

## **Depressive Disorders Written Assignment**

Laura Gibbs

School of Social Work, Southern Adventist University

SOCW 632: Psychopathology, Clinical Assessment, & Diagnosis I

Dr. Evie Nogales-Baker

October 26, 2023

## **Client #1**

Cooper meets the criteria for the DSM 5 TR diagnosis of major depressive disorder, single episode, Severe with melancholic features (F33.1). Potential differential diagnosis is a depressive disorder due to chronic back and stomach pain with major depressive-like episode (F06.32). Cooper has been experiencing depressed mood for most of the day nearly every day as indicated by reports of feeling “stuck” and “not having much to be positive about” and observations made by his parents. Client does not have much hope that things will get better. He has also had markedly diminished interest and pleasure in activities most of the day nearly every day. These activities include playing soccer with friends, going out with friends and english. He has experienced significant weight gain that represents a change from previous functioning.

Cooper reports feeling like he “has no energy” nearly every day and does not have motivation to pay bills. Client also reports having a diminished ability to think and concentrate, and zoned out in session. He experiences recurrent thoughts of death and suicidal ideation evidenced by “doesn’t everyone think about suicide” but has no active plan or intent. These symptoms cause clinically significant distress and impairment in social, and occupational areas of functioning and the episode is not attributable to the physiological effects of a substance or another medical condition. This major depressive episode is not better explained by any specified or unspecified schizophrenia spectrum or psychotic disorders and there has never been a manic episode or a hypomanic episode.

## **Client #2**

Mrs. Carson meets the criteria for the DSM 5 TR major depressive disorder, single episode severe with anxious distress (F33.2). She reports feeling “wound up”, and forgets things

often. This has caused distress in her work. Client experiences recurrent thoughts of death without intent but with a specific plan. Client has trouble going to sleep and wakes up earlier than intended. Client appeared unusually restless and displayed motor agitation wringing her hands throughout the session.

### **Client #3**

Mrs. Houston meets the criteria for the DSM 5 TR diagnosis of major depressive disorder, single episode, severe with melancholic features (F33.1). She reports losing interest in almost all activities including going out and going on walks. Reports that her back and stomach hurts and she has problems eating. Client has had significant weight loss, and reports feeling “Empty” “lost” having “nothing left”. Mrs. Houston has trouble going to sleep because of thoughts that keep her up at night. lost significant weight without meaning to. Client had a suicide attempt overdosing on pills which led to her hospitalization.

### **Client #4**

Mrs. Tillman meets the criteria for the DSM 5 TR diagnosis of major depressive disorder, single episode, severe with peripartum onset (F33.1). She has experienced the following symptoms since delivering a baby two months ago. Client has troubles falling asleep. Client does not like the way she looks, and does not leave the house much. Mrs. Tillma cries a lot and can not stop and is markedly more irritable. Client’s social life has been “non-existent”, she has stopped writing which she used to enjoy and has not been sexually active with her husband since her baby was born. Reports that nothing gives her pleasure. Client experiences suicidal ideation, does not have active plan or intent.

### **Client #5**

Client meets the criteria for the DSM 5 TR diagnosis of major depressive disorder, single episode, severe with seasonal pattern (F33.1). There has been a regular temporal relationship between the onset of major depressive episodes. Client reports feeling “down” and “not doing so well”. And says that her mom reports that this happens every year around this time. Client says she is a “summer girl” and says that she dreads fall and winter because everything is “gray” “dark” and “dull”. Reports having trouble concentrating, and low motivation to do homework. Client has gained significant weight, and does not go out with friends as she has previously enjoyed. Symptoms have clinically impaired her school functioning.