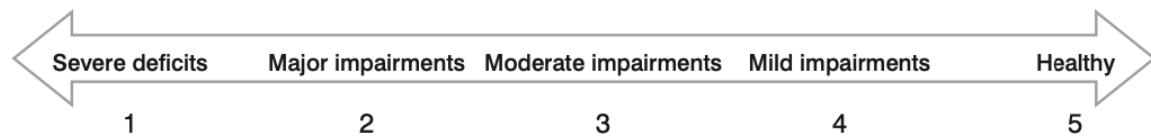


**Psychodiagnostic Chart—Adolescent (PDC-A)**

Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Date of evaluation: \_\_\_/\_\_\_/\_\_\_ Evaluator: \_\_\_\_\_

**Section I: Mental Functioning (MA Axis)**

Rate your patient’s level of strength or weakness on each of the 12 mental functions below, on a scale from 1 to 5 (1 = Severe deficits; 5 = Healthy). Then sum the 12 ratings for a level-of-severity score.



• **Cognitive and affective processes**

- 1. Capacity for regulation, attention, and learning \_\_\_\_\_
- 2. Capacity for affective range, communication, and understanding \_\_\_\_\_
- 3. Capacity for mentalization and reflective functioning \_\_\_\_\_

• **Identity and relationships**

- 4. Capacity for differentiation and integration (identity) \_\_\_\_\_
- 5. Capacity for relationships and intimacy \_\_\_\_\_
- 6. Capacity for self-esteem regulation and quality of internal experience \_\_\_\_\_

• **Defense and coping**

- 7. Capacity for impulse control and regulation \_\_\_\_\_
- 8. Capacity for defensive functioning \_\_\_\_\_
- 9. Capacity for adaptation, resiliency, and strength \_\_\_\_\_

• **Self-awareness and self-direction**

- 10. Self-observing capacities (psychological mindedness) \_\_\_\_\_
- 11. Capacity to construct and use internal standards and ideals \_\_\_\_\_
- 12. Capacity for meaning and purpose \_\_\_\_\_

**Overall level of personality severity (Sum of 12 mental functions):** \_\_\_\_\_

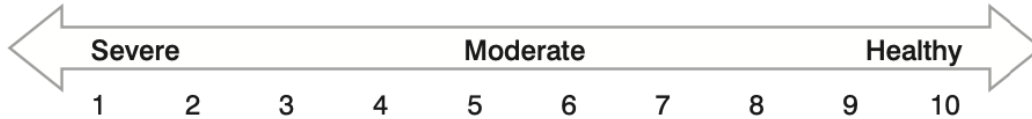
[Healthy/optimal mental functioning 54–60; Good/appropriate mental functioning with some areas of difficulty, 47–53; Mild impairments in mental functioning, 40–46; Moderate impairments in mental functioning, 33–39; Major impairments in mental functioning, 26–32; Significant defects in basic mental functions, 19–25; Major/severe defects in basic mental functions, 12–18]

*(continued)*

## Psychodiagnostic Chart—Adolescent (PDC-A) *(page 2 of 4)*

### Section II: Level of Personality Organization

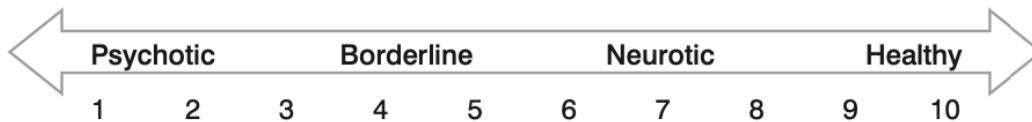
Consider your patient's mental functions in determining the level of personality organization. Use these four mental functions to efficiently capture the level of personality organization. The clinician should keep in mind the stage of adolescence presented by the patient: early adolescence (approximately 11–13 years old), middle adolescence (approximately 14–18 years old), or late adolescence (19–21 years old). Rate each mental function on a scale from 1 (Severely impaired) to 10 (Healthy).



1. **Identity:** Ability to view self in complex, stable, and accurate ways \_\_\_\_\_
2. **Object relations:** Ability to maintain intimate, stable, and satisfying relationships \_\_\_\_\_
3. **Level of defenses** (using the guide below, select a single number): \_\_\_\_\_
  - 1–2: Psychotic level (delusional projection, psychotic denial, psychotic distortion)
  - 3–5: Borderline level (splitting, projective identification, idealization/devaluation, denial, acting out)
  - 6–8: Neurotic level (repression, reaction formation, intellectualization, displacement, undoing)
  - 9–10: Healthy level (anticipation, self-assertion, sublimation, suppression, altruism, and humor)
4. **Reality testing:** Ability to appreciate conventional notions of what is realistic \_\_\_\_\_

### Overall Personality Organization

Considering the ratings and your clinical judgment, circle your client's overall personality organization.



