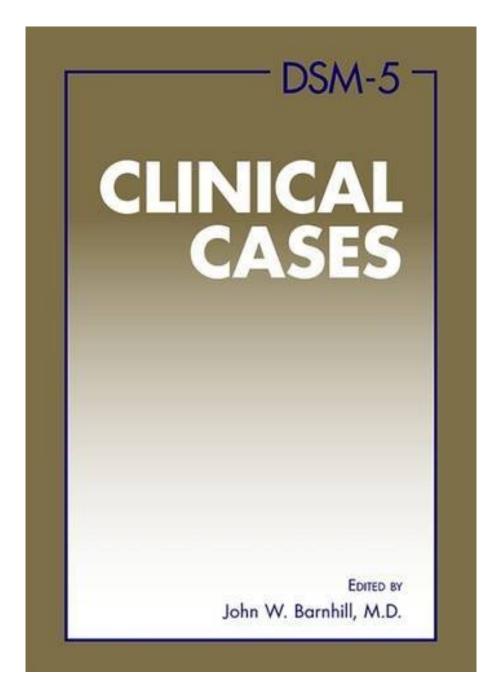


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Anyone interested in understanding the interface between disorder classification and patient diagnosis will find DSM-5(R) Clinical Cases compelling, captivating, and enlightening to read.

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An Important Resource for Learning Diagnostics

By Christopher Alexander

I work as a child psychologist, where mental health diagnosis plays a big part in my daily role. I also teach DSM/diagnostics to graduate level graduate students. For me, these casebooks are extremely helpful, both in my role as a diagnostician, as well as in my work as an instructor.

This book doesn't go into much description about DSM, the process of diagnosing, or treatment. Thus, you will need to have a copy of DSM 5. Unlike previous editions of the DSM case studies, these are organized by diagnostic category [e.g., Depressive Disorders, Somatic Symptoms, Sleep Disorders, etc.] and there is a brief description of what symptoms/characteristics these entail.

For the most part, this book is a collection of vignettes [103, if I counted correctly]. Some are relatively easy and straight-forward [e.g., Jane was referred for an urgent psychiatric consultation after she told her roommate that she was suicidal], while others are much more complex [e.g., Sally presented to a psychiatrist as part of a court proceeding that was intended to legally reassign her gender to female]. The goal is to get you to think about the symptoms being presented and for you to formulate your diagnostic hypotheses.

With many of the vignettes, you are left with more questions than anything, as these descriptions are brief. Unlike your more typical case study, you aren't provided with extensive information about the person's family history, prior mental health background, treatment history, etc. When that information is included, it is done so to help you come up with the accurate diagnosis, particularly in situations where time-lines, family history, or prior history must be taken into account. For teaching/learning purposes, however, this is ok. Most of these vignettes are only a page or two, with the goal of highlighting key characteristics of a particular condition.

The case studies presented are relatively diverse. Some are made up and some appear to be genuine cases. At the end of each, there is a brief description of what the diagnosis is, or what the diagnosis will be in the future in the symptoms persist. The discussion is tied directly to DSM, telling you which diagnostic criteria the person meets. When applicable, a discussion of differential diagnosis is included.

Consistent with the philosophy and model of DSM, this book doesn't give treatment recommendations. Therefore, if you determine that Client X has an Alcohol Use Disorder, ADHD, Persistent Depressive Disorder, and/or Antisocial Personality Disorder, you need to decide what to do next on your own [e.g., individual therapy, marital counseling, medication, group therapy, etc.]. The book will not guide you in this regard. What is helpful, however, is that all of the vignettes have 'Suggested Reading' at the end, should you want to learn more about a particular condition.

Even if you have a solid command of diagnostics, this is a good book to have. This is especially true as we try to learn about the changes in DSM 5 and what this means for our work.

13 of 13 people found the following review helpful.excellent teaching toolBy Jairo FuertesI used this book in masters level psychopathology class this summer and it has been very helpful. The cases are brief but substantive, the DX is provided, along with a rationale/explanation.

1 of 1 people found the following review helpful.Excellent for learning to think inside the test paridigmBy Teresa BurkAs an LPC who was warned about the importance of learning how to take the lpcc exam, I decided to

purchase this book.

It was initially suggested that I use a particular online subscription service and I did utilize the free trial, however I knew I wanted something to make me think from the perspective of an outpatient counselor. Having spent 3 of my 4 years diagnosing and treating inpatient sub-acute clients with SPMI's intertwined with substance abuse issues, the order in which I diagnose is often inverse of the usual decision trees. When taking the online practice exam, I usually arrived at the correct diagnosis, but lost many points on the earlier question.

So, I knew that I had to retrain my brain to think the way we learned in grad school. This book was appealing to me because it offered extensive explanations for why an answer is the best choice. Also, being a book I wasn't constrained to learning within the subscription period.

I loved this book and found that it helped me a great deal.

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