Understanding Psychiatric Diagnoses

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DISCLOSURE

- Financial:
  - Intellectual property (books)
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- Nonfinancial:
  - FLASHA President, Convention Planning Committee
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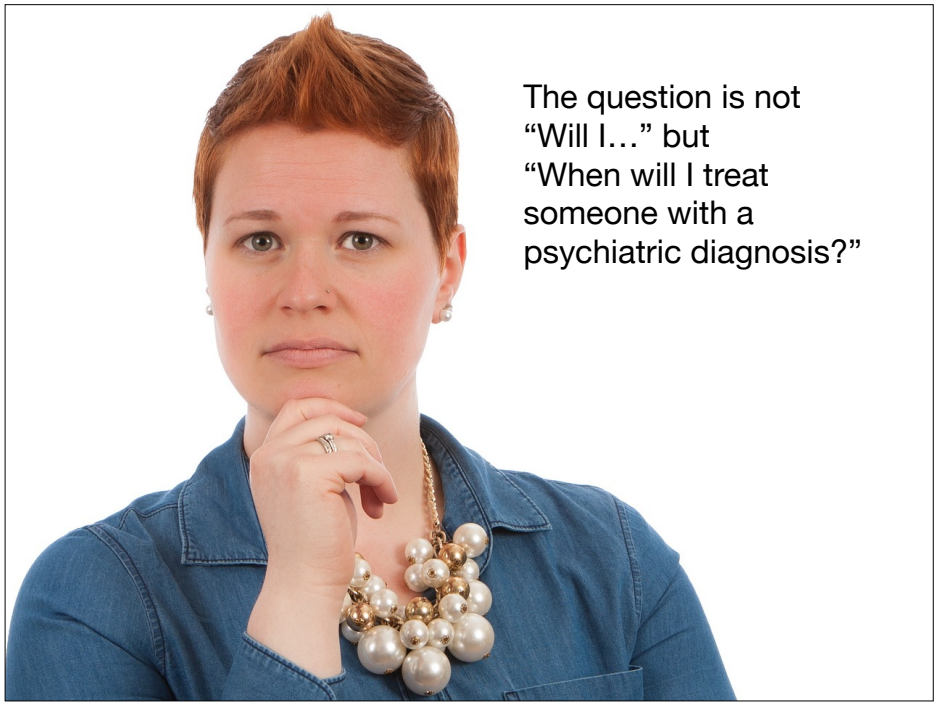
- Timothy P. Kowalski, M.A.,C.C.C.

MY BOOKS

> There is no standard normal. Normal is subjective. There are seven billion versions of normal on this planet."
>
> — *Matt Haig*
> *Reasons to Stay Alive4*

Why is it important to recognize mental health issues?

Psychiatric issues impact 25% of the population


The question is not
“Will I…” but
“When will I treat
someone with a
psychiatric diagnosis?”

Early signs of
mental illness
often go
unnoticed

Leading Cause of Death in the United States

Source: Centers for Disease Control, 2019

Rank	10-14	15-24	25-34	35-44	45-54	55-64
1	Unintentional injury: 778	Unintentional injury: 11,755	Unintentional injury: 24,516	Unintentional injury: 24,070	Malignant Neoplasms: 35,587	Malignant Neoplasms: 111,765
2	Suicide: 534	Suicide: 5,954	Suicide: 8,059	Malignant Neoplasms: 10,695	Heart Disease: 31,138	Heart Disease: 80,837
3	Malignant Neoplasms: 404	Homicide: 4,774	Homicide: 5,341	Heart Disease: 10,499	Unintentional injury: 23,359	Unintentional injury: 24,892
4	Homicide: 191	Malignant Neoplasms: 1,388	Malignant Neoplasms: 3,577	Suicide: 7,525	Liver Disease: 8,098	CLRD: 18,743
5	Congenital Anomalies: 189	Heart Disease: 872	Heart Disease: 3,495	Homicide: 3,446	Suicide: 8,012	Diabetes Mellitus: 15, 508
6	Heart Disease: 87	Congenital Anomalies: 390	Liver Disease: 1,112	Liver Disease: 3,417	Diabetes Mellitus: 6,348	Liver Disease: 14, 385
7	CLRD: 81	Diabetes Mellitus: 248	Diabetes Mellitus: 887	Diabetes Mellitus: 2,228	Cerebro-vascular: 5,153	Cerebro-vascular: 12,931
8	Influenza & Pneumonia: 71	Influenza & Pneumonia: 175	Cerebro-vascular: 585	Cerebro-vascular: 1,741	CLRD: 3,592	Suicide: 8,238
9	Cerebro-vascular: 48	CLRD: 168	Complicated Pregnancy: 532	Influenza & Pneumonia: 951	Nephritis: 2,269	Nephritis: 5,857
10	Benign Neoplasms: 35	Cerebro-vascular: 158	HIV: 486	Septicemia: 812	Septicemia: 2, 176	Septicemia: 5,672

SLPs don't treat psychiatric issues.
We treat the comorbid communication issues associated with them.

Let's take a walk through the DSM-5

to try and get earlier identification and proper treatment

NEURODEVELOPMENT DISORDERS

- Intellectual Disabilities
  - Intellectual Disability (Intellectual Developmental Disorder)
  - Global Developmental Delay
  - Unspecified Intellectual Disability (Intellectual Developmental Disorder)
- Communication Disorders
  - Language Disorder
  - Speech Sound Disorder (previously Phonological Disorder) Childhood-Onset
  - Fluency Disorder (Stuttering)
  - Social (Pragmatic) Communication Disorder
  - Unspecified Communication Disorder

- Autism Spectrum Disorder
  - Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
  - Attention-Deficit/Hyperactivity Disorder
  - Other Specified Attention-Deficit/Hyperactivity Disorder
  - Unspecified Attention-Deficit/Hyperactivity Disorder
- Specific Learning Disorder
  - Specific Learning Disorder

- Motor Disorders
  - Developmental Coordination Disorder
  - Stereotypic Movement Disorder
  - Tic Disorders
  - Tourette's Disorder
  - Persistent (Chronic) Motor or Vocal Tic Disorder
  - Provisional Tic Disorder
  - Other Specified Tic Disorder
  - Unspecified Tic Disorder
- Other Neurodevelopmental Disorders
  - Other Specified Neurodevelopmental Disorder
  - Unspecified Neurodevelopmental Disorder

- Schizophrenia Spectrum and Other Psychotic Disorders
  - Schizotypal (Personality) Disorder
  - Delusional Disorder
  - Brief Psychotic Disorder
  - Schizophreniform Disorder
  - Schizophrenia
  - Schizoaffective Disorder
  - Substance/Medication-Induced Psychotic Disorder
  - Psychotic Disorder Due to Another Medical Condition

- Catatonia
  - Catatonia Associated With Another Mental Disorder (Catatonia Specifier)
  - Catatonic