**“Normal” emerging personality patterns (Healthy):** Characterized by mostly 9–10 scores. These adolescents demonstrate a cohesive emerging personality organization in which their biological endowments, including their temperamental vulnerabilities, are managed adaptively within developmentally appropriate relationships with families, peers, and others. In relation to their stage of adolescent development, they have an increasingly organized sense of self, comprising age-appropriate coping skills and empathic, conscientious ways of dealing with feelings about self and others.

**Mildly dysfunctional emerging personality patterns (Neurotic):** Characterized by mostly 6–8 scores. These adolescents demonstrate a less cohesive emerging personality

*(continued)*



## Psychodiagnostic Chart—Adolescent (PDC-A) *(page 3 of 4)*

organization in which their biological endowments, including their temperamental vulnerabilities, are managed less adaptively. Early in life, their primary caregivers may have had trouble helping them manage these constitutional dispositions. Thus relationships with families, peers, and others are more fraught with problems. Such adolescents do not navigate the various developmental levels as successfully as those with less problematic endowments and/or more responsive caregivers. However, their sense of self and their sense of reality are pretty solid. As development proceeds, their adaptive mechanisms may be apparent in moderately rigid defensive patterns, and their reactions to adversities may be somewhat dysfunctional.

**Dysfunctional emerging personality patterns (Borderline):** Characterized by mostly 3–5 scores. These adolescents demonstrate vulnerabilities in reality testing and sense of self. Such problems may be manifested by maladaptive ways of dealing with feelings about self and others. Their defensive operations may distort reality (e.g., their own feelings may be perceived in others, rather than in themselves; the intentions of others may be misperceived).

**Severely dysfunctional emerging personality patterns (Psychotic):** Characterized by mostly 1–2 scores. These adolescents demonstrate significant deficits in their capacity for reality testing and forming a sense of self, manifested by consistently maladaptive ways of dealing with feelings about self and others. Their defensive operations interfere with basic capacities to relate to others and to separate their own feelings and wishes from those of others. (Use 3 for adolescents who go between psychotic and borderline levels.)

(There are no sharp cutoffs between categories. Use your clinical judgment.)

### Section III: Emerging Adolescent Personality Styles/Syndromes (PA Axis)

In addition to considering level of organization, adolescent patients begin to demonstrate an emerging personality style. Rather than thinking of these styles as categorical diagnoses, it is more useful for clinicians to think of the relative degree to which the patient might be exhibiting an emerging style.

**Check off as many personality syndromes as apply from the list below; then circle the one or two personality styles that are most dominant. Leave blank if none.**

(For research purposes, you may also rate the level of severity for all styles, using a 1–5 scale: 1 = Severe level; 3 = Moderate severity; and 5 = High-functioning.)

	<i>Level of severity</i>
<input type="checkbox"/> <b>Depressive</b>	___
<input type="checkbox"/> <b>Anxious–avoidant</b>	___
<input type="checkbox"/> <b>Schizoid</b>	___

*(continued)*

**Psychodiagnostic Chart—Adolescent (PDC-A)** *(page 4 of 4)*

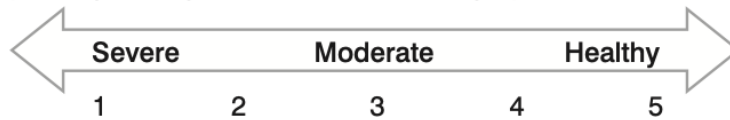
*Level of severity*

- Psychopathic–antisocial**      \_\_\_\_\_
- Narcissistic**      \_\_\_\_\_
- Paranoid**      \_\_\_\_\_
  
- Impulsive–histrionic**      \_\_\_\_\_
- Borderline**      \_\_\_\_\_
- Dependent–victimized**      \_\_\_\_\_
  
- Obsessive–compulsive**      \_\_\_\_\_

**Section IV: Symptom Patterns (SA Axis)**

List the main PDM symptom patterns (those that are related to predominantly psychotic disorders, mood disorders, disorders related primarily to anxiety, event- and stressor-related disorders, etc.).

(If required, you may use the DSM or ICD symptoms and codes here.)



Symptom/concern: \_\_\_\_\_ Level: \_\_\_\_\_  
Symptom/concern: \_\_\_\_\_ Level: \_\_\_\_\_  
Symptom/concern: \_\_\_\_\_ Level: \_\_\_\_\_

**Section V: Cultural, Contextual, and Other Relevant Considerations**

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