Question 1: What are the important characteristics of DSM-V? Please be sure to include in your answer a description of its categorical and dimensional form.

The new DSM 5 which took more than 160 researchers that was recruited by The American Psychiatric Association (APA) was released on May 18, 2013, brought several distinct changes from the previous version DSM IV. One of the key changes was the way the new DSM 5 was categorized.

The DSM 5 is broken up in both categorical and dimensional information. The new DSM 5 does require clinicians to provide both the dimensional and categorical information as part of a proper diagnosis. The categorical information contains the name of the disorder (category) based on the symptoms presented by the patient. The dimensional information rates the severity of the patient’s symptoms as well as how dysfunctional they are.

With the classification system of the DSM 5 which can be compared to an assessment method has its reliability and validity judged. With the reliability that is proposed in the DSM 5, it leads to different clinicians are more likely to agree on the same diagnosis as they are using the same system. Even though reliability is still a concern, it is much more reliable than previous versions of the DSM.

The DSM 5 contains around 500 different disorders, what is needed to diagnose these disorders, and how common the disorder is. The DSM 5 shows and describes criteria for key clinical features along with diagnosis, the DSM 5 also describes features that are not always present, but often are.

Question 2: Following the example of the case vignettes in the textbook, write a description of someone experiencing an obsessive-compulsive disorder. Be sure to include in your description the most common obsessive thoughts and compulsive behaviors.

When someone is experiencing obsessive-compulsive disorder the person, they may exhibit mile mundane rituals such as the order they put on their shoes, how they button their shirt, to those who experience more depilating symptoms. I was diagnosed O.C.D. several years ago, with an obsession with germs and dirt in general which led me to always carrying hand sanitizer with me at all times. To the constant counting of numbers In a specific order I, 2, 3, 3.5, 4, even as much as counting the number of buttons on a remote control to ensure the amount was divisible by 3. I am fortunate though none of these quirks interfere with my daily life. My obsession with certain hierarchy in everything, my endless lists, having to have everything in an orderly fashion, actually aid me in my career.

There are some, however, who experience much worse symptoms. Some of which will repeatedly do a task repeatedly such as putting their shoes on and then off and back on again. To the point that they end up being late to work, school or some other event. The person who obsesses over rodents, my compulsively be looking everywhere to ensure there are no rodents around.

Some of the most common obsessions are dirt or contamination, violence, aggression, orderliness, religion, and sexuality. Some of the most common compulsions include cleaning, continually checking on things, touching, verbal, counting, and order of balance.

I have struggled with this question; I know that the answer provided was not what was being sought. I decided to write about what I know or perceive that I know anyway. OCD is such a fascinating and vast subject to study.

Question 3: Certain conditions make stress disorders more likely to occur. Briefly describe some of the biological/genetic, personality, childhood experiences, social support variables, and characteristics of the trauma that put people at risk for developing a stress disorder.

When looking over the conditions that can make stress disorders more likely to occur, I tried to identify examples in my own life and how they have affected those that I love as well as myself. The first biological ones that come to my mind have affected so many people in my life is trauma. From my dad’s PTSD from Vietnam to my cousin who was shot when she jumped between her stepbrother and her mom after he fired a shot. The spectrum of trauma is so broad that everyone can identify some trauma in their own life.

Continuing my examination of stress induced by personality issues shows me very few that I know who have any physical conditions that may lead to stress. People who have a negative view on life are more prone to stress disorders as are those who already have high anxiety.

In my line of work, in my interactions with students from ages 13 – 18 I see quite a bit of childhood experiences that have caused extensive trauma on these young men. Many of these students come from an impoverished childhood, and often with parents absent from their lives. Often one of the parents are present, but their addictions cause more and more trauma. Often there are psychological disorders present in the family too numerous to keep track. The sad one is the abuse these students often endure, the neglect, the assault which often is an assault on the mental capacity. Divorce, separation or even complete absent parent are often common as single parents raise the kids. It is incredible that some of these kids can get their life on track. My own childhood experiences from abuse and assault, along with death had a different reaction on me. The trauma made me a stronger person, but it took a long time to get to that point. That trauma is what put me where I am now in life.

In all of the examples above of trauma can be exasperated if the person’s social support system is weak. To survive trauma such as abuse, rape, and impoverishment a person needs a support system surrounding them. The larger that support system the more likely a person is to show less traumatic responses such as anxiety.