

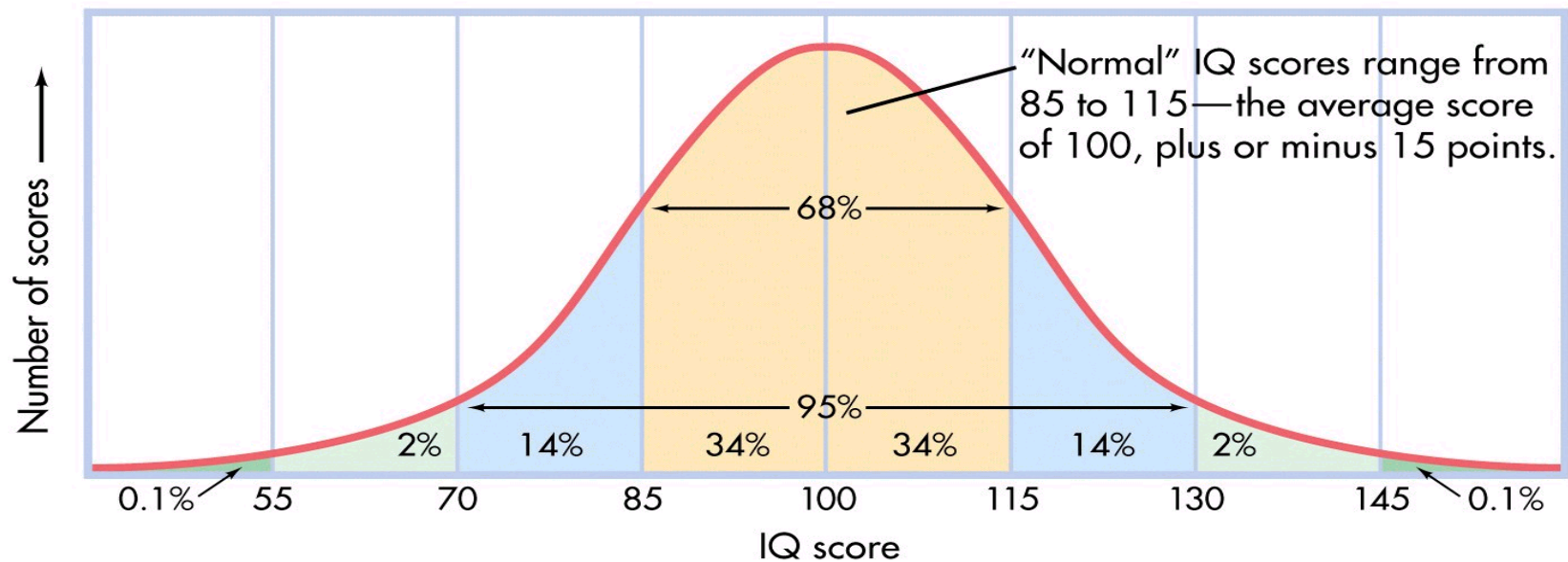
What is a mental disorder?



