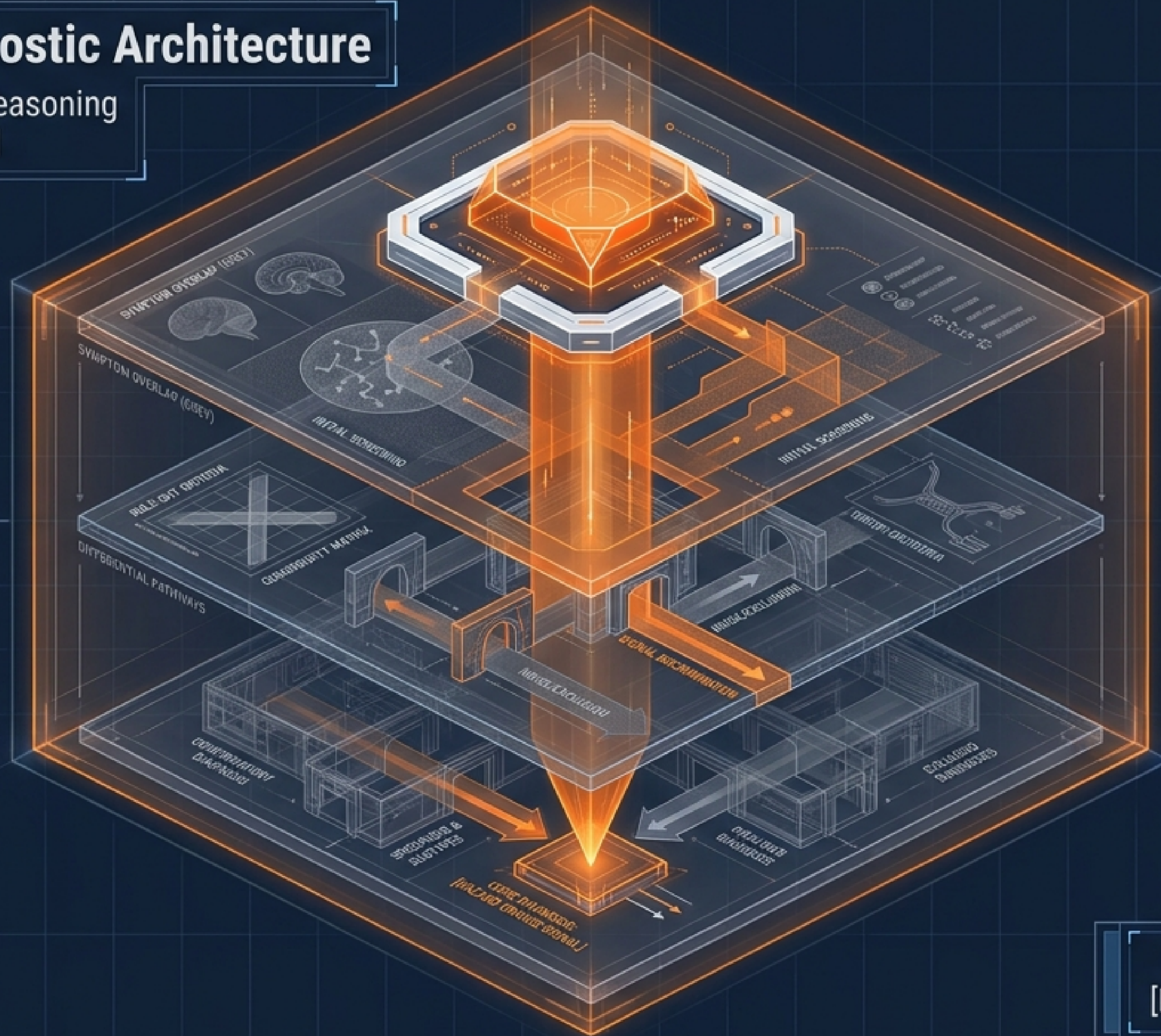


Systematic Differential Reasoning & The Discrimination Grid

 NotebookLM

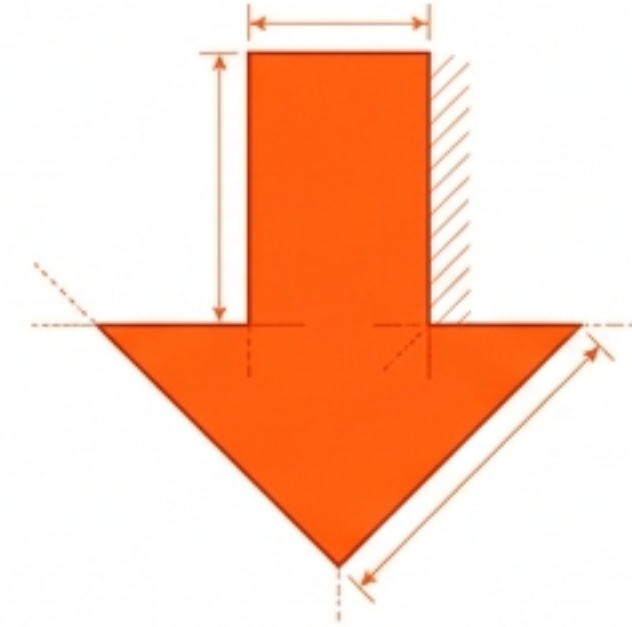
The Failure Mode is Recognition Without Discrimination

Shared Surface Symptoms

Worry, poor sleep,
agitation, low mood

Listing shared symptoms never splits a diagnosis. Overlap carries zero diagnostic information. It is **noise**.

