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**Module 5 Writing Assignment**

**Case 1 – Conduct Disorder**

The client exhibits symptoms of Conduct Disorder. He meets seven of the fifteen criteria for conduct disorder, including being physically cruel to animals, setting fires, destroying property, breaking into a building, stealing items, staying out at night against parental rules, and truancy from school. His behavior has caused severe impairment socially and academically. He has several criminal charges, has been expelled repeatedly from school for truancy, and shows no remorse for his actions. He and his friends burned down a barn, destroyed a teacher’s car, killed the neighbor’s car, and repeatedly skip school. He spends days away from home and lies to his mother about his whereabouts. His symptoms began around the age of eleven indicating he is adolescent-onset type. He has limited prosocial emotions including a lack of remorse or guilt for his actions, lack of empathy, and a lack of concern about performance, and shallow affect. His mother describes him as a calm child with little emotion. She did describe one incident in which he cried in order to manipulate his situation after committing a crime. He showed no remorse for his actions but was angry that his friend snitched on him. His symptoms appear to be mild as he has not physically harmed a person but has consistent problems that are harming others including vandalism, theft, and threatening a friend. During the assessment, his family situation was not discussed in detail except that his mother was very concerned and had moved him from a different school in hopes of a better environment. He became significantly worse when introduced to his new friends in his present school.

**Case 2 – Oppositional Defiant Disorder**

The client shows signs of Oppositional Defiant Disorder. She exhibits anger or irritable mood including being touchy or easily annoyed and being resentful. She argues with authority figures and blames others for her mistakes. This can be seen when she blames her counselor for her negative reaction to being called fat. She also blames her classmate for an incident in which she called him names and bullied him online. She listed one example of being spiteful toward her classmate. She does not use mood-altering drugs but does partake in cigarette use. She did not mention incidents of these behaviors in the home, but she did list examples of defiant behavior in school and with peers. Therefore, her severity is moderate. She does not show signs of physical or sexual violence. She did not discuss the onset of her symptoms, thus, we do not know the length of time she has had these symptoms, but her counselor has witnessed repeated patterns of negative behaviors leading to her referral for assessment. She describes herself as “trailer trash” which may indicate that she has a harsh home environment.

Oppositional Defiant Disorder is the clearest diagnosis for this client according to the statements listed above. She does not show physical aggression towards people or animals which differentiates her symptoms from Conduct Disorder. She shows signs of emotional dysregulation, but not to the level of severity associated with Disruptive Mood Dysregulation Disorder such as severe temper outbursts.

**Case 3 – Disruptive Mood Dysregulation Disorder**

The child in the video is exhibiting signs of Disruptive Mood Dysregulation Disorder. She began having severe temper tantrums at the age of 3 or 4 which continue to the present day. She meets the criteria for this diagnosis including recurrent temper outbursts both verbally and behaviorally that are out of proportion to the situation, outbursts inconsistent with her developmental level, occurring more than three times per week, and irritable behavior. Her symptoms have been present for mote than a year and are consistent throughout the year. The mother did not state whether the child had other mental health disorders such as autism spectrum disorder or PTSD. The child regularly explodes into angry outbursts in which she destroys objects, hurts others, and hurts animals. Her episodes come from seemingly nowhere and are far more severe than the trigger itself. Her mood swings occur regularly and do not appear to be associated with manic or depressive episodes, therefore, not associated with bipolar disorders. Her symptoms are different from Oppositional Defiant Disorder in that they are severely impairing her ability to function in multiple settings and are more frequent than with ODD. The mother did not give much background to the early development of the child or trauma.