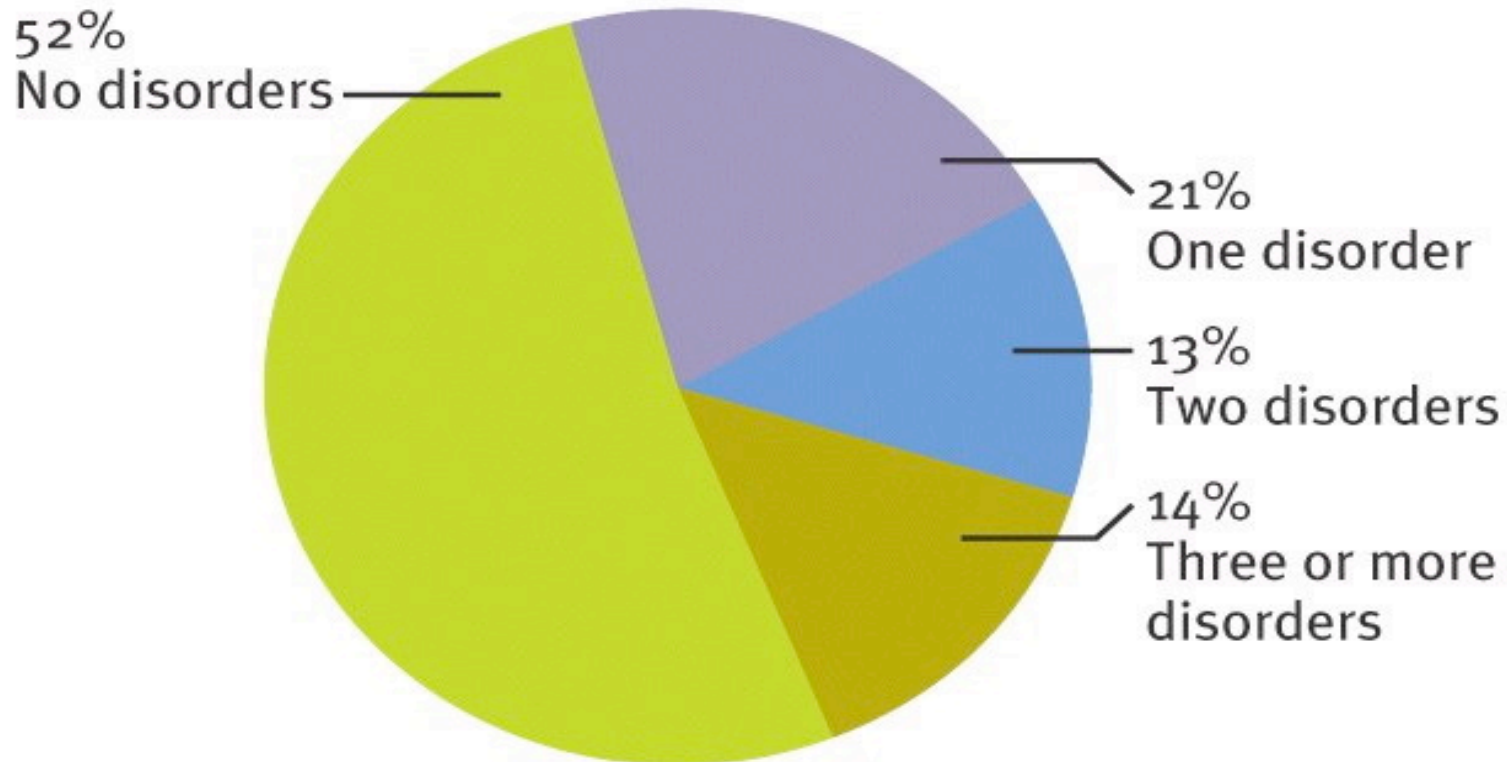
- When might a person have a mental disorder diagnosis?
- If they meet diagnostic criteria for a mental disorder.
- Determined by the DSM-IV-TR that contains symptoms lists for hundreds of mental disorders.
- All listed at www.behavenet.com for free

4 “D”’s of Diagnosis

- Distress or extremes of negative emotions
- Danger to self or others
- Dysfunction in “work, love / relationships, & play”
- Deviance statistically or according to society



Are mental disorders deviant?



- Kessler et al., (1994). Lifetime and 12-month prevalence of DSM-III-R disorders among persons aged 15-54 in the United States: Results from the National Comorbidity Study. Archives of general psychiatry, 51 (1), 8-19.

Table 4-2**Axis I Disorders in DSM-IV**

Factitious disorders (see Chapter 7)	People with these disorders intentionally produce or feign physical or psychological symptoms.
Dissociative disorders (see Chapter 7)	These disorders are characterized by significant changes in consciousness, memory, identity, or perception, without a clear physical cause. They include <i>dissociative amnesia</i> , <i>dissociative fugue</i> , and <i>dissociative identity disorder</i> (<i>multiple personality disorder</i>).
Eating disorders (see Chapter 11)	People with these disorders display abnormal patterns of eating that significantly impair their functioning. The disorders include <i>anorexia nervosa</i> and <i>bulimia nervosa</i> .
Sexual disorders and gender identity disorder (see Chapter 13)	These disorders in sexual functioning, behavior, or preferences include <i>sexual dysfunctions</i> , <i>paraphilias</i> , and <i>gender identity disorder</i> .
Sleep disorders (see Chapter 18)	People with these disorders display chronic sleep problems. The disorders include <i>primary insomnia</i> , <i>primary hypersomnia</i> , <i>sleep terror disorder</i> , and <i>sleepwalking disorder</i> .
Impulse-control disorders (see Chapter 16)	People with these disorders are chronically unable to resist impulses, drives, or temptations to perform certain acts that are harmful to themselves or to others. The disorders include <i>pathological gambling</i> , <i>kleptomania</i> , <i>pyromania</i> , and <i>intermittent explosive disorder</i> .
Adjustment disorders (see Chapter 6)	The primary feature of these disorders is a maladaptive reaction to a clear stressor, such as divorce or business difficulties, that first occurs within three months after the onset of the stressor.
Other conditions that may be a focus of clinical attention (see Chapter 6)	This category consists of conditions or problems that are worth noting because they cause significant impairment, such as <i>relational problems</i> , <i>problems related to abuse or neglect</i> , <i>medication-induced movement disorders</i> , and <i>psychophysiological disorders</i> .