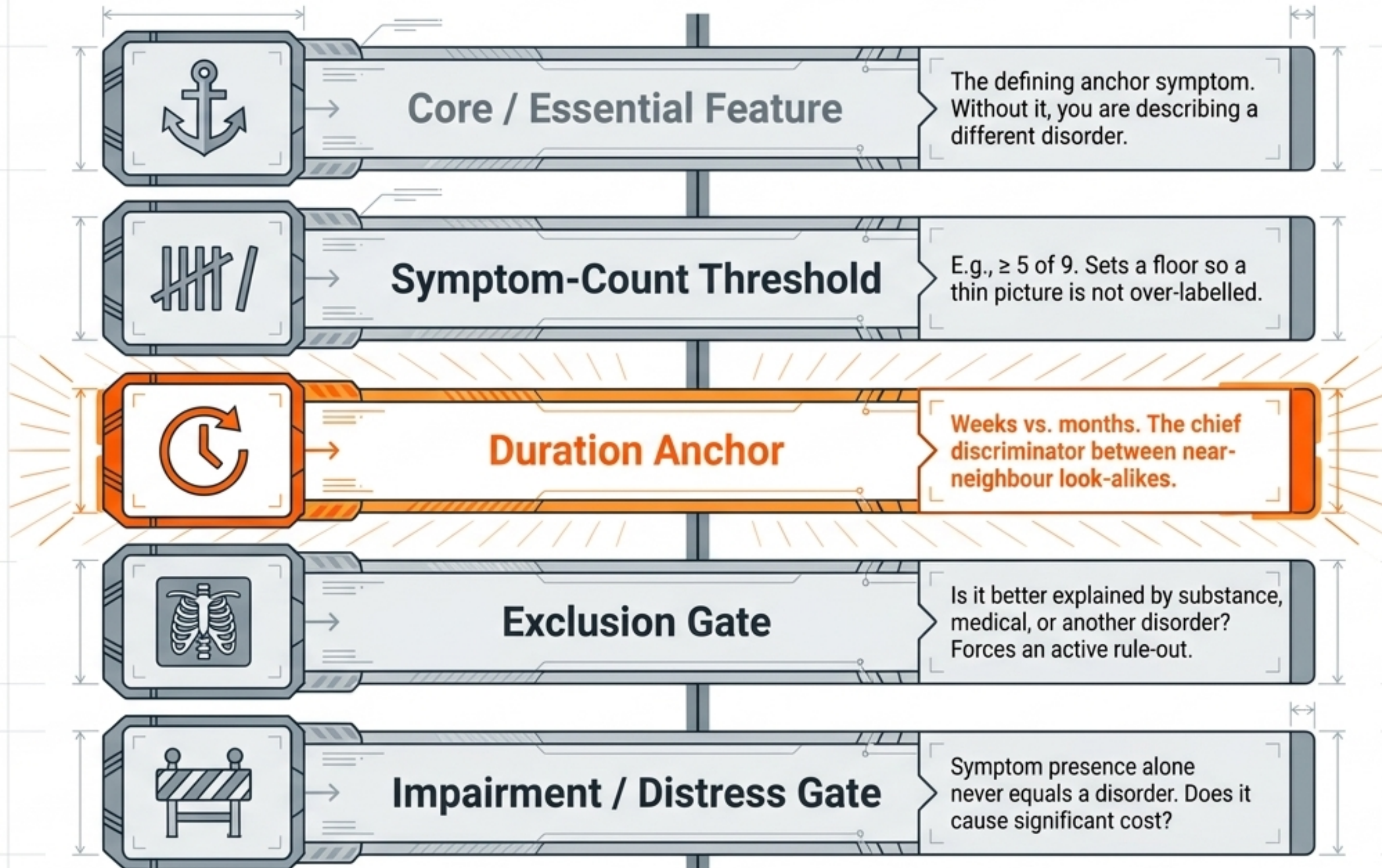
The Cardinal Discriminator



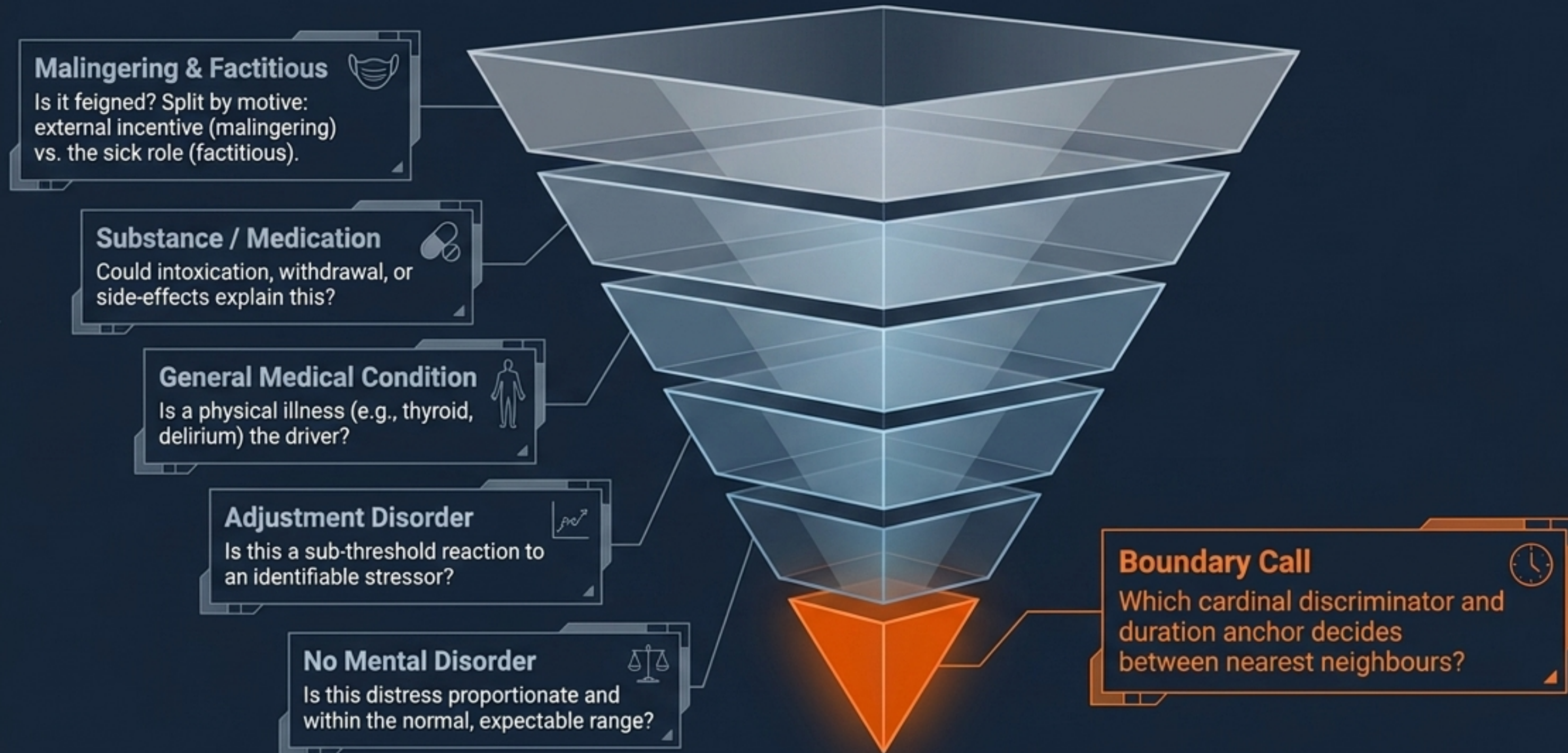
Confused diagnostic pairs rarely differ on the surface; they differ on a single axis or timeline. **Ignore the overlap. Reach straight for the discriminator.**

Unipolar MDD vs. Bipolar Depression. The current major depressive episode is noise. A single lifetime hypomanic episode is the signal that flips the entire label.

