a history of a traumatic childhood characterized by a lack of paternal affection, poor support, and ongoing criticism within his family environment. These experiences have likely contributed to significant emotional and psychological challenges in his adult life.

Clinical Presentation

Trauma and Childhood Experience:

The patient has traumatic past, including the absence of paternal love and a challenging upbringing, may have led to deep-seated emotional issues. Such trauma is often linked to difficulties in forming healthy relationships and issues with self-worth.

Behavioral Patterns:

Lack of Support and Criticism: He has experienced consistent criticism and a lack of familial support, which could be indicative of difficulties in managing emotions such as anger and frustration. There is also a potential for underlying personality disorders.

Disrespectful Behavior: Exhibiting disrespect towards family members while displaying socially acceptable behavior in other settings suggests possible interpersonal difficulties or a lack of empathy.

Abandonment:

Mohammed Rasheed intentionally left his family home for six months, possibly as a form of punitive behavior. His return was marked by mocking those who remembered him during his absence, a behavior that may indicate psychopathic traits, particularly a lack of empathy and emotional connection.

Denial and Resistance:

Patient is currently in denial regarding his behavior and is resistant to feedback or opinions from others. This resistance complicates the diagnostic process and poses a challenge to therapeutic progress, as acknowledgment of one's issues is critical for effective intervention.

Potential Diagnoses

Personality Disorders:

Antisocial Personality Disorder (ASPD):

Characterized by a pervasive disregard for the rights of others, including a lack of remorse, deceitfulness, impulsivity, and irritability.

Narcissistic Personality Disorder (NPD):

Involves a grandiose sense of self-importance, a need for admiration, and a lack of empathy for others. The patient's history of criticism and lack of support may correlate with symptoms of NPD.

Mood Disorders:

Depression:

Persistent negative outlook, lack of motivation, and self-critical behavior could be indicative of depression.

Post-Traumatic Stress Disorder (PTSD):

Childhood Trauma: Unresolved childhood trauma may manifest as PTSD, potentially influencing his current behavior and relationship.

Strategies used for Denial and Narcissistic Traits:

- **Cognitive Behavioral Therapy (CBT)**
- **Schema Therapy**
- **Dialectical Behavior Therapy (DBT)**

DIAGNOSIS:

The patient is currently in a state of denial regarding his behavior and remains resistant to feedback or opinions from others. This resistance has significantly complicated the diagnostic process and presents a major challenge to therapeutic progress, as acceptance of one's issues is essential for any effective intervention.

Despite ongoing approaches, the patient has shown no significant improvements. He appears to be entrenched in his own world, displaying a marked indifference to change. His lack of motivation for self-improvement is particularly concerning, given that he has now reached the age of 50. The patient's disconnection from reality and his apparent apathy towards his condition suggest that immediate intervention is necessary.

Recommendations:

Given the severity of the patient's condition and his resistance to traditional therapeutic approaches, I am recommending clearance for psychopharmacology. The use of selective serotonin reuptake inhibitors (SSRIs) is advised to manage any underlying mood disorders that may be contributing to his current state. However, it must be noted that given the patient's age and longstanding issues, this intervention may come too late to fully address the deep-rooted psychological challenges he faces.

Medications for Potential Diagnoses

1. Antisocial Personality Disorder (ASPD):

Antipsychotics:

Olanzapine (Zyprexa)

Risperidone (Risperdal)

Mood Stabilizers:

Lithium

Valproic Acid (Depakote)

2. Narcissistic Personality Disorder (NPD):

Antidepressants:

Selective Serotonin Reuptake Inhibitors (SSRIs):

- Sertraline (Zoloft)
- Escitalopram (Lexapro)

Mood Stabilizers:

- Lamotrigine (Lamictal)

3. Depression:

Antidepressants:

SSRIs:

- Fluoxetine (Prozac).
- Paroxetine (Paxil).

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):

- Venlafaxine (Effexor).
- Duloxetine (Cymbalta).

4. Post-Traumatic Stress Disorder (PTSD):

Antidepressants:

SSRIs:

- Sertraline (Zoloft)
- Paroxetine (Paxil)

Antianxiety Medications:

- Buspirone (Buspar)

Conclusion:

Immediate and therapeutic intervention is necessary to manage the patient's condition, though the prognosis remains guarded due to the patient's long-standing resistance to change and advanced age. Continued monitoring and adjustments to the treatment plan will be updated as we move forward.

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