7.1 Formulate comprehensive assessments, using a variety of diagnostic classification systems

In order to practice this, I utilized assessment tools and the DSM to create diagnostic impressions. My field instructor and I discussed how different people approach making diagnostic impressions. She pointed out that it is important to interact with patients before making diagnostic impressions and that it can be helpful to read patient history. Some professionals are able to feel out which diagnosis due to extensive practice experience. Others keep in mind the diagnostic criteria in the DSM and ask questions in order to determine the diagnosis.

Case 1:
My field instructor identified one patient with Social (Pragmatic) Communication Disorder and asked me to give evidence for the criteria based on my observations and interactions with this patient.

A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all the following:

1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for the social context.
2. Impairment of the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interactions.
4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meanings of language (e.g. idioms, humor, metaphors, multiple meanings that depend on the context for interpretation.

<While leading Independent Living Group, I noticed that this patient's communication style contrasted with his peers. Patient would become fixated on certain topics. Patient communicated in the same way with peers as he did adults. Patient did not use formal language. Patient interrupted while others were speaking. Patient talked to peers during the middle of group.>

B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
<Patient does not readily make social connections social connections.>

C. The onset of symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
<This information would be found in the recorded patient history>

D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.
<Patient tested negatively for autism spectrum disorder.>

Case 2:
My field instructor selected another patient and asked me to make a diagnostic impression.

Based on listening to events that have happened and observing this patient, I would give the diagnostic impression of Disruptive Mood Dysregulation Disorder Moderate 296.22. The patient met criteria in the following ways:

A. Severe recurrent temper outbursts manifested verbally (e.g. verbal rages) and/or behaviorally (e.g., physical aggression toward people or property) that are grossly out of proportion in intensity or duration in the situation or provocation.
<The patient exhibited this when another patient was chosen to meet with the social workers first. The patient reacted by yelling and cursing about the other patient.>

B. The temper outbursts are inconsistent with developmental level.
<The temper outbursts are inconsistent with the patient's developmental level.>

C. The temper outbursts occur, on average, three or more times per week.
<The patient has multiple temper outbursts per week.>

D. The mood between temper outbursts is persistently irritable or angry most of the day, nearly every day, and is observable by others (e.g., parents, teachers, peers).
<The patient has an observably irritable mood most of the time. He exhibits this through yelling, cussing, and his facial expressions. He also demonstrated this through writing a note to another patient.>

E. Criteria A-D have been present for 12 or more months. Throughout that time, the individual has not had a period lasting 3 or more consecutive months without all of the symptoms in Criteria A-D.
<Patient history shows that anger outbursts have been present for the past year with symptoms exhibited without 3 months passing without an outburst.>

F. Criteria A and D are present in at least two or three settings (i.e., at home, at school, with peers) and are severe in at least one of these.
<Criteria A and D are present with peers and at ______. It is severe at_______. >

G. The diagnosis should not be made for the first time before age 6 years or after age 18 years.
<The patient is 13 years old.>

H. By history or observation, the age at onset of Criteria A-E is before 10 years.
<This information would be available in patient history.>

I. There has never been a distinct period lasting more than 1 day during which the full symptom criteria, except duration, for a manic or hypomanic episode have been met.
Note: Developmentally appropriate mood elevation, such as occurs in the context of a highly positive even or its anticipation, should not be considered as a symptom of mania or hypomania.
<To my knowledge, this patient has not exhibited the full symptom criteria for a manic or hypomanic episode.>

J. The behaviors do not occur exclusively during an episode of major depressive disorder and are not better explained by another mental disorder (e.g., autism spectrum disorder, posttraumatic stress disorder, separation anxiety disorder, persistent depressive disorder [dysthymia]).
Note: This diagnosis cannot coexist with oppositional defiant disorder, intermittent explosive disorder, or bipolar disorder, though it can coexist with others, including major depressive disorder, attention-deficit/hyperactivity disorder, conduct disorder, and substance use disorders. Individuals whose symptoms meet criteria for both disruptive mood dysregulation disorder and oppositional defiant disorder should only be given the diagnosis of disruptive mood dysregulation disorder. If an individual has ever experienced a manic or hypomanic episode, the diagnosis of disruptive mood dysregulation disorder should not be assigned.
<To my knowledge, this disorder does not occur exclusively during an episode of major depressive disorder. It is not better explained by another disorder. It does not coexist with the other disorders listed.>

K. The symptoms are not attributable to the physiological effects of a substance or to another medical or neurological condition.
<To my knowledge, the symptoms are not attributable to the physiological effects of a substance or another medical or neurological condition.>