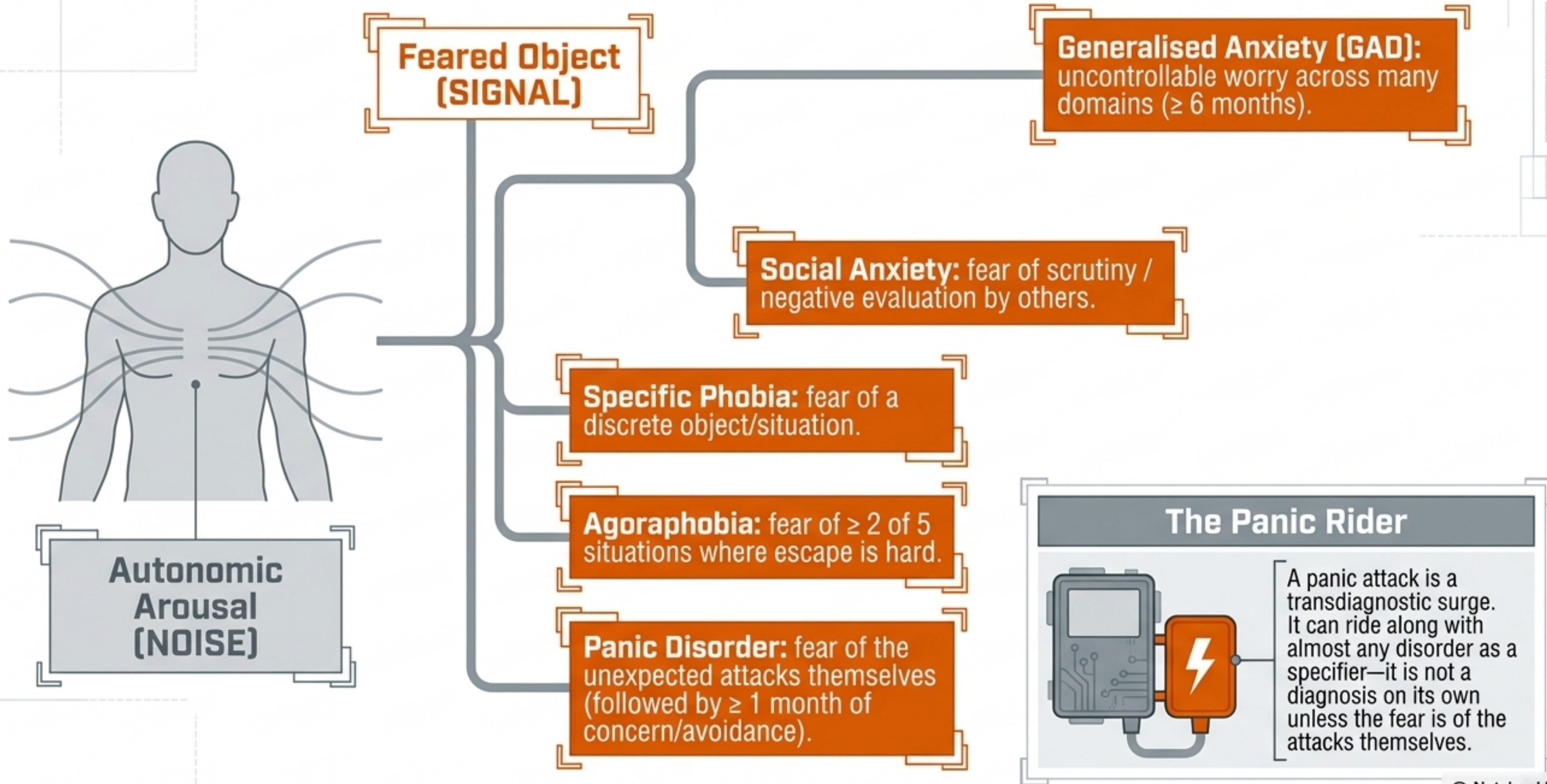
The Grammar of a Criteria Set



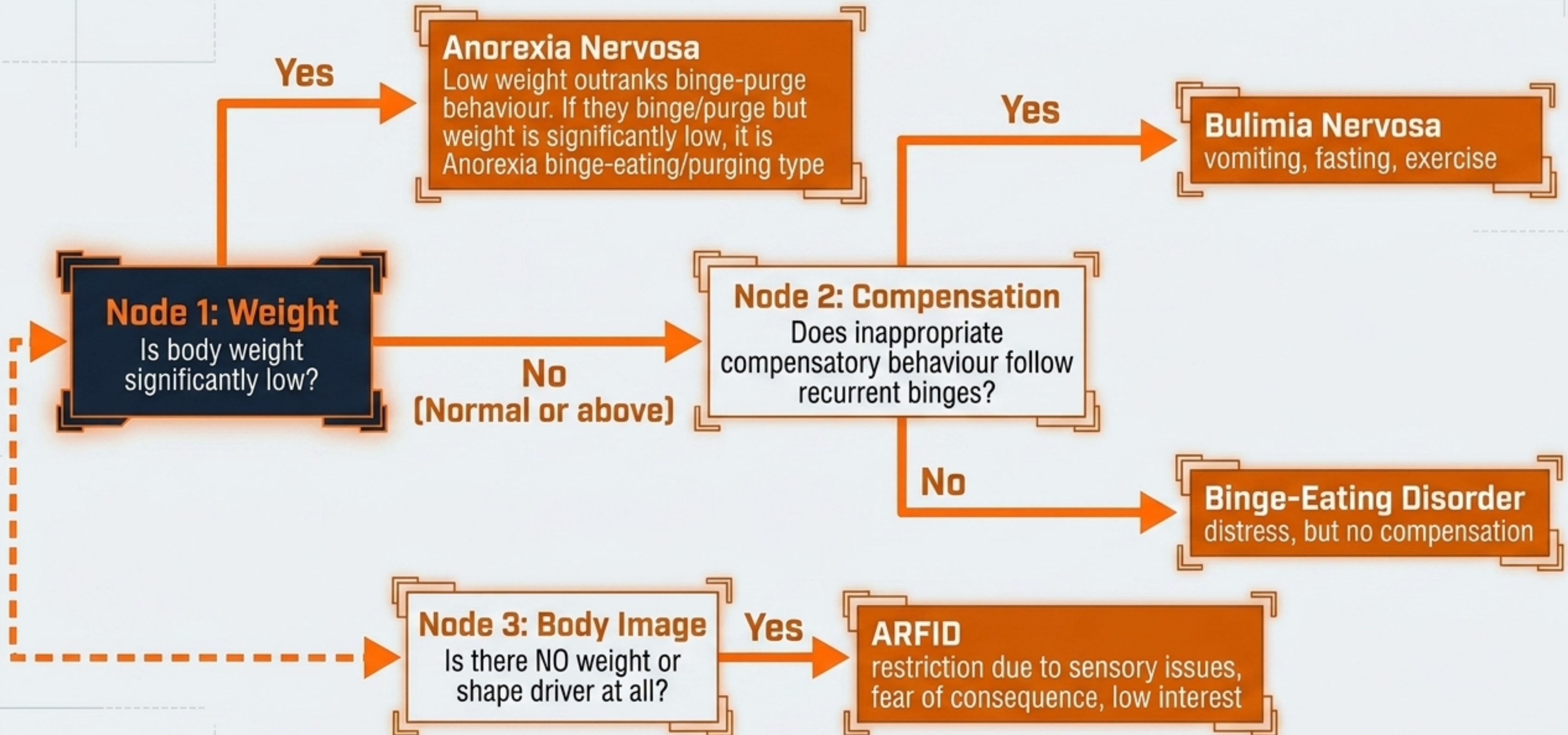
Order Before Labels: The 6-Step Funnel



Anxiety: Discriminate by Feared Object



Eating Disorders: The 3-Node Decision Tree



Bipolar Spectrum: Episode Arithmetic

Bipolar I =

≥ 1 Lifetime Manic Episode
(MDE common but not required)

Bipolar II =

≥ 1 Hypomanic Episode
+ ≥ 1 Major Depressive Episode
+ **ZERO** Manic Episodes

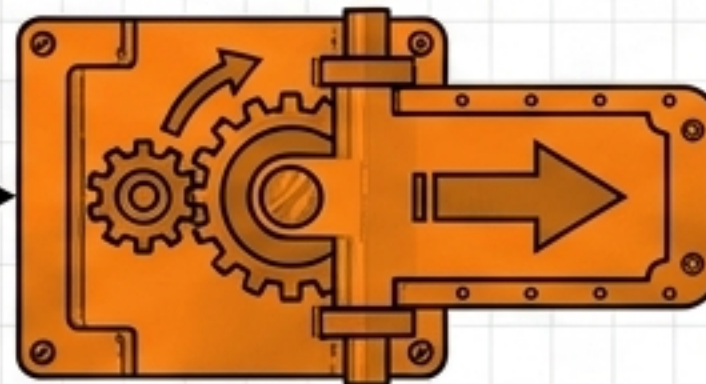
Cyclothymic =

≥ 2 years of sub-threshold
fluctuating symptoms

The “Flip” Valve

Single Manic Episode

(≥ 7 days, marked impairment, or psychosis)



Irreversible reclassification to Bipolar I. Bipolar I is about ever having mania; Bipolar II is about never having had it.

Depressive Disorders: Count and Calendar

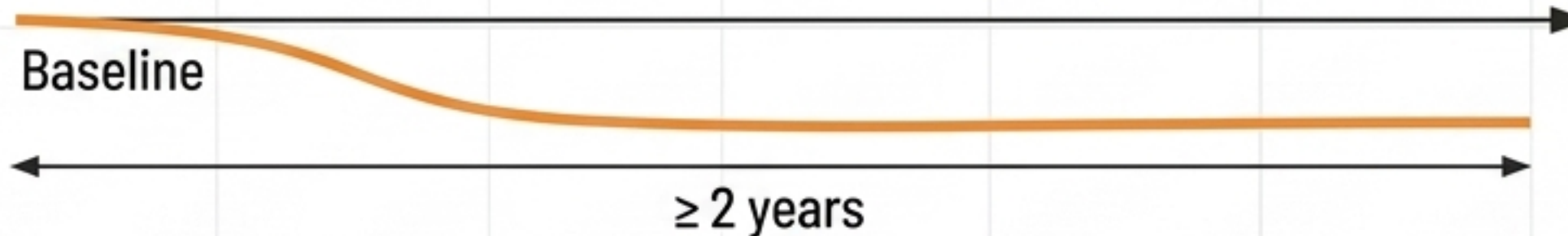
The Major Depressive Episode (The Unit):
Requires ≥ 5 of 9 symptoms. **MUST** include depressed mood OR anhedonia.

Timeline 1 (MDD)



Major Depressive Disorder
Episodic.
Discrete episodes with a return to premorbid functioning between them.
Requires 0 history of mania.

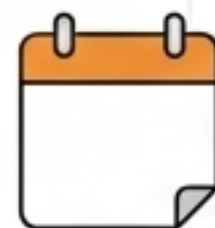
Timeline 2 (PDD)



Persistent Depressive Disorder (Dysthymia).
Chronic.
Depressed mood most days for ≥ 2 years.
The Rule: Never symptom-free for > 2 months at a time.



DMDD: chronic irritability/outbursts, onset $<$ age 10



PMDD: symptoms clustered entirely in the luteal phase

Neurodevelopmental: Early Onset, Cross-Context Presence

ADHD Constraints

Onset before age 12. Must be present in ≥ 2 settings (e.g., home and school).
Adult-onset or single-setting inattention points away from ADHD.

