

Diagnosis Writing Assignment

Andrea Viehmann

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Client #1

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Post-Traumatic Stress Disorder.

Client History & Symptoms: The client mentioned not wanting to talk to anybody and having feelings of withdrawal and avoidance of social situations. He has been living in an abandoned RV for 2 years. Client directly experienced a traumatic event being: shooting down a vehicle, upon given orders, and killing and wounding a family inside – being exposed to both serious injury and death. Since, he has developed avoidance of external reminders by not engaging with people. No nightmares or flashbacks. Daily persistent thoughts and memories of what happened. He avoids social interaction because he believes his friends and family would judge him and see him as a killer (negative beliefs and expectations of oneself). These symptoms have persisted longer than 2 years, since the incident.

Rational: I have diagnosed Client #1 with PTSD because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-H. These symptoms have been persisting for longer than 2 years, have caused an impairment in his daily functioning, avoidance of social situations, and negative beliefs about oneself.

Client #2

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Post-Traumatic Stress Disorder.

Client History & Symptoms: The client was exposed to serious injury and death while serving overseas. He mentioned being frightened and “running for cover” upon being exposed to fireworks at the County Fair and that the fireworks sounded like combat fire. His body had an adverse reaction to the incident: shaking and flashbacks. Noted that diesel fuel reminded him of the smell of chopper aircrafts. Another incident where a friend singed his hair on a BQ reminded him of when his friends were burned. He has expressed having nightmares. He avoids or escapes all scenarios that remind him of the events he experiences during his service overseas. He expressed losing track of time.

Rational: I have diagnosed Client #1 with PTSD because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-H. These symptoms have been persisting for longer than 1 month, have caused an impairment in his daily functioning, avoidance of social situations, nightmares, flashbacks, adverse body reactions, and negative beliefs about oneself.

Client #3

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Adjustment Disorder.

Client History & Symptoms: The client grew up in New York and loved her life there. She recently moved to Los Angeles and dislikes most things about her new living environment. She mentioned missing the culture, living environment, seasons, and more in New York. She feels anxious a lot of the time and wants “something to calm her nerves”. She feels socially impaired with interacting with her students. She says she has no social life and doesn’t feel like she fits in.

Rational: I have diagnosed Client #1 with Adjustment Disorder because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-E.

She displays symptoms of struggling to adjust in her new living environment. Her has experienced impairment in her social and occupational life. She has felt continually anxious since the move.

Client #4

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Post-Traumatic Stress Disorder.

Client History & Symptoms: This client was in a serious car accident. She wasn't injured badly physically but believes it was a miracle that she didn't die. She has expressed not feeling herself since the accident. She has symptoms of not being able to sleep, "freaking out" during car rides, vomiting during the car ride, and being reminded of the accident. She is startled by loud noises. The client expresses not being able to drive at night. She mentioned irritability directed towards her husband.

Rational: I have diagnosed Client #1 with Post-Traumatic Stress Disorder because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-H. These symptoms have been persisting for longer than 1 month, have caused an impairment in her daily functioning, avoidance of driving, nightmares, flashbacks, adverse body reactions, and negative beliefs about oneself, and relational issues.

Client #5

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Post-Traumatic Stress Disorder.

Client History & Symptoms: This client was a victim of rape. She has described being unable to leave her home (avoidance and impairment of functioning). She often feels unsafe when she Is alone. She is worried that she will be raped again. She doesn't sleep well and experiences

nightmares. She replays the scenario in her head over and over again. She expresses an inability to breath and remembering the sensations her body experienced when she was raped.

Experiencing feelings of guilt and feeling “tainted”.

Rational: I have diagnosed Client #1 with Post-Traumatic Stress Disorder because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-H. These symptoms have been persisting for longer than 1 month, have caused an impairment in her daily functioning, avoidance of being alone, nightmares, flashbacks, adverse body reactions, occupational disturbance, and negative beliefs about oneself.

Client #6

Presents with symptoms and behaviors that are consistent with a DSM 5 principal diagnosis of Adjustment Disorder.

Client History & Symptoms: This client has been worrying and been dealing with lack of sleep. Worries about shooting people with names in his family. Worried about shooting people that has his families faces.

Rational: I have diagnosed Client #1 with Adjustment Disorder because he meets the DSM 5 diagnostic criteria. He has the required number of symptoms required for each Criterion A-E. He has impairment in his daily functioning and anxiety when he thinks about the possibility of shooting people with the same names and faces as his family. Presence PTSD is possible and/or likely, however the client information did not present enough details for me to confidently diagnose with PTSD. Therefore, I would give this client a provisional diagnosis of adjustment disorder, and investigate further in the next session.