DQ 1

Name

Institution

1. **Explain how the Diagnostic and Statistical Manual (DSM) serves as a tool supporting clinical assessment and decision-making. Why is it necessary to use the DSM when working with clients? Is it an effective tool? Why or why not? What are the consequences for using this tool incorrectly and giving a faulty diagnosis?**

Diagnostic and statistical manual of mental disorders (DSM) was originally published in English language by American Psychiatric Association (APA) in 1952. This manual offers universal criteria for the classification of mental disorders. It underwent revision time-to-time in 1968, 1974, 1984, 1987, 1994, 2000 and 2013; the latest revision was established in 2013 named DSM-V. DSM—the non-theoretical piece of classification—is focused more on the description of symptoms based on the statistics concerning duration, age, gender, etiology, treatments and differential diagnosis. It not only acts as a benchmark for the assessment of disorders but also enables counselors and mental health professionals to make corrected decision accordingly.

It is important to use DSM effectively while carrying clinical practices because it helps them to place variety of symptoms and durations within particular compartments universally. For example, a client with the symptoms of low mood, energy, motivation and interest will be placed in the depressive category in every corner of the world. Hence, it is highly effective tool in determining the nature of symptoms, assessment and diagnosis. Corresponding treatments are applied after executing diagnosis when client’s symptoms are harmonized with the documented symptoms of DSM. If diagnosis is faulty, the corresponding treatment (particularly pharmacological treatment) will lead to unfavorable consequences. For example, a person actually suffering from anxiety is misdiagnosed and receives the medications for mania will surely develop disturbed neurological functions.

1. **Describe motivational interviewing techniques including the use of the acronym OARS. Briefly describe the stages of change. Why do you think this may be an effective strategy in assessing clients who present with addiction problems?**

Motivational interviewing is a technique specifically effective for eliciting constructive behavioral alterations. It provides clients with the ability to retrospect and explore their strengths and resolve their ambivalence regarding addicted behavior. Motivational interview technique follows OARS fashion; Open ended questions, Affirm, Reflective listening, and summarization.

1. Open ended questions enable client to think and develop an insight about the broader descriptive information he has, initiate and empower dialogue because they require more details than simple yes or no and move from general to specific.
2. Next step is affirmation which must be done sincerely. It supports and fosters self efficacy, acknowledges the physical, social and emotional difficulties faced by the client, validates his feelings, emotions and experiences and strengthens preexisting coping abilities which can be used for moving to the next levels of change.
3. Reflective listening develops realization on the part of client that he is being listened sincerely.
4. Summarization of what the client uttered and to which direction he wants to take his journey. It enables client to think and extract discrepancy between his actions and reality—which provides a sound basis to further movement.
5. **What are some challenges that may inhibit a person identified with a co-occurring disorder from participating in medication-assisted therapies? Be sure to discuss how the use of medication-assisted therapies reduce symptoms and prevent relapses of a psychiatric disorder and minimize cravings and maintain abstinence from addictive substances?**

Medication assisted treatment encapsulates three types of treatments e.g., medication, counseling and behavioral therapies. USA food and drug administration authority approves these drugs because they help reduce cravings and withdrawal symptoms. For example, naltrexone is a medicine that FDA approved for Opioid addiction. Molecules of this drug actively bind to the receptor sites of Opioid in brain and disable Opioid molecules to bind and produce “high” effect. However, this medicine is potent enough to prompt extraordinarily severe withdrawal symptoms when insufficient medial-detoxification is attained. Each drug is having different mechanism of action with different receptor sites. In this way, client feels no craving when receptor sites are blocked by the synthetic drugs. It is equally important to take these medications following appropriate prescription because they are as same as other drugs taken for chronic illnesses—it is not simply about substituting addictive drug molecules. Medication assisted therapies are quite hard to handle sometimes. For example, a person having drug use disorder with delusions and hallucinations may feel reluctant to take these drugs as he may perceive them suspiciously exploiting and life-threatening.

1. **What are the pros and cons of inpatient treatment centers? Provide at least two pros and two cons with rationale in your response.**

**Pros:**

1. In patient treatment centers offer highly extensive treatment
2. It has more success rate than outpatient care
3. Provides full time emotional and social supports surrounding all life experiences
4. It is free from everyday domestic or familial distractions

**Cons:**

1. Highly expensive stay
2. Person cannot continue his other life activities e.g., family events, school, college or work