Diagnosis	Why It Doesn't Fit Erin's Case
Somatic Symptom Disorder	Involves excessive focus on physical symptoms—not identity fragmentation
Factitious Disorder	Characterized by intentional fabrication of illness—
Depersonalization/ Derealization Disorder	Involves feelings of detachment, but **does not include multiple personality states** or profound memory gaps

Schizotypal Personality Disorder	Involves **eccentric behavior**, **odd speech**, and **cognitive or perceptual distortions**—not noted in her case
Schizoid Personality Disorder	Characterized by **social detachment and emotional flatness**—she's active in social and creative settings
Schizophrenia	Requires **functional impairment** and **psychotic features** like disorganization or hallucinations—not present here

Trait	Borderline PD	Histrionic PD
Attachment Style	Fearful, clingy, highly sensitive	Superficial and attention-seeking
Behavior Toward Others	Angry outbursts and emotional instability	Flirtatious or overly dramatic to gain attention
Self-Image	Unstable or fragmented	Usually intact, but dependent on validation
Emotional Expression	Intense, often dysregulated	Excessive but more theatrical

Diagnosis	Why It's Not the Best Fit
Malingering	Involves **intentional fabrication** for gain (e.g., avoiding jail, getting drugs)—no sign of external incentives here.
Conversion Disorder	Involves **loss of function** (e.g. blindness, paralysis) with symbolic psychological connection—not vague pain complaints.
Factitious Disorder	Symptoms are **intentionally created** to assume a sick role – there's no evidence she's trying to deceive for attention or care.

Flight of ideas	Rapid shifts between loosely related topics **without returning to a central theme**—often seen in mania.
Tangential	The speaker **never returns** to the original point—ideas veer off and remain off course.
Loose associations	Thoughts are illogically connected, with minimal or **no meaningful linkage**—standard in schizophrenia or disorganized speech.

Circumstantiality involves a lengthy, overly detailed speech pattern where the individual goes off-topic but eventually returns to the original point.

Diagnosis	
Huntington's Disease	Involves movement abnormalities and cognitive decline, but hallucinations and

Diagnosis	Why It's Not the Best Fit
	antipsychotic sensitivity are not defining features.
Frontotemporal Lobar Degeneration	Primarily presents with behavior or language changes—not hallucinations or attentional fluctuation.
Alzheimer's Disease	Gradual memory loss is dominant; hallucinations and marked attentional shifts are uncommon early on.

Diagnosis	Why It's Premature to Diagnose Now
Schizophrenia	Requires symptoms ≥6 months, with at least 1 month of active-phase symptoms
Schizoaffective Disorder	Must include mood episode + schizophrenia symptoms, which haven't been documented
Schizophreniform Disorder	Requires ≥1 month but <6 months of psychotic symptoms—not enough time has passed

Answer Choice	Associated Disorder
Fear of abandonment	Borderline Personality Disorder
Grandiosity, lack of empathy, need for admiration	Narcissistic Personality Disorder
Clinging behavior and need to be taken care of	Dependent Personality Disorder

A pervasive pattern consisting of attention seeking and excessive emotionality is the core feature of **Histrionic Personality Disorder**,

Why Not the Other Options?

- **Bipolar II Disorder**: Requires **hypomania**, not full mania. His past behavior suggests **mania** (significant impairment and risky behavior), which rules out bipolar II.
- **Major Depressive Disorder (MDD)**: Doesn't account for the **history of manic behavior** – MDD excludes a history of mania or hypomania.
- **Narcissistic Personality Disorder**: While affairs and grandiosity could suggest narcissism, the cyclical mood changes (manic and depressive episodes) strongly point to a **mood disorder**, not a **personality disorder**.

Key Diagnostic Criterion (DSM-5):

Bipolar I disorder =

At least **one manic episode** (which may be followed or preceded by hypomanic or major depressive episodes).

Antisocial Personality Disorder	Characterized by disregard for others' rights and deceit — not shown here
Borderline Personality Disorder	Defined by unstable relationships, identity disturbance, impulsivity — **not attention-seeking** alone
Narcissistic Personality Disorder	Involves grandiosity and entitlement, but typically less flamboyant or theatrical than histrionic behavior

Conversion disorder–also known in DSM-5 as **Functional Neurological Symptom Disorder**–involves neurological-like symptoms that are **not explained by medical conditions**, and often occur in response to psychological stress.