

DISORDERS & TREATMENT



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

Disorders & Treatment Unit Guide REV 2016

Essential Questions:

- How does biology influence behavior?
- How do we differentiate between normal and abnormal behavior?
- How do psychologists classify disorders?
- What impact does mental illness have on a persons life and how the world perceives them?
- What are the symptoms of anxiety disorders, emotion and mood disorders, dissociative disorders, and schizophrenia?
- How does the biopsychosocial model explain the symptoms of anxiety disorders, emotion and mood disorders, dissociative disorders, and schizophrenia?
- In what ways do psychologists treat mental illness?

<p><u>30-1</u> psychological disorder</p> <p><u>30-2</u> Medical model Bio-psycho-social model</p> <p><u>30-4</u> Stigma</p> <p><u>31-1</u> Generalized anxiety disorder Panic disorder Phobia Obsessive-compulsive disorder Post-traumatic stress disorder Social phobia Agoraphobia Obsession Compulsion</p> <p><u>31-2</u> Major depressive disorder Bipolar disorder</p> <p><u>32-1</u> Dissociative disorder Dissociative identity disorder</p> <p><u>32-2</u> Schizophrenia Delusion Hallucination</p>	<p><u>33-1</u> Psychoanalysis Resistance Interpretation Transference Repressed memories Interpersonal psychotherapy</p> <p><u>33-2</u> Client-centered therapy Active listening Unconditional positive regard</p> <p><u>33-3</u> Behavior therapy Classical conditioning Counterconditioning Systematic desensitization Progressive relaxation Virtual reality exposure therapy Aversive conditioning Operant conditioning Token economy</p> <p><u>33-4</u> Cognitive therapy Cognitive behavioral therapy</p> <p><u>33-5</u> Family therapy</p>	<p><u>34-1</u> Biomedical therapy Deinstitutionalization Antipsychotic drugs Antianxiety drugs Antidepressant drugs</p> <div style="background-color: #e0e0e0; padding: 5px; margin-top: 20px;"> <p><u>Names to know:</u> Rosenhan, Beck, Ellis, Rogers, Freud</p> </div>
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DEFINING MENTAL DISORDERS

Instructions: Read through the case studies. After you read each one, decide whether you think that the individual described is displaying a mental disorder. Go with your initial “gut” instinct for now.

Andrew

Andrew has led a turbulent life. As a young child, he skipped school more often than he attended. When he did attend, he had frequent behavior problems, and often got into fights with other boys. He was finally expelled from school after stabbing another student in a high school class. Since then, Andrew has not held a job for any length of time. Soon after his expulsion, he began supplementing his income by breaking into homes and stealing whatever he could get his hands on. However, he appears to feel no guilt about his behavior. Although he has never been in a committed relationship, he has several children - whom he never sees, due partly to the fact that he frequently moves from town to town. Despite these characteristics, Andrew is a colorful and entertaining person and has a certain charm. If asked, he will tell you that he is quite happy with his current lifestyle.

_____ has a mental disorder

_____ does not have a mental disorder

Diane

Diane is the only child of two professional parents. She did well in high school and had several close friends. However, her grades suffered when she got to college, and she spent one semester on probation before she graduated. She met Don while in college, and the two married soon after graduation and had two children. Diane and Don decided that Diane would stay home until the children were in school, because Don’s job with a prestigious accounting firm enabled him to support the family. Three months ago, however, Don came home from work and announced that he was having an affair with another woman. He had decided to leave Diane. The divorce proceeded quickly, and although Diane retained custody of the children, she had to move into a small apartment. She began to look for work and eventually took a job that she disliked. Diane often finds herself thinking about how quickly her life has changed! She has been sad for the last few months, and sometimes lies in bed crying after the children are asleep. She also eats a lot more than she used to and sometimes has difficulty getting to sleep at night.

_____ has a mental disorder

_____ does not have a mental disorder

Eric

Eric was born in a rural town in the Midwest. He made average grades in school and decided after graduation to purchase a farm in the area and raise corn. He enjoyed this lifestyle and did quite well. One day, while working in the field, Eric was seriously injured in an accident with the combine and he was rushed to the hospital. The doctors were able to save his life, but his legs had to be amputated. Eric is now confined to a wheelchair. It has been a year since the accident, and he still takes morphine (which his doctor prescribed) to control his considerable pain. His thinking remains quite rational, and he has been able to do some work helping with the books at his parents’ store. He does not enjoy the work, however, and misses his previous activity. Recently, he confided in his doctor that he does not feel that his new life is worth living, and he has decided that he would like to end it all.