Autism Spectrum Dyad

- 1) Social-communication deficit ACROSS contexts +
- 2) Restricted/repetitive behaviour (RRB).

The Trap

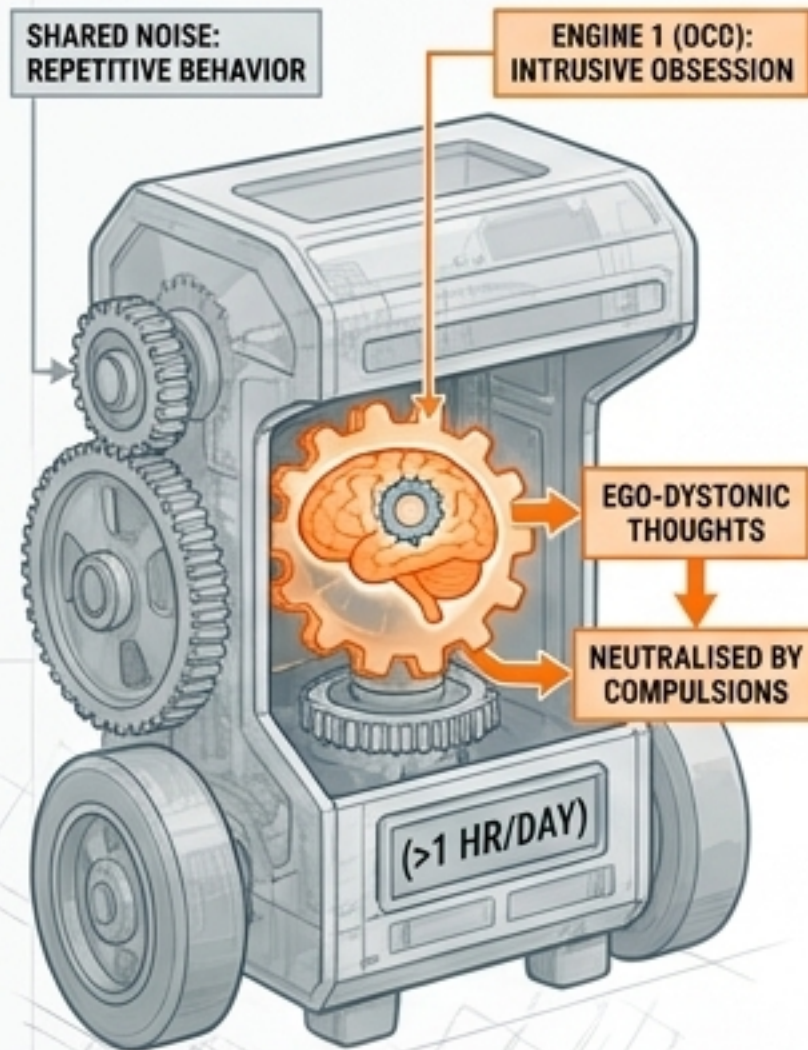
ADHD vs Autism in the classroom.
Both look “socially off”.

The discriminator: Inattention is not a social-communication deficit, and ADHD has no RRB requirement.

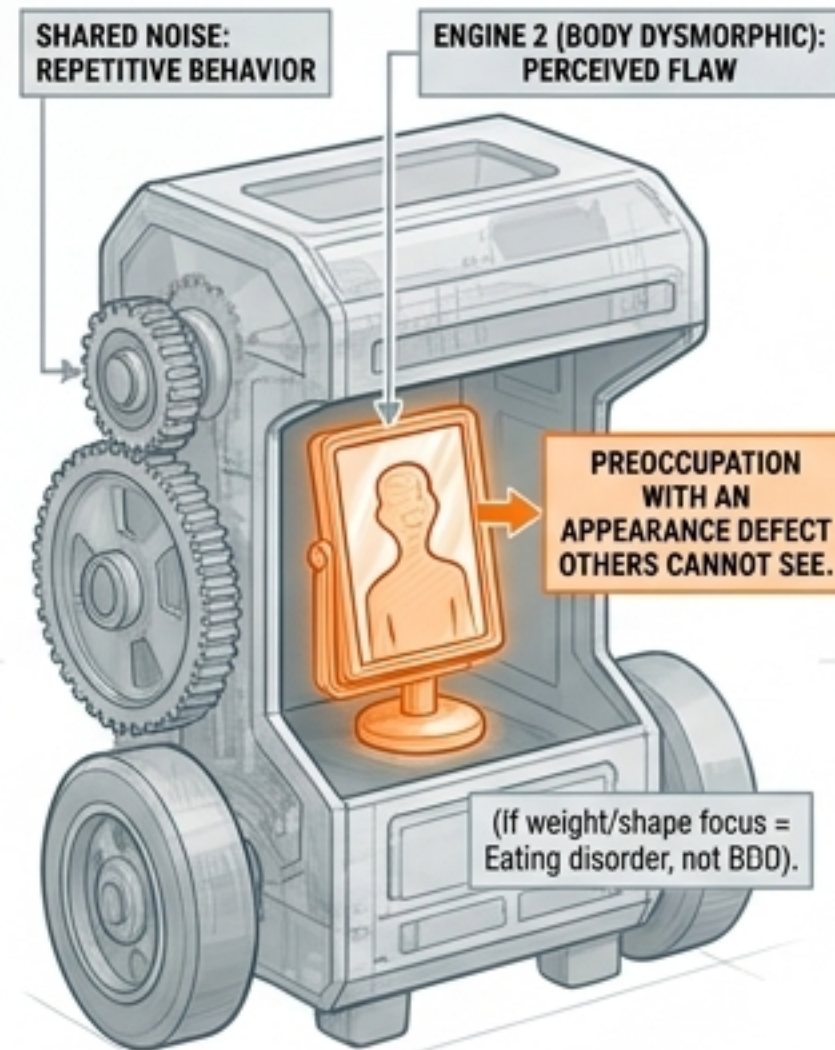
The presence of the dyad defines autism, not restlessness.

Intellectual Disability: Requires deficits in BOTH intellectual AND adaptive functioning.

