

Tutorial Assignment 2

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OPRNET001

PSY3011S: Clinical Psychology II

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Plagiarism Declaration

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Introduction

The addition of Disruptive Mood Dysregulation Disorder (DMDD) to the DSM-5 has been the subject of intense debate and controversy in the years following. Whether the disorder should be a part of the DSM, whether it solves the problem it was introduced to tackle, and what alternative options we have are the subject of intense debates that are directly relevant to the care afforded to children and adolescents in need. This essay will be looking at the context surrounding DMDD, and examining the various arguments for and against its inclusion.

First, this essay will lay out the background for the inclusion of DMDD and the initial rationale behind it. Afterwards, this essay will present and discuss why DMDD should remain in the DSM and why it should not. Finally, the essay will summarise the literature, and I will explain why I think that DMDD fails to adequately solve the problem it was created to deal with, and outline some potential alternatives.

DMDD is a mood disorder that is characterised by severe temper outbursts and persistent irritability, most of the time, across multiple contexts (Baweja et al., 2016; Frances, 2013; Lochman et al., 2015). When it was initially included in the DSM-5, there was a growing recognition of a pandemic of over-diagnosis of Bipolar Disorder among children who displayed tempers (Baweja et al., 2016; Lochman et al., 2015). This tended to weigh these children down with the implications of a Bipolar diagnosis, and unnecessary and distressing treatments (Frances, 2013; Lochman et al., 2015). DMDD was meant to fix this.

Advantages and Disadvantages

Conclusion

References

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