

Brief Explanation of 5 Axis Diagnosis In Psychological/Psychiatric Evaluations

For further information on mental health disorders, refer to the DSM-IV or find many good resources available free from the national Institute of Mental Health website at <http://www.nimh.nih.gov/>. There is a five axis system of diagnosis that is used. The five axes are as follows:

Axis I: Clinical Disorders, including major mental disorders and learning disorders (i.e.: Attention Deficit Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, Depression, Anxiety Disorders, Depression, Post-Traumatic Stress Disorder, Bi-Polar, Reactive Attachment Disorder, Autism, eating disorders, sleeping disorders etc.)

Axis II: Personality Disorders and Mental Retardation (paranoid personality disorder, borderline personality disorder, antisocial disorder, dependent personality disorder)

Axis III: Acute medical conditions and physical disorders (asthma, cerebral palsy, allergies, heart murmur, history of seizures, etc.)

Axis IV: Psychosocial and environmental factors contributing to the disorder (divorce, death, legal system issues, educational issues, economic issues, unemployment)

Axis V: Global Assessment of Functioning (rating of social, occupational, and psychological functioning)

Global Assessment of Functioning

91-100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81-90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning).

61-70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51-60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers and co-workers).

41-50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

31-40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoid friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgement (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11-20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

1-10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

Behaviors that might indicate psychiatric issues

- Regression
- Sleep disorders
- Appetite disorders
- Anxiety
- Behavioral problems
- Extended periods of withdrawal or sadness
- Self-harming behaviors (or threats of self-harming behaviors)
- Sever, out-of-control behaviors that can hurt self or others
- Extreme difficulty in concentrating

Consider, does the diagnosis contribute to the abuse and could the abuse have caused the diagnosis.

Always look at the number of psychotropic medications a child might be prescribed and investigate the side-effects as well as the dosage (is it an adult dose being used on a child).