

### Discussion Post Questions

Directions: Read the disorders in the DSM-5 and clinical cases uploaded under resources.

Participate in the following discussion board by choosing a clinical case, make a diagnosis, and cite the reasons/criteria/information that you used to determine the diagnosis.

#### **DQ #M6-1 | DSM-5 Trauma and Stress Related Disorders**

Case 7.4: Easily Triggered - I would initially diagnose the client with Acute Stress Disorder due to him exhibiting several prevalent symptoms such as sleep disturbance, reoccurring memories from his time serving, recurring dreams that prevent him from sleeping, easily distracted, when startled unexpectedly he becomes defensive and aggressive, his response to external stimuli is reactive and rage, and he isolates himself. His behavior and demeanor changed in various ways after he returned home. But because he is still experiencing the above symptoms I would move the diagnosis to PTSD as they are still problematic and a concern to him. The client does experience anxiety but he reports that his aggression is most concerning for him at this time, because he has lashed out several times when alone or to other people. The client also reported not having an interest in any hobbies and deciding to be self-employed so as to be alone and stay “isolated”. Mr. Reynolds displays other symptoms of PTSD that needs to be addressed and managed. Due to the client’s independent personality professional help was not sought, therefore allowing issues to persist. The overall big picture is that Mr. Reynolds has experienced a serious trauma that has affected him greatly in various ways and so with the help

of the Social Work Practitioner he will be able to develop self-awareness, healthy and helpful coping strategies, strong support system, and whatever else he needs so that he can enjoy his retirement years.

**DQ# M8-1 | DSM 5 Disruptive, Impulse Control and Conduct Disorders | DSM 5 Attention Deficit Hyperactivity Disorder**

Case 1: “I Can’t Follow Rules” - Kyle is demonstrating several traits of Oppositional Defiant Disorder (313.81) such as moods of anger or irritation (client also verbalized that he felt “mad”), places blame on others, argumentative with adults/figures of authority (parent, teacher, practitioner), and also refuses to follow rules or directions given by adults. Along with the defiant behavior Kyle was previously diagnosed with ADHD in the second grade and placed in a special education program. By the fourth grade he was placed on two medications and seen by a psychiatrist. The duration of treatment, medication dosage, helpfulness of special education, and overall prognosis is not known. Due to these and other concerning behaviors Kyle struggles with social skills, emotional self-regulation as well as with academic success. The severity of these behaviors and symptoms are moderate in that they are so far exhibited in the home, school, and most recent psychiatric unit settings. These symptoms were initially observed at a young age in how he interacted with other peers and in how he responded to adults when his negative behaviors were corrected. Even though basic family history has been gathered, the level of risk from environmental factors and childhood rearing are unknown at this time. Kyle currently does not display and also verbally denies feeling depressed, homicidal, suicidal ideation, and other psychotic symptoms.

**DQ #M7-1 | DSM 5 Personality Disorders | DSM 5 Dissociative Disorders**

Case 8: Unfairness - After reading this case I would make the diagnosis of Antisocial Personality Disorder 301.7 (F60.2) due to the client meeting the following criteria

Criteria A: Falsifying school certificate documentation to employers, legal documents with statements from ex-wives reporting that he “hit them”, errors in the workplace that could potentially jeopardize the safety of others he regarded dismissively to “their stupidity” for getting hurt, fighting former supervisor several instances of irresponsibility observed by employer of arguments, absences, poor workmanship, and multiple errors as well as reported by the client in his refusal to follow court order to pay child support for his two dependents, lack of taking responsibility or feeling remorse for negative behaviors, which leads the client to rationalizing why he acted the way he does.

Criteria B: The client is currently thirty-two years old

Criteria C: Evidence of similar behavior as an adolescent of stealing, being sent to Juvenile Detention, and substance use

Criteria D: Client reports having a diagnosis of Bipolar Disorder and that he could “get out of a funk pretty fast” which demonstrates that the antisocial behavior is not exclusive to having an episode.

Demonstration of the above and other behavior are repeated in intimate relationships and the work place. Official documentation of diagnosis is not available nor did the client indicate that they are from a formal evaluation as he reports he learned about ADHD because “his sons have it”. Family history and childhood trauma or rearing is unknown