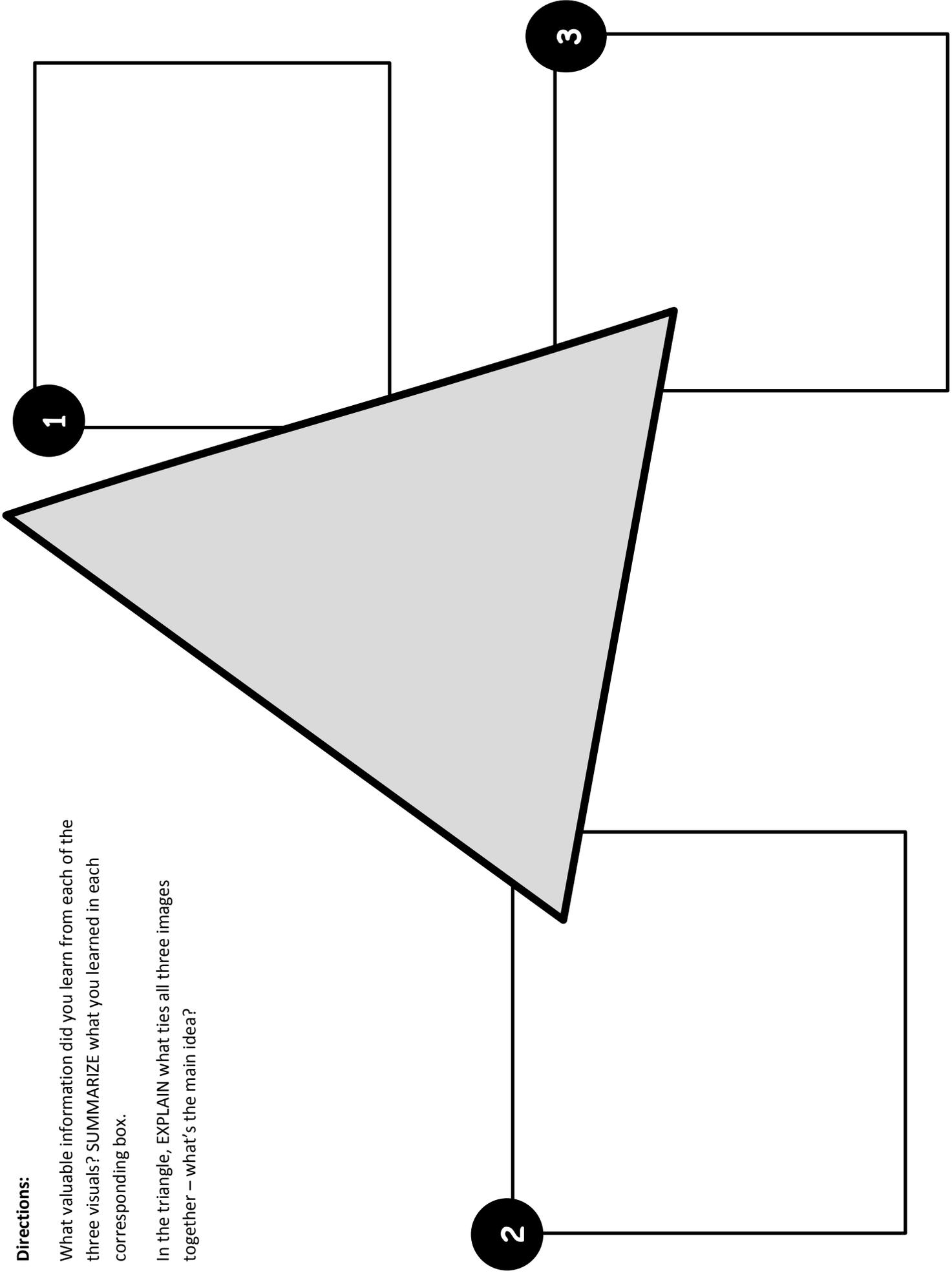
_____ has a mental disorder

_____ does not have a mental disorder

Directions:

What valuable information did you learn from each of the three visuals? SUMMARIZE what you learned in each corresponding box.

In the triangle, EXPLAIN what ties all three images together – what's the main idea?



Psychology

Disorders Project

Task: Your group will be researching one of the disorders listed on the back and will be presenting the information to the class.

Requirements:

Create a **Google Slideshow** that contains the following information:

- Group Members' first + last names
- Name of Psychological Disorder
- DSM-5 Definition of your Disorder
- Potential Risk Factors (consider the BioPsychoSocial Model) & Typical Age of Onset
- Explanation of DSM-5 Symptoms
- Provide 3 **Meaningful** Statistics pertaining to your disorder

Presentation:

- Your group will present your Google slideshow to the class
- Presentations must be 5-6 minutes long.
- Everyone in the group must participate equally in the presentation.

Sources:

- Your group must use a minimum of 2 sources other than your textbook (1 of which MUST be the DSM-5).
 - Online version of DSM-5:
<http://psy-gradaran.narod.ru/lib/clinical/DSM5.pdf>
- The last slide in your google slideshow must be an APA formatted Reference Page.

ALL Google Slideshows must be completed and turned into Google Classroom by

List of Psychological Disorders

Major Depressive Disorder

Bipolar Disorder (distinguish between I & II)

Obsessive-Compulsive Disorder

Generalized Anxiety Disorder

Posttraumatic Stress Disorder

Schizophrenia

Dissociative Identity Disorder

Panic Disorder

Specific Phobias

Disorders Notesheet

Disorder	Definition	Risk Factors	Symptoms	Interesting Stats

Disorder	Definition	Risk Factors	Symptoms	Interesting Stats

Disorder	Definition	Risk Factors	Symptoms	Interesting Stats

10 Things Depression Doesn't Want You To Know!

By John D. Moore, PhD

If left unchecked, I grow in power and have the ability to bring you to your knees. I can lie to you, twist your thoughts and make you disconnect from everyone you care about. When I am super strong, I can even make you take your life. What you may not know however, is that I am vulnerable to 10 specific things that weaken my intensity. If you engage in any one of these, you chip away at my strength. When you combine several together however, you cause me to lose my grip and become smaller.

I shouldn't be telling you this information – but I am going to do it anyway.

Are you ready? Let's jump right in!

10 Things Depression Doesn't Want You To Know

1. Circle of support

When you call upon your circle of support, like friends and family members, I start to cower. Reaching out to others means you are not isolating. This in turn makes my presence weaker.

2. Talk Therapy

When you visit your therapist to engage in talk-therapy, particularly cognitive behavioral therapy to address your sadness, you cause me to lose my reign of terror. Choosing to bravely work through your feelings is one of the things I fear most!

3. Physical Activity

When you embark on an exercise program like strength training or involve yourself with other forms of physical activity, you prevent me from taking a hold of your body and mind. One of the things that repels me from you is your commitment to self-care, particularly during stressful times.

4. Mindfulness

Because you engage in mindfulness based living, I don't have the ability to sneak into your mind and make you ruminate about the past. Mindfulness robs me of my most powerful weapons; guilt, shame and fear!

5. Acceptance

When you embrace the various parts of your life, including my presence, you paradoxically make me smaller. That which you fear controls you but that which you confront, you begin to control. I can't tell you how much it upsets me when you do this!

6. Happiness

When you make the conscious choice to have a happy day, you seriously mess with my plans to wreak havoc upon you. Simply put, when you decide to choose how your day will be, I start to melt away like snow in the sun.