Table 4-2**Axis I Disorders in DSM-IV**

Disorders usually first diagnosed in infancy, childhood, and adolescence (see Chapter 17)	Disorders in this group tend to emerge and sometimes dissipate before adult life. They include <i>pervasive developmental disorders</i> (such as <i>autism</i>), <i>learning disorders</i> , <i>attention-deficit hyperactivity disorder</i> , <i>conduct disorder</i> , and <i>separation anxiety disorder</i> .
Delirium, dementia, amnestic, and other cognitive disorders (see Chapter 18)	These disorders are dominated by impairment in cognitive functioning. They include <i>Alzheimer's disease</i> and <i>Huntington's disease</i> .
Mental disorders due to a general medical condition	These mental disorders are caused primarily by a general medical disorder. They include <i>mood disorder due to a general medical condition</i> .
Substance-related disorders (see Chapter 12)	These disorders are brought about by the use of substances that affect the central nervous system. They include <i>alcohol use disorders</i> , <i>opioid use disorders</i> , <i>amphetamine use disorders</i> , <i>cocaine use disorders</i> , and <i>hallucinogen use disorders</i> .
Schizophrenia and other psychotic disorders (see Chapters 14, 15)	In this group of disorders, functioning deteriorates until the patient reaches a state of <i>psychosis</i> , or loss of contact with reality.
Mood disorders (see Chapters 8, 9)	Disorders in this group are marked by severe disturbances of mood that cause people to feel extremely and inappropriately sad or elated for extended periods of time. They include <i>major depressive disorder</i> and <i>bipolar disorders</i> .
Anxiety disorders (see Chapters 5, 6)	Anxiety is the predominant disturbance in this group of disorders. They include <i>generalized anxiety disorder</i> , <i>phobias</i> , <i>panic disorder</i> , <i>obsessive-compulsive disorder</i> , <i>acute stress disorder</i> , and <i>posttraumatic stress disorder</i> .
Somatoform disorders (see Chapter 7)	These disorders, marked by physical symptoms that apparently are caused primarily by psychological rather than physiological factors, include <i>conversion disorder</i> , <i>somatization disorder</i> , and <i>hypochondriasis</i> .