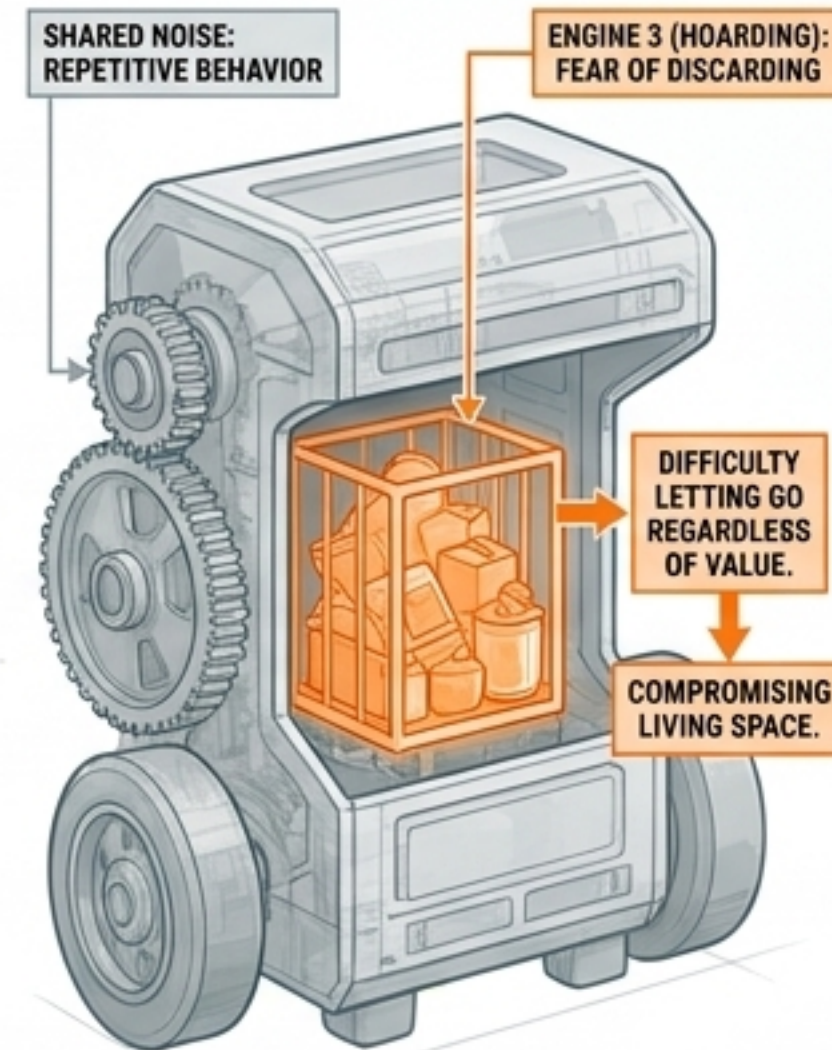
OCD & Related: Identify the Engine, Ignore the Act



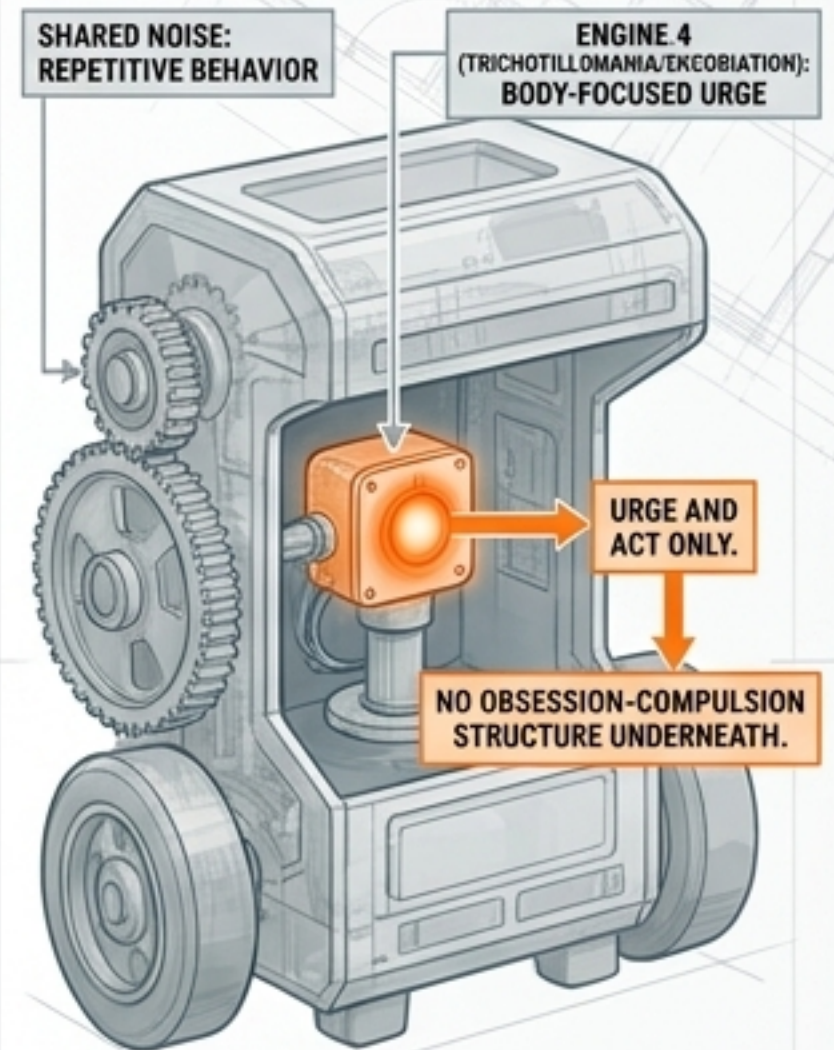
Engine 1 (OCD): Intrusive Obsession.
Ego-dystonic thoughts neutralised by compulsions. (>1 hr/day).



Engine 2 (Body Dysmorphic): Perceived Flaw.
Preoccupation with an appearance defect others cannot see.
(If weight/shape focus = Eating disorder, not BDD).



Engine 3 (Hoarding): Fear of Discarding.
Difficulty letting go regardless of value, compromising living space.