7. Laughter

Oh how I despise it when you laugh! Any time you seek out forms of humor therapy or engage in things that are fun, I start to shake in my boots! Watching a funny movie or making light of something serious really gets under my skin.

8. Healthy Diet

I love it when you stress eat and gobble down food that causes my powers to grow! On the flipside, I absolutely hate it when you choose to eat healthy meals that cause me to lose my grip. Making the deliberate choice to care about what you put into your body sends me running for the hills!

9. Medication

When you consult with your doctor and decide to use anti-depressant medications, I get really freaked out. I don't like it when you become educated on the different types of anti-depressants. I get really scared too when you ask your physician questions about potential side effects. All of this means you are actively doing things to drive me out of your life.

10. Patterns of time

When you recognize that I often visit you on a seasonal basis, particularly during wintertime, you start become empowered with knowledge. I particularly despise it when you are aware that I am a temporary presence in your life. Oh how I hate it when you say to yourself: this too will pass. Your ability to rationally look at who I am and my patterns really dis-empowers me.

Final Thoughts

There are lots of other things that you can do to repel me away but I have said far too much already. And hey baby – what you choose to do with this information is up to you.

Remember this – I'm always here – lurking in the darkness and waiting to attack. I generally give you warning signs before I kick in to full gear. Oh yeah – it bothers me that you know this too!

How to Support & Help Someone with Depression

Someone you know is struggling with depression. You want to help but you're not sure how. You worry about saying the wrong thing, or doing the wrong thing. Or maybe you've already done or said the wrong thing.

There may be many reasons you're having a hard time helping your loved one.

But there also are many ways you can help.

Offer "love and kindness, first and foremost," said writer Alexa Winchell. "Be kind to those of us suffering just as you would care for someone with the flu," said Lisa Keith, PsyD, an assistant professor of special education at Fresno Pacific University.

What does this look like?

Below, you'll find specific insights into the helpful — and unhelpful — ways you can be supportive from people who had or have depression.

What Doesn't Help

Saying statements like "But your life is sooo great..."

"Depression is not necessarily a 'rational' state of being. Yes, depression following major life changes, such as losing a job, divorce, an empty nest or a health crisis, 'makes sense' for people. But there is not always an obvious trigger," said Ruth White, Ph.D, MPH, MSW, author of the book *Preventing Bipolar Relapse*.

Telling people that they shouldn't be depressed because their life is great only minimizes their pain and makes them feel like depression is their fault.

Making other dismissive comments.

Graeme Cowan, author of *Back from the Brink: True Stories and Practical Help for Overcoming Depression and Bipolar Disorder*, shared these other damaging comments, which also trivialize depression and can exacerbate it:

"It could be worse; people are starving and killing each other elsewhere.

Just ignore it; it will go away.

If this is the worst thing that ever happens to you, consider yourself lucky.

Haven't you been feeling down long enough? When is this going to be over?

You are being selfish. What about me/your family/your [fill in the blank]?

I have problems, too.

At least you're not really sick, like with cancer or anything.

If you lost weight/got a different job/stopped smoking you wouldn't be depressed anymore.

If you'd just do what I tell you, you would get better.

You just need to change your attitude."

Being impatient.

"Condemnation and impatience are simply the worst ways to deal with a depressed person," said Douglas Cootey, who writes the award-winning blog "A Splintered Mind."

"You might as well stand on top of them and drive them deeper into the depression for all the help your curt words and impatience will do for them. Tough love works well in the movies, but not so well in real life."

7 Things You Shouldn't Say To Someone With Anxiety

02/17/2014 10:52 am ET | Updated Feb 19, 2014

Lindsay Holmes

Healthy Living Editor, The Huffington Post

If you've ever suffered from severe anxiety, you're probably overly familiar with the control it can have over your life. And you're not alone — it affects approximately 40 million adult Americans per year.

Anxiety and panic disorders can cause ceaseless feelings of fear and uncertainty — and with that suffering often comes comments that are more hurtful than helpful. According to Scott Bea, clinical psychologist and assistant professor of medicine at the Cleveland Clinic, while it usually comes from a heartfelt place, a lack of understanding from others can make working through a panic attack incredibly challenging.

“So many of the things you might say end up having a paradoxical effect and make the anxiety worse,” Bea tells The Huffington Post. “Anxiety can be like quicksand — the more you do to try to defuse the situation immediately, the deeper you sink. By telling people things like ‘stay calm,’ they can actually increase their sense of panic.”

Despite everything, there are ways to still be supportive without causing more distress. Here are seven comments you should avoid saying to someone who suffers from an anxiety disorder — and how you can really help them instead.

1. “Don't sweat the small stuff.”

The truth is, what you consider small may not be so minute in someone else's world. While you may be trying to cast a positive, upbeat light on a tense situation, you may be diminishing something that's a much bigger deal to another person.

“You have to enter the person's belief system,” Bea advises. “For [someone with anxiety], everything is big stuff.” In order to help instead, try approaching them from a point of encouragement rather than implying that they “buck up” over something little. Reminding them that they overcame this panic before can help validate that their pain is real and help them push beyond those overwhelming feelings, Bea says.

2. “Calm down.”

The debilitating problem with anxiety and panic disorders is that you simply can't calm down. Finding the ability to relax — particularly on command — isn't easy for most people, and it certainly can be more difficult for someone suffering from anxiety.

In a blog post on Psychology Today, psychologist Shawn Smith wrote an open letter to a loved one from the viewpoint of someone with anxiety, stating that even though there may be good intentions behind it, telling someone to calm down will most likely have the opposite effect:

Let's acknowledge the obvious: if I could stop my anxiety, I would have done so by now. That may be difficult to understand since it probably looks like I choose to [panic, scrub, hoard, pace, hide, ruminate, check, clean, etc]. I don't. In my world, doing those things is only slightly less excruciating than not doing them. It's a difficult thing to explain, but anxiety places a person in that position.

According to Keith Humphreys, a professor of psychiatry at Stanford University, your words don't have to be your most powerful method — offering to do something with them may be the best way to help alleviate their symptoms. Humphreys says activities like meditation, going for a walk or working out are all positive ways to help.