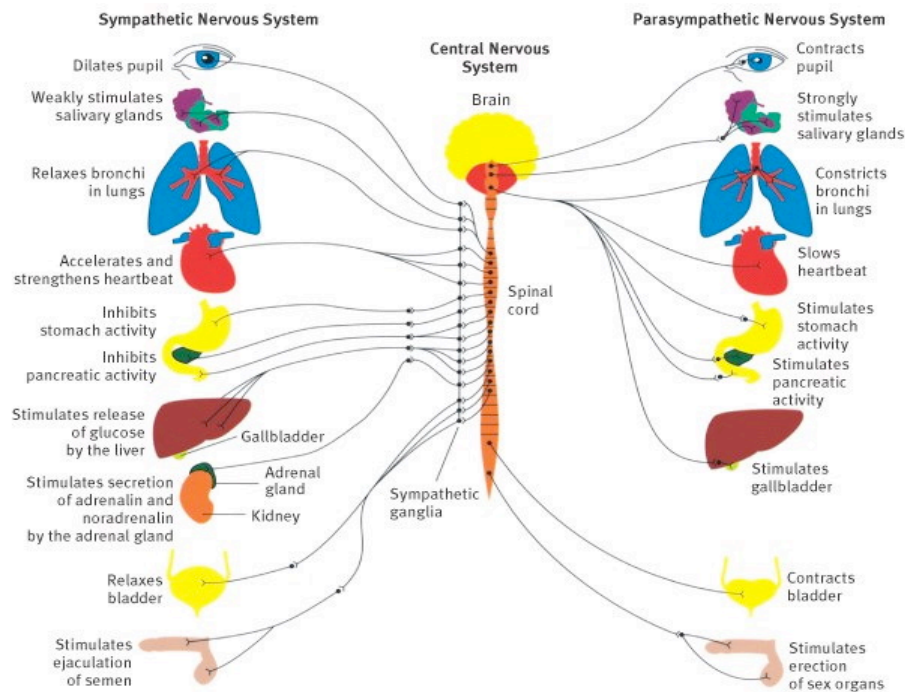


Table 5-7 DSM-IV Checklist

PANIC DISORDER

1. Recurrent unexpected panic attacks.
2. A month or more of one of the following after at least one of the attacks.
 - (a) Persistent concern about having additional attacks.
 - (b) Worry about the implications or consequences of the attack.
 - (c) Significant change in behavior related to the attacks.

Based on APA, 2000, 1994.

Table 5-6 DSM-IV Checklist

PANIC ATTACK

A discrete period of intense fear in which at least four of the following symptoms develop suddenly and reach a peak within 10 minutes:

- ✦ Palpitations, pounding heart, or accelerated heart rate
- ✦ Sweating
- ✦ Trembling or shaking
- ✦ Sensations of shortness of breath or smothering
- ✦ A feeling of choking
- ✦ Chest pain or discomfort
- ✦ Nausea or abdominal distress
- ✦ Feeling dizzy, unsteady, lightheaded, or faint
- ✦ Derealization or depersonalization
- ✦ Fear of losing control or going crazy
- ✦ Fear of dying
- ✦ Numbness or tingling sensations
- ✦ Chills or hot flashes

Based on APA, 2000, 1994.

Post Traumatic Stress Symptoms (not disorder) are a normal reaction in the month after an assault

Table 6-1 DSM-IV Checklist

POSTTRAUMATIC STRESS DISORDER

1. A history of having experienced, witnessed, or confronted event(s) involving death, serious injury, or threat to the physical integrity of self or others. Reaction of intense fear, helplessness, or horror produced by event.
2. Event persistently reexperienced in at least one of the following ways:
 - (a) Recurrent distressing recollections.
 - (b) Recurrent distressing dreams, illusions, flashbacks, or a sense of reliving the experience.
 - (c) Distress caused by reminders of event.
 - (d) Physical arousal produced by reminders of event.
3. Persistent avoidance of reminders of the event and a subjective sense of numbing, detachment, or emotional unresponsiveness.
4. At least two marked symptoms of increased arousal:
 - (a) Difficulty sleeping.
 - (b) Irritability.
 - (c) Poor concentration.
 - (d) Hypervigilance.
 - (e) Exaggerated startle response.
5. Significant distress or impairment, with symptoms lasting at least one month.

Based on APA, 2000, 1994.

	Personality Disorder									
	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Histrionic	Narcissistic	Avoidant	Dependent	Obsessive-Compulsive
Features	<div>■ Central feature</div> <div>■ Prominent feature</div>									
	Relationship problems	Prominent	Central	Prominent	Central	Prominent	Prominent	Central	Central	Prominent
	Suspicious/distrustful	Central	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Hostile	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Blames others	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Deceitful	Prominent	Prominent	Central	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Controlling/manipulative	Prominent	Prominent	Central	Prominent	Prominent	Prominent	Prominent	Prominent	Central
	Jealous	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Sensitive	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Central	Prominent	Prominent
	Aloof/isolated	Prominent	Central	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Self-absorbed	Prominent	Prominent	Prominent	Prominent	Prominent	Central	Prominent	Prominent	Prominent
	Self-critical	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Central	Prominent
	Impulsive/reckless	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Grandiose/egocentric	Prominent	Prominent	Prominent	Prominent	Central	Central	Prominent	Prominent	Prominent
	Emotionally unstable	Prominent	Prominent	Prominent	Central	Prominent	Prominent	Prominent	Prominent	Prominent
	Overly emotional	Prominent	Prominent	Prominent	Prominent	Central	Prominent	Prominent	Prominent	Prominent
	Depressed/helpless	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Anxious/tense	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Central	Prominent
	Cognitive/perceptual egocentricities	Prominent	Central	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Attention deficiencies	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent
	Psychotic-like episodes	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent	Prominent