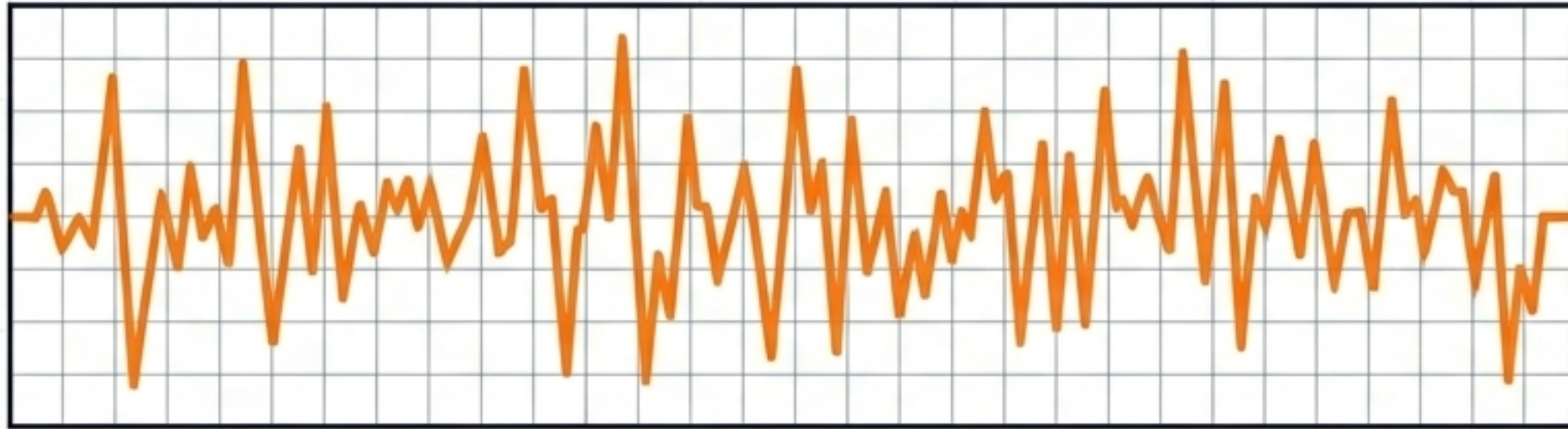


Engine 4 (Trichotillomania/Excoriation): Body-Focused Urge. Urge and act only.
No obsession-compulsion structure underneath.

Insight Callout: Insight grades the belief (good/fair, poor, delusional) but never changes the label. Delusional-level conviction in OCD stays OCD.

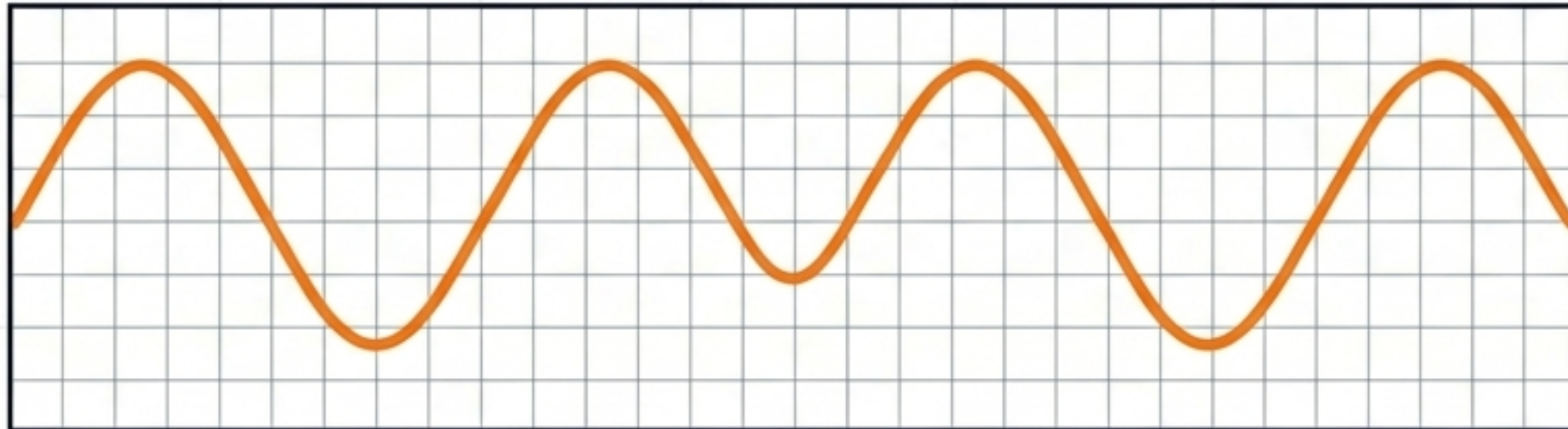
Personality Clusters & The Mood Wave Shape

Cluster Foundation: Enduring, inflexible pattern traceable to early adulthood across ≥ 2 domains (cognition, affect, interpersonal, impulse).
Clusters: A (Odd/Eccentric), B (Dramatic/Erratic), C (Anxious/Fearful).



Borderline Personality Disorder

Reactive, minute-to-hour spikes.
Keyed to interpersonal triggers.
Rapid affective instability.



Bipolar Disorder

Sustained episodes.
Days-to-weeks rolling waves.
Keyed to broad energy/activity shifts.

Rule Note: Reactive flicker = Borderline. Sustained episode = Bipolar.

Psychosis: The Duration Ladder & Schizoaffective Line

The Ladder: Active phase requires ≥ 1 core positive (Delusions, Hallucinations, or Disorganised Speech).



Schizophrenia
(≥ 6 months, incl. prodromal)

Schizophreniform
(1 to 6 months)

Brief Psychotic
(< 1 month)

The Schizoaffective Line

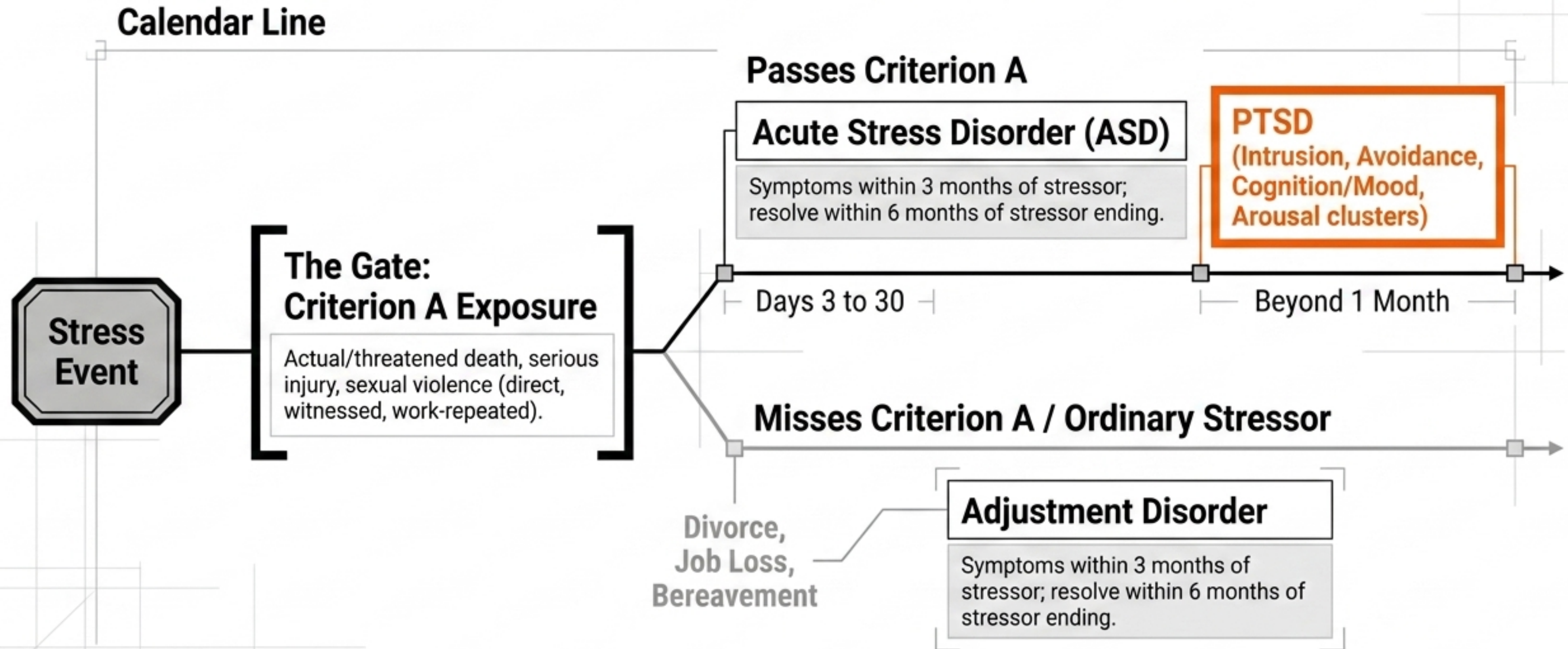
Mood Episode

Psychosis

≥ 2 weeks

Psychosis outlives the mood. Requires ≥ 2 weeks of delusions/hallucinations in the **ABSENCE** of a major mood episode. In contrast, **Mood with Psychotic Features** means psychosis only ever occurs inside the mood episode.

Trauma & Stressor: The Criterion A Gate & Calendar

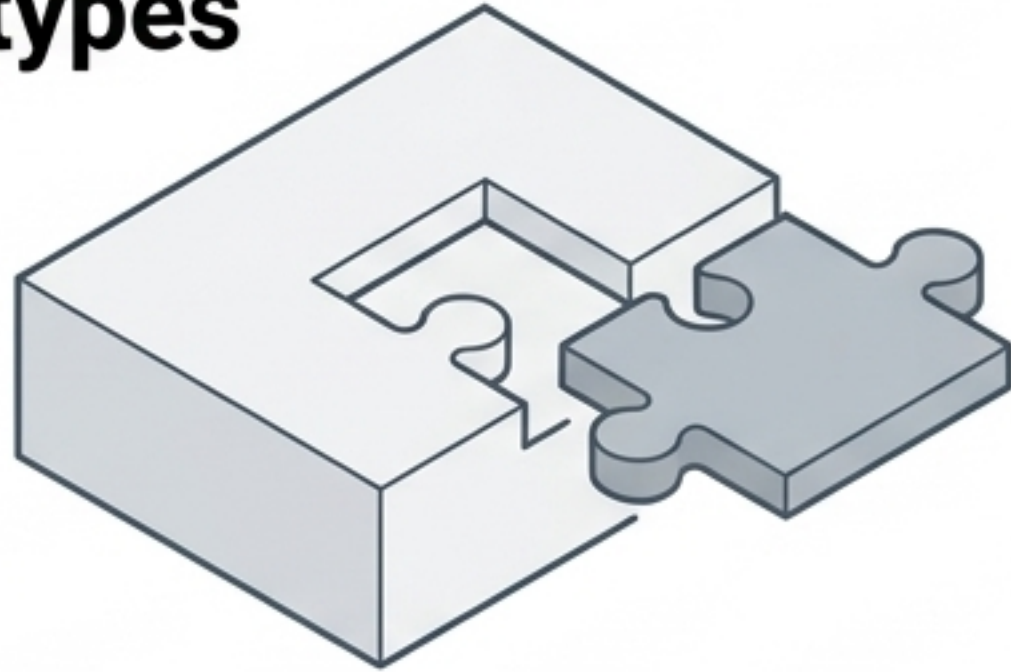


Synthesis: The DDx Master Grid

Diagnosis Pair	Shared Surface (Noise)	Discriminator (Signal)
Anorexia (Binge/Purge) vs Bulimia	Binge/purge acts.	Weight (Anorexia = Significantly low).
Schizophrenia vs Schizotypal PD	Oddities, perceptual distortions.	Episode vs Trait (Schizophrenia = Frank psychotic episode; PD = Trait-level eccentricity).
OCD vs OCPD	Rigidity, repetition.	Syntonic vs Dystonic (OCD = Ego-dystonic symptoms; OCPD = Ego-syntonic personality style).
Somatic Symptom vs Illness Anxiety	Excessive health worry.	Symptom load (Somatic = defined by response to actual symptoms; Illness Anxiety = fear runs ahead, minimal/no symptoms).
Factitious vs Malingering	Feigning symptoms.	Motive (Factitious = sick role itself; Malingering = external pay-off).

Architecture Final Pass: Specifiers vs Subtypes

Subtypes



Carves a diagnosis into mutually exclusive variants. You pick exactly one.
Typical wording: "Specify whether..."

Specifiers



Refines an already-established diagnosis. Optional; several may apply at once (Severity, Course, Descriptive).
Typical wording: "Specify if..."

The Cardinal Rule: Refine, never replace. A specifier tells you more about a disorder the patient already has. It never substitutes for meeting criteria and never lowers the threshold.