3. “Just do it.”

When someone with anxiety is facing their fear, a little “tough love” may not have the effect you’re hoping for. Depending on the type of phobia or disorder someone is dealing with, panic can strike at anytime — whether it’s having to board an airplane, speaking with a group of people or even just occurring out of nowhere. “Obviously if they could overcome this they would because it would be more pleasant,” Humphreys says. “No one chooses to have anxiety. Using [these phrases] makes them feel defensive and unsupported.”

Instead of telling someone to “suck it up,” practicing empathy is key. Humphreys advises swapping pep-talk language for phrases like “that’s a terrible way to feel” or “I’m sorry you feel that way.”

“The paradox is, [an empathetic phrase] helps them calm down because they don’t feel like they have to fight for their anxiety,” Humphreys said. “It shows some understanding.”

4. “Everything is going to be fine.”

While overall supportive, Bea says that those with anxiety won’t really react to the comforting words in the way that you may hope. “Unfortunately, telling someone [who is dealing with anxiety] that ‘everything is going to be alright’ won’t do much, because nobody is going to believe it,” he explains. “Reassurance sometimes can be a bad method. It makes them feel better for 20 seconds and then doubt can creep in again.”

Bea suggests remaining encouraging, without using blanket statements that may not offer value to the situation. Sometimes, he says, even allowing them to embrace their worry — instead of trying to banish it — can be the only way to help. “They can always accept the condition,” Bea said. “Encouraging them that it’s okay to feel what they’re feeling — that can be a pretty good fix as well.”

5. “I’m stressed out too.”

Similar to “calm down” and “don’t sweat the small stuff,” you may be accidentally trivializing someone’s struggle by creating a comparison. However, if you are stressed or suffering from a mild anxiety or panic disorder, Humphreys warns that camaraderie after a certain point can get dangerous. “It’s important not to obsess with each other,” Humphreys advises. “If you have two people who are anxious, they may feed off each other. If people have trouble controlling their own anxiety, try not to engage in that activity even if you think it might help.”

Research has shown that stress is a contagious emotion, and a recent study out of the University of California San Francisco found that even babies can catch those negative feelings from their mothers. In order to promote healthier thoughts, Humphreys advises attempting to refocus the narrative instead of commiserating together.

6. “Have a drink — it’ll take your mind off of it.”

That cocktail may take the edge off, but when dealing with anxiety disorders there is a greater problem to worry about, Humphreys says. Doctors and prescribed treatments are more of the answer when it comes to dealing with the troubles that cause the panic. “Most people assume that if someone has a few drinks, that will take their anxiety away,” he said. “In the short term, yes perhaps it will, but in the long term it can be a gateway for addiction. It’s dangerous in the long term because those substances can be reinforcing the anxiety.”

7. “Did I do something wrong?”

It can be difficult when a loved one is constantly suffering and at times it can even feel like your actions are somehow setting them off. Humphreys says it’s important to remember that panic and anxiety disorders stem from something larger than just one particular or minor instance. “Accept that you cannot control another person’s emotions,” he explains. “If you try to [control their emotions], you will feel frustrated, your loved one suffering may feel rejected and you’ll resent each other. It’s important not to take their anxiety personally.”

Humphreys says it’s also crucial to let your loved ones know that there is a way to overcoming any anxiety or panic disorder — and that you’re there to be supportive. “There are ways out to become happier and more functional,” he says. “There is absolutely a reason to have hope.”

What I Mean When I Say 'I Have Anxiety'

02/12/2016 08:28 am ET | Updated Feb 15, 2016

Gina Decicco

Writer, singer, coffee addict. Changing the world one word at a time.

Trigger warning

For most people I talk to, when I tell them I have an anxiety disorder, they nod their head and tell me it'll be okay. When I tell them, "I'm sorry, I'm having a bad anxiety day, can we reschedule?" They smile and tell me there's nothing to worry about and if I just get out of bed, I'll see that everything is fine. When I don't want to go bar hopping because I know that alcohol only increases my anxious tendencies I hear, "You're fine. It'll be fun. Let off some steam!"

Meanwhile, my heart is pounding so fast that I'm afraid it may be visibly beating out of my chest. But it isn't. My head isn't actually spinning in circles. My eyes are not crossed like my blurred vision indicates. My knees aren't wobbling along with the trembling muscles fighting the urge to collapse. My face isn't pale and my eyes aren't bloodshot. No, on the outside, I look like I do every day. My hair is clean. My clothes match. I am awake, alive and breathing fine. So nothing is wrong, right?

Wrong.

That's the thing about anxiety disorders. We look fine. Of course, we look fine. Our legs aren't broken. Our tongues haven't been cut out. We aren't cut or bruised. Because anxiety is not a physical disability. That however, does not make it any less debilitating.

Anxiety is a complex disorder and it is nothing to simply smile and nod away. You telling us everything is okay not only doesn't help us, but it hurts us more because nobody seems to take it seriously.

So here are some things I would like you to know about struggling with anxiety.

It is not constant.

There are days when I can make it through without having to stop and breathe or pop a Xanax. I can smile and laugh. I can be productive and go to work, go out to dinner, go see a movie with my friends. And trust me, I know how difficult it is to understand how I can be fine one day and the next, not be able to get out of bed. That's just how it is.

Which leads me to my next point:

It comes in waves.

Anxiety is a strange beast. It will let me have some fun for a couple of days and I think, hmm maybe it's finally left me alone. Then a few days go by, and I wake up one morning unable to even think straight because for whatever reason, the beast has once again emerged and there is nothing I can do to stop it from coming because I have woken up to it sitting on my chest smiling as if I'm welcoming it home.

It can be completely paralyzing.

I don't know if this one applies to everyone, but I know it is a very big piece of my anxiety disorder. When anxiety hits, I am frozen. I can get up and go through the motions of my day but my brain is elsewhere, held captive by whatever "demon" is inhabiting me this time. I cannot think about anything except my inability to think or breathe or feel. Let that one sink in. My brain feels like it is literally paralyzed, as if it is stuck in some kind of limbo with no doors or windows or exits of any kind.

