Ocupational impairments

Psychology, Psychotherapy



The client is displays aggression to other people and serious violations of rules. She is also preoccupied with details and order. The most likely Psychiatric diagnosis with the given information is deferred (799. 9). Although the client displays symptoms that meet some of the criterion for obsessive compulsive disorder, as set by the DSM-IV-TR, there is insufficient information to make an appropriate diagnosis. The client also displays signs of obsessive-compulsive personality disorder, however more information is needed to make the diagnosis. The client's behaviors are causing social and occupational impairments.

I would like to know the duration of the symptoms being displayed. I would also like to know the psychosocial history of the client, as well as the following information: developmental history, any history of trauma, and mental and medicalhealthhistories. In this case, this information is particularly significant because from the information given, one cannot determine if the aggressive behavior is associated with the preoccupation of being neat and orderly. It is possible that further information may suggest that this client may have a dual diagnosis.

Biological factors are likely to have influenced the predisposition, onset, course, and outcome of the diagnosed illness of the client. There is an interest in identifying brain areas that are involved in different disorders using imaging techniques like positron emission tomography (PET) and magnetic resonance imagery (MRI). Research also suggests that genes can play a role in the development of some disorders; specifically obsessive-compulsive disorder. Case 2 It appears that the client is experiencing non-bizarre delusions.

The most likely Psychiatric diagnosis is delusional disorder, of the unspecified type (297. 1). The symptoms do not meet the criteria for Schizophrenia. The diagnosis of the unspecified type is given because the symptoms do not meet the criterion for the other predominant delusional themes as specified by the DSM-IV-TR. The displayed behaviors of the client appear to be causing impairment in social and occupational functioning. There is also significant information that is necessary to determine if another diagnosis, such as Schizophrenia or personality disorder, is appropriate.

I would like to know the duration of the symptoms being displayed. I would also like to know the psychosocial background of the client, as well as the following information: developmental history, history of trauma, and mental and medical health histories. Specifically, has the client been previously diagnosed with Schizophrenia, and is he or has he ever suffered from a neurological disease. Biological factors are likely to have influenced the predisposition, onset, course, and outcome of the diagnosed illness of the client.

The delusions may be cause by a disease affecting the neurological system. The delusions may also be the client's response to an experience of hisenvironmentor aspects of his nervous system. Bibliography American Psychiatric Association, Quick reference to the diagnostic criteria from DSM-IV-TR, American Psychiatric Association, Arlington, 2000. Kaplan, H., Sadock, B., and Sadock V. Kaplan and sadock's synopsis of Psychiatry, 10th edn, Lippincott Williams & Wilkins, Philadelphia, 2007. Murphy, M., Cowan, R., Sederer, L., Blueprints psychiatry, 3rd edn, Blackwell Publishing, Berlin, 2003.