

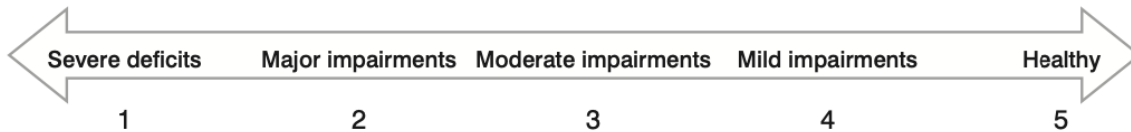
Psychodiagnostic Chart—Child (PDC-C)

Name: _____ Age: ____ Gender: _____ Ethnicity: _____

Date of evaluation: ___/___/___ Evaluator: _____

Section I: Mental Functioning (MC Axis)

Rate your patient's level of strength or weakness on each of the 11 mental functions below, on a scale from 1 to 5 (1 = Severe deficits; 5 = Healthy). Then sum the 11 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 _____

Overall level of personality severity (Sum of 11 mental functions): _____

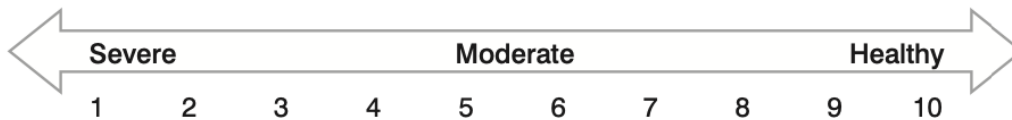
[Healthy/optimal mental functioning, 50–55; Good/appropriate mental functioning with some areas of difficulty, 43–49; Mild impairments in mental functioning, 37–42; Moderate impairments in mental functioning, 30–36; Major impairments in mental functioning, 24–29; Significant defects in basic mental functions, 17–23; Major/severe defects in basic mental functions, 11–16]

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Section II: Emerging Level of Personality Pattern and Difficulties

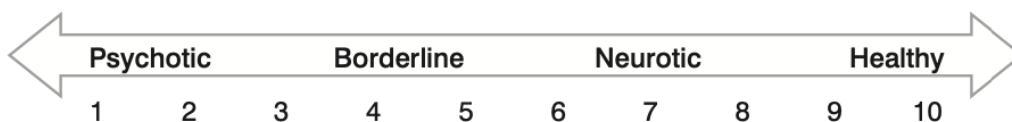
Consider your patient's mental functions in determining the level of personality organization. Use these four mental functions to efficiently capture the current personality patterns and difficulties leading to an emerging level of personality organization. Age-specific characteristics, as well as the high level of fluidity in symptomatology during this stage of development, should be considered—as should other specific external factors influencing current clinical presentation. Rate each mental function on a scale from 1 (Severely impaired) to 10 (Healthy).



1. **Identity:** Emerging ability to view self in age-appropriate, stable, and accurate ways ___
2. **Object relations:** Emerging ability to maintain intimate, stable, and satisfying relationships ___
3. **Emerging personality pattern** (using the guide below, select a single number): ___
1–2: Psychotic level
3–5: Borderline level
6–8: Neurotic level
9–10: Healthy level
4. **Reality testing:** Ability to appreciate conventional notions of what is realistic ___

Overall Emerging Personality Organization

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



“Normal” emerging personality patterns (Healthy): Characterized by mostly 9–10 scores. These children 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 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 children demonstrate a less cohesive emerging personality organization in which their biological endowments, including their temperamental

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Psychodiagnostic Chart—Child (PDC-C) *(page 3 of 4)*

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 children 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 progressing in an age-appropriate manner. 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 children 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).

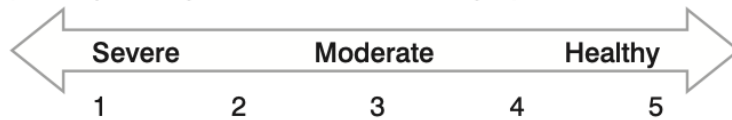
Severely dysfunctional emerging personality patterns (Psychotic): Characterized by mostly 1–2 scores. These children demonstrate significant deficits in their capacity for reality testing and forming a sense of self, manifested by consistently maladaptive ways of dealing with feelings about self and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

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

Section III: Symptom Patterns (SC 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: ____

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Psychodiagnostic Chart—Child (PDC-C) *(page 4 of 4)*

**Section IV: Influencing Factors and Relevant Clinical Observations
Informing Diagnosis**

1. Epigenetics: _____

2. Temperament: _____

3. Neuropsychology: _____

4. Attachment style _____

5. Sociocultural influences: _____

6. Countertransference–transference manifestations: _____