The worst part? I'm completely alone in there.

It can ruin relationships.

Not just romantic relationships, but a relationship of any kind. Friendships and relationships alike can be destroyed by this condition. I have experienced both, and it is the most devastating kind of loss. Why? Because it is not our fault.

It is a disorder that, without the knowledge of how to care for it properly, can explode over time. Eventually, it can become too much for someone else to carry around with them. If they become close enough to you to experience firsthand the effects of your anxiety, it can become too much for them and they might sever the ties for their own mental health. And it hurts like hell.

But I can't blame them because if I could choose to stay as far away from anxiety as they can, I would in a heartbeat.

It can make trust nearly impossible.

I know it sounds awful to blame trust issues on anxiety but in all honestly, it's not placing blame, it's placing responsibility. Anxiety almost never fails to make you think the worst of every situation.

If someone doesn't answer my text, well then that's it, they no longer like me. If someone doesn't text me first, they don't think about me. Someone is busy? Forget it. They just have better things to do with their time than spend it with me. I sound ridiculous, right? Welcome to the anxiety life. We do not have cookies, sorry, but can I interest you in crippling loneliness at a table for one? No? Didn't think so.

I do not want this.

Do you really think that if I had a choice I would choose to let down the people who love me because I can't handle a simple outing? Do you think that I want to be so afraid to get out of bed that, instead I call out of work and cry to Grey's Anatomy for 13 hours in a row? Probably not. Would you choose that? Doubtful.

So when you tell us that we're being dramatic and just looking for attention, take a second and think about what you're saying to us. Nobody, I repeat nobody, wants this.

I wish every day that I wasn't like this.

Not a day goes by that I don't have that little voice in the back of my head telling me just how great my life could be if I wasn't this way. If I could just not have anxiety, everything would be okay. I could actually be happy and trust that the happiness was not a joke or a trick; that the other shoe was not, in fact, ever going to drop. There is no other shoe. But that's not how I am.

To me, no matter how many times I tell myself that everything is okay and I'm being ridiculous, nothing is ever just "alright." In fact, even the smallest things are a disaster.

There are treatments, and I am willing to try them all.

Many people who are diagnosed with anxiety are prescribed medication to control it. Most of the time, it works to take the edge off and can make me a bit more functional in every day life. However, simply using medications usually isn't enough.

I have tried going to the gym. The endorphins usually help immensely. A lot of people take up yoga and breathing exercises. Those are supposed to help, I haven't tried them yet but they are next on the list.

I do a lot of things that make me happy. For me, writing, singing and coloring in my adult coloring books are very comforting. In addition to all of these things, I have found talk therapy to be the greatest tool and worth every penny. Having a therapist who is constantly on your side and there to just let you talk without ever once judging you or blaming you for the condition you're in is the such a freeing experience. I highly suggest it to anyone struggling with anxiety.

I will overcome it.

But it will take time. Fighting anxiety can be a never-ending battle with frequent slip ups and breakdowns along the way. I am still in the process personally, and it is not easy. At all. This is by far the hardest thing I have ever had to do in my entire life. And I have been through a lot. Anxiety however, takes the cake.

Learning how to overcome anxiety is the most difficult task anyone has ever asked me to complete. But these thoughts, the ones that are not truly mine, feel like poison to my soul. But on those days when I can mark a check in the win category, I feel like I can take on the world. I want every day to feel that way, and I won't stop until every day does.

So here's the thing: Anxiety can be pretty heavy and scary stuff. It is not a visible injury, but that doesn't make it any less legitimate. We need people in our lives who are willing to help us and support us and understand that we need a lot of that help and support. I won't think any less of you if you don't think you can handle the commitment of being a part of my life, but I do ask that you do not get my hopes up and let me down.

So when I say "I have anxiety" here's what I really mean. Treat me nicely. Be patient with me. Support me. Know that everything I do, I am thinking about how it effects you. I am fighting for control over my life every day, understand that. I am a handful, and I know it. I am not always easy to have in your life, but if you let me, I will always be there for you. I will never forget the way you held on when most people would let go.

When I say "I have anxiety," I am both warning you what you are in for and thanking you for choosing me anyway.

Schizophrenia Versus Dissociative Identity Disorder

Once Upon A Time . . .

. . . there were two movies produced by Hollywood. They were completely different from each other in terms of genre, characters, and plots but people still had some confusion about the particular mental illnesses that the protagonists had suffered.

The first movie is *Me, Myself, and Irene* starring Jim Carrey. It is a comedy about a push-over Rhode Island state trooper, suffering from dissociative identity disorder (formally known as multiple personality disorder), and having to save a woman from something. Jim Carrey's character learns to fight his alter ego, Hank, over control of his body. Then, happy ending.

The second movie is *A Beautiful Mind* starring Russell Crowe. It is a drama based on the life of John Nash. Nash is a genius mathematician that is eventually diagnosed with schizophrenia after he loses his grip on reality. He eventually comes to return to his life in academia and wins a Nobel Prize. Another happy ending.

Basically, if you are thinking of dissociative identity disorder, think of *Me, Myself, and Irene*. And, if you are thinking of schizophrenia, think of *A Beautiful Mind*.

Yet, what is schizophrenia and dissociative identity disorder? What are some of the symptoms of these mental illnesses? What causes them? There has to be a reason why they are often confused for one another, so some research is required to differentiate them.

SCHIZOPHRENIA

What is it and how do you get it?

The actual term "schizophrenia" is based off of two Greek words: "schizo," which means "split," and "phrene," which means "mind" "Split mind"--no wonder people confuse this mental illness for dissociative identity disorder. This word signifies not the different types of personalities that the mind could undertake, but how the symptoms manifest with the progression of the disease.

Schizophrenia is a disorder that can manifest due to genetics, early development, social processes, and prenatal development. There are several factors that could influence schizophrenia or cause the disease, but further research is underway to understand them better. Currently, scientists are discovering that schizophrenics have different brain activity, or a disruption in brain activity, and a decreased function mostly in the frontal cortex (which is responsible for decision making, emotions, problem solving, and purposeful behavior). One thing is for certain, the symptoms of schizophrenia can be exacerbated due to drugs, both legal (prescription and OTC is included) and illegal.

This disease usually starts to outwardly present itself in the late teens or early twenties, but can begin to form in the womb due to chromosomes and possible missing "genetic codes." Therefore, this can affect many members in a family. Simply put, the higher the amount of family members that have schizophrenia, the higher the chances of you having it.

Symptoms

Delusions. This is essentially types of paranoia and ideas that the individual thinks are true. They can think that people are out to get them or that they have special abilities or powers.

Hallucinations. This can be visual or audible, as well as messing with the senses of touch, taste, and smell. In *A Beautiful Mind*, John Nash's best friend and roommate was actually a hallucination.

Bizarre Behavior. This is pretty much any type of behavior that would not be socially accepted as normal or appropriate.

Disorganized Speech. Cognitive health can really be reflected by speech. If a person jumps topics that have little connection to each other or jumbles their sentences, then this can be a sign of schizophrenia.

Negative Symptoms. These are characterized as a lack of interest in people or self. This can be a lack of personal hygiene, lack of motivation, lack of emotional expression, or a lack of interest in interacting with other people. (John Nash had a good amount of negative symptoms). This can even include posturing, in which the individual freezes and seems to not move.

DISSOCIATIVE IDENTITY DISORDER (or "Split Personality")

What is it and how do you get it?

The correct term for this is Dissociative Identity Disorder, but it was formally known as multiple personality disorder or split personality. Everyone in the world exhibits dissociative behavior when they day dream or get lost in a moment. But Dissociative Identity Disorder is when this behavior is extreme; a disconnect between memories, emotions, thoughts, feeling, actions, et cetera. This could be mistaken for schizophrenia when you think of how much there is of a disconnect when certain schizophrenics speak or act.

Dissociative Identity Disorder is suspected to come about due to a traumatic experience, usually before the age of 9, either from a physical, mental, or emotional event(s). The experience can also be insistent negligence. The individual will dissociate from life and the trauma as a form of coping. This allows the person to endure the traumatic experience without bringing it into contact with the individual's conscious self. But they are not dealing with it.

The "alter(s)" can take control of the body and behavior and can remember events in a totally different light than the other personalities. These other personalities have their own age, race, genders, and they can be animals. They also have their own speech patterns and gestures. When one takes over, it is called "switching," and it can take anywhere from a few minutes to a couple of days.

Symptoms

Along with the different alters that are created, an individual can also have a wide variety of other symptoms. Essentially, dissociative identity disorder is a person with two or more alters that can take control of the body and have their own speech and gestures. But there are other things involved.

- Depression
- Changes in mood
- Insomnia, night terrors, sleep walking
- Eating disorders
- Panic attacks
- Substance abuse
- Compulsions
- Self-destructive behavior (i.e. suicide, cutting, self-persecution, et cetera)
- Time loss
- Delusions and Hallucinations (can be confused with schizophrenia)
- Amnesia
- Headaches

That is a long list of possible symptoms, and many of those would be hard to prove. For example, many people don't believe it when someone says that they do not remember what they did for the past three hours, but those with dissociative identity disorder can honestly have no idea and not remember.

But those with dissociative identity disorder are trying to keep their conscious away from anything that triggers a remembrance to a traumatic event. Thus, they keep themselves far away, feeling detached from their body and that the world is not real. The more stress and triggers they come across, the more alters will be created to help deal with them.

Is There a Difference?

There is a huge difference between schizophrenia and dissociative identity disorder. They share very few similarities: depression, anxiety, delusions, hallucinations, and substance abuse are a few that can be shared by the two.

Yet think about those two Hollywood movies. Did John Nash, at any moment, start to act or speak differently in regards to a traumatic experience? Not really. Nash had his bizarre behavior and anti-social symptoms, but he did not start to act or speak differently. He was always John Nash. And what of Jim Carrey's character? Did that character ever start to hear or see things that were not there? No. There were no voices that only he could hear and there were no other types of delusions or hallucinations. But it was strange when he and Hank started to converse with each other.

What Do We Know About Autism?

By Dr. Ranit Mishori, PARADE Magazine, Published: January 27, 2008

As a child, I learned how [autism](#) turns a world upside down. In our house, it was my little brother who was diagnosed at 3. In the search for a treatment, parents will go to any lengths. I saw that with my parents, and I see it now as a practicing physician. Much has changed in the field of autism, but the need for parents to make decisions in a bewildering terrain has hardly changed at all.

A diagnosis of autism usually rests on three [distinctive symptoms](#): difficulty with social interaction, problems with verbal and nonverbal communication, and repetitive actions or obsessive interests. These behaviors can range from mild to disabling.

Parents may first notice that something is wrong when their child fails to babble or point by age 1 or to speak by 16 months. Some autistic children don't smile or make eye contact. Others seem to be hearing impaired or do not know how to play with toys. There also are cases in which a child who appears to be making normal developmental progress abruptly loses language or social skills.

Is autism an epidemic?

Until the 1940s, there was no autism—in the sense that it was an unrecognized condition. In 1988, when Dustin Hoffman's "Rain Man" brought a version of autism to life on film, many of us first heard about it—as an odd, almost-fascinating disorder which was also, apparently, rare.

Fast-forward to today. Autism is front-page news. Celebrities talk about it, Congress ponies up millions for research, and the numbers are startling: One in every 150 American kids has some form of autism, says the Centers for Disease Control and Prevention. The last 15 years in particular have seen diagnoses rates soar. "It is the fastest-growing developmental disability in the U.S.," says Dr. Andrew Zimmerman, director of medical research at the Kennedy Krieger Institute Center for Autism and Related Disorders in Baltimore.

No one really knows why the numbers are so high. But there are many theories. The most commonly accepted one centers on how we define and recognize autism. "There has been an expansion in the criteria," explains Dr. Cecelia McCarton, the director of a school for autistic children in New York City, echoing the majority of mainstream experts.

