

VIGNETTE 1:2 - "JUNIOR ENLISTEE WITH UNIT PROBLEMS"

Chief Complaint. 21 year-old ADAF E-3 single white man referred for command-requested psychiatric evaluation because he "continually questions orders on the flight line."

History of Present Illness. You are the psychiatrist at Barksdale AFB and receive this request for psychiatric evaluation from this loadmaster's commanding officer. In addition to frequently challenging orders and instructions, he has on occasion refused to obey orders related to loading bombs on B-52s. He sometimes says disrespectful things to his supervisors (e.g., "you're not my father"). He is sometimes late for work, and last week a co-worker reported that he smelled alcohol on the young man's breath when he reported for day shift duty at 0710. He denied daily drinking, but admits to drinking on most days, but "never at work." He has one DUI arrest, on base, about six months ago. He was visibly annoyed at your asking about his alcohol use. He denied any current drug use.

The patient admits to problems with supervisors, and says that a significant portion of the blame is his own--"I know I piss people off and want to stop, but just can't help it sometimes." He goes on to say "but I work with such stupid supervisors." There are apparently no delusions, hallucinations, manic behaviors, physical complaints, memory problems, significant anxiety or panic symptoms, and his sleep is "about as good as it can be with all these shift changes. Why can't they just leave us on one shift?"

Past Medical History. No history of hospitalizations; not followed for any current acute or ongoing medical problems.

Review of Systems. No specific physical complaints in any body system, except "I feel like I have a hangover when I have to change shifts."

Past Psychiatric History. Heavy drinking as per HPI, admits to marijuana use during high school; denies any drug use while in the military. No other history of formal psychiatric evaluation or treatment; he refused his mother's request to "get help" on several occasions.

Family Psychiatric History. History of 3-4 inpatient alcohol treatment programs in father, but no contact with him for several years. No formal psychiatric history in his mother or siblings.

Social History. The workplace is the active flight line at a busy Air Combat Command base. He and his co-workers work in shifts, changing shifts every two weeks. He lives in the dormitory, is mostly a loner, but is sexually active with women--admits to a number of "one-night stands." The patient has two younger sisters, who he says he is close to ("I had to help my mother raise them---I was kinda their protector"). He remains close to his mother, and feels "guilty because she is my mom and deserves better." His mother tells you that "I wish he could change; I really hoped the military could help. I guess nothing can be done for him, huh?"

Personal History. The patient was raised in a family where his father was a severe alcoholic, an authoritarian, and physically abusive to the patient, his siblings, and his mother. The patient's mother left his father when the patient was five years old. He joined the military at his mother's insistence because of frequent run-ins with teachers and law enforcement officials. He had ongoing trouble with skipping school and causing problems for his teachers. There were teenage arrests for shoplifting and racing cars in a dangerous manner. He admits to fighting frequently in junior high and high school, and began smoking cigarettes when he was 13 years old. He began drinking to get drunk when he was 15 years old. He first had sexual intercourse at 14 years old. He said he used drugs in experimental ways (marijuana and cocaine) in high school a few times, but has not used any drugs since he came in the military. Despite his school absences and trouble there, he managed to graduate from high school with a 3.5 grade-point average--he explains this by claiming that he was told by a school counselor that his "IQ is more than 125."

Current Medications. None

Physical Examination. Vital signs normal. Has one tattoo and a few old scars. Otherwise, physical examination normal.

Mental Status Examination. Suspicious at first and angry at having to be evaluated, but became less anxious and more open when talking about wanting help and when talking about his family. No delusions, hallucinations, or suicidal/homicidal ideation. Cognitive examination normal.