A broader definition means that there are simply more ways to be considered autistic than in the past. At the same time, parents, teachers and doctors are paying more attention to the symptoms—which tends to lead to higher numbers of diagnoses.

But changes in how children are labeled and diagnosed alone "cannot explain the rise," says Dr. Zimmerman. Other theories rest on maternal, obstetric or environmental factors that perhaps trigger an innate tendency. "Anything from autoimmune disorders to chemicals in the environment may be involved," adds Zimmerman. He notes that researchers have been pursuing all of these theories to varying degrees, "but science has not yet pointed us to any concrete answers." An important study released this month suggests that a genetic flaw that occurs around conception may sharply increase the risk that a child will develop autism.

More than perhaps any brain disorder in history, autism has ignited heated arguments among parents and professionals.

What is the best treatment?

There currently is no single definitive [treatment](#) for autism. "One size fits all" does not work. But starting early does. These days, children as young as 1 are being evaluated and treated. "The sooner you start, the better off you are," says Dr. McCarton. Early intervention works, she explains, because of the malleability of the brain in very young children—that is, its ability to grow and develop when stimulated.

Today, most school-based programs rely on behavioral therapy to stimulate development. The treatment aims to reinforce appropriate behaviors while discouraging the inappropriate. Typically, a child is required to perform over and over a task that autism makes difficult—say, buttoning a shirt—with rewards such as stickers or candy for performing the task correctly. This approach, practiced in different variations and sometimes customized to the individual child, helps some autistic children make eye contact, increase spoken vocabulary and master basic life skills.

Lisa Goring of Manhasset, N.Y., got her son Andrew early-intervention services at age 2. "When we started, Andrew threw tantrums that made it impossible for us as a family to go anywhere," recalls Goring. "At first we felt lost. But after we found a program, he learned how to speak. Once he was able to communicate, his world opened up." Andrew made such good progress that he was able to enter mainstream kindergarten. He's now in sixth grade. Though not at the level of his peers, Andrew functions well with one-on-one support provided by his school district.

While behavioral programs claim a scientific basis, the reality is that it is difficult to test their effectiveness or even to compare one type of behavioral treatment with another. Still, these therapies win general endorsement by most professionals and many public school districts (though insurance companies generally refuse to pay for them).

Do vaccines cause autism?

Most doctors and researchers answer a clear "no" to this question. But the controversy remains alive in the media and among parent-advocacy groups.

Parents in these groups have reported a sudden and dramatic social disconnect—including loss of language—in children who previously seemed to be developing normally. The change occurred soon after the children were given the first dose of the MMR vaccine (to prevent against measles, mumps and rubella), typically at around 12-15 months. These parents adamantly believe that their children's autism was caused by something in the MMR vaccine or in combination with other vaccines containing the mercury-based preservative thimerosal. They insist that the timing of the onset of autistic symptoms is not a coincidence.

While some physicians and scientists support the vaccine-autism link, the overwhelming majority of medical professionals and mainstream medical organizations maintain that vaccines do not cause autism. This is the position of the Institute of Medicine (IOM), National Academy of Sciences, CDC, American Academy of Pediatrics and NIH. After reviewing the research, the IOM concluded that the evidence "did not support an association between autism and the MMR vaccine."

In fact, even autistic children who never received the MMR vaccine first show symptoms at around the same age as those who are vaccinated.

Is there hope?

Parents of autistic children should not despair. "Many kids do very well and adapt to their situation," says Dr. Lee Marcus, clinical director of the pioneering TEACCH program in Chapel Hill, N.C. Since the 1960s, the program—now mandated in North Carolina—has been combining behavioral and developmental therapies, with parents as co-therapists. "There can be progress and optimism about the future. Society is more accepting. Many people do a good job teaching kids with autism."

Indeed, the road ahead for people with autism depends on the attitudes of the rest of us and our willingness to create opportunities for jobs, for education and for inclusion. "We know our son will always have challenges," says Lisa Goring, "but we feel very fortunate that we found people who understood how to teach him. He's different, but his friends absolutely accept him. He has a community."

Does it Work?

*Experts say that nearly 80% of autistic children are given complementary treatments, including special diets and nutritional supplements. "I know of more than 300 treatments being used by families," says Dr. Paul Law, a pediatrician and father of an autistic child, who created the first **national online database** on autism. But experts caution that there is little solid scientific evidence for most treatments. Among the most popular:*

Elimination diets. These generally allow no casein (found in virtually all dairy products) or gluten (found in most grain-based foods). Many parents report improvements in their children's functioning. But some professionals say the diets will only work for children who are truly allergic. One warning: Children on restricted diets could end up with nutritional deficiencies. Always talk with your child's doctor before starting a new regimen.

Secretin. The naturally occurring hormone controls digestion and has been prescribed for gastrointestinal conditions. In 1998, some researchers suggested that a secretin deficiency could cause autism. Hoping for a cure, some parents gave IV infusions of the hormone to their children. But after a series of trials, NIH researchers concluded that was no evidence that secretin was effective as a treatment for autism.

Chelation therapy. This is an accepted treatment for the removal of toxic levels of lead. Some have argued that autism is caused by a buildup of heavy metals (such as mercury) in the body. No rigorous scientific studies have shown any benefit to chelation therapy. Moreover, it has been associated with serious side effects.

Video Guide “A Beautiful Mind”

Part One:

*Directions: Describe how John Nash demonstrates each of the following symptoms throughout the movie. Give **details** about what he actually does and the circumstances surrounding it. Use **complete sentences**.*

****Give the required number of examples for each symptom category.***

1. Delusions (false beliefs)

a.

b.

2. Hallucinations (auditory and visual)

a.

b.

3. Inappropriate emotions and/or behaviors

a.

b.

Video Guide “A Beautiful Mind”

Part Two:

Directions: Thoughtfully answer each of the following questions:

- 1. How does John Nash’s schizophrenia develop over his lifetime?*
- 2. How does it affect his family, work, and friendships?*
- 3. Do you feel the movie did a good job describing/portraying schizophrenia? Why or why not?*
- 4. What is your reaction to the movie? How or what did it make you feel or think?*

An Activity in Listening Empathically

Scenario:

Client: "I don't feel very normal, but I want to feel that way. I thought I'd have something to talk about – then, it all goes in circles. I was trying to think what I was going to say. Then, coming here, it doesn't work out. I tell you, it seemed that it would be much easier before I came. I tell you, I just can't make a decision. I don't know what I want. I've tried to reason this thing out logically – tried to figure out which things are important to me. I thought that there may be two things a man might do. He might get married and raise a family. But if he was just a bachelor, just making a living – that isn't very good. I find myself and my thoughts getting back to the days when I was a kid, and I'd cry very easily. The dam would break through. I was in the army 4 ½ years. I had no problems then, no hopes, no wishes. My only thought was to get out when peace came. My problems, now that I'm out, are as ever, I tell you, they go back to a long time before I was in the army. I love children.

When I was in the Philippines – I tell you, when I was young I swore I'd never forget my unhappy childhood – so when I saw these children in the Philippines, I treated them very nicely. I used to give them ice cream cones and treat them to movies. It was just a period – I'd reverted back – and that awakened some emotions in me I thought I had long buried. (A pause. He seems near tears.)

The 10 statements below are examples of what a therapist might say to the client in response to the above narrative.

Circle the statements below that you believe demonstrate an empathic perspective (ie. Has the therapist adopted the client's perspective?).

1. *I wonder if I should help you get started talking.*
2. *Why your indecisiveness? What could be the cause?*
3. *It's really hard for you to get started talking.*
4. *What is meant by your focus on marriage and family?*
5. *The crying and the dam sound as though there must be a great deal of repression.*
6. *Decision making just seems impossible to you.*
7. *You want marriage, but it doesn't seem to you to be much of a possibility.*
8. *You feel yourself brimming over with feeling reminiscent of your childhood.*
9. *At some point, you will probably need to dig in to those early unhappy experiences.*
10. *Being very nice to children has somehow had meaning for you.*

Name: _____

OBSESSED VIEWING GUIDE: Evaluating Therapy

We will watch two different people participate in therapy to treat their OCD/anxiety disorder. Your job is to identify the person's problem (obsessions and compulsions). Then you must pick two "exposures" that the person goes through and determine how the person responded to the treatment – was it helpful to them or not?

PERSON #1: Matt

1. What is Matt's biggest fear?
2. Attempted Exposure #: _____
How does Matt respond?

PERSON #2: Traci

1. What are Traci's obsessions (repetitive, negative thoughts) and compulsions (repetitive actions)?
2. Exposure #1: _____
How does Traci respond to this exposure?
3. Exposure #2: _____
How does Traci respond to this exposure?

YOUR THOUGHTS...

How effective is cognitive-behavioral therapy? Explain.

Cinderella

Everyone knows the Cinderella story. Obviously she should not have to count on a Fairy-Godmother to find a happy fulfilling life. She obviously does not get out of the house much. She allows herself to be put down by her stepsisters, etc. So the question is, what kind of psychological therapy would be most helpful to her? **You are the therapist.** What kind of treatment would you recommend for Cinderella? Would it be Psychodynamic, Behaviorist, Cognitive, Humanist, Biological, or some other form of treatment?

Here is what I consider the main parts of her problem (Diagnosis):

1. _____
2. _____
3. _____
4. _____

Etc. _____

I think she should be treated using the _____ form/s of treatment and here is how I would treat her.

Choose one of the following Schools of Therapy:

- Psychodynamic Therapist
- Behaviorist Therapist
- Cognitive Therapist
- Humanist Therapist/Client-Centered
- Biological Therapist

Name: _____

MYSTERY THERAPIST

This activity will test your knowledge of the various types of psychotherapy.

The Specific Types of Therapies

- Complete the table below by filling in one main point about each of the eight types of therapy and listing the case number and name of the client receiving that type of treatment.

Type of Therapy	Brief Description	Case Number and Client
Psychoanalysis		
Client-centered therapy		
Systematic desensitization		
Aversive conditioning		
Cognitive therapy for depression		
Family therapy		
Drug therapy		
Electroconvulsive therapy		

Commonalities of Effective Therapies

- As you tried to identify the various types of therapies represented in this activity, did you notice any common themes that ran through all of the therapies?

What type of psychotherapy?

Cognitive

Client-centered (Humanistic)

Psychodynamic

Family Therapy

Behavioral

1. When she started relating to me in the way she related to her mother, it became clear that she perceived her mother as a rival for her father's affection.
2. That child was a bad actor; he has a serious behavior disorder. It wasn't difficult to understand how he got that way after a few sessions with his parents and siblings.
3. She has the worst case of agoraphobia I've ever seen. A peer counselor is stopping by every day to work with her. It took a week to get her out the front door, and more than a week to get her off the porch.
4. I had to refer a patient to another therapist last week. I just couldn't seem to identify with the guy, and accept the way he acted. Feeling as I did about him, I didn't think I could help him.
5. The theme of hostility toward authority figures occurs over and over again in his dreams and free associations, yet he claims that he and his father had a close and affectionate relationship.
6. I asked her to list the reasons why she thinks she is unable to get through a job interview. She gave me three typewritten pages enumerating more fears, apprehensions, self-criticisms, and negative self-evaluations than I would have believed possible for one person to have. Her thinking about herself has really gotten off-track.
7. He needs to convince himself that his past failures are not the elements of a pattern that will govern his future. And he needs to convince himself that he is in charge of his life, and that he can choose the paths that will lead to accomplishment and satisfaction.
8. People do not develop in isolation. They are part of an interacting system. To effect change in an individual, it is necessary to change the social context in which the individual operates.
9. We think that depression is frequently the result of misinterpretation of environmental events, a tendency to attribute failures to the self and accomplishments to things like luck, fate, or the help of others. Most of us have a self-serving bias in our attributions; people who are depressed have a self-defeating bias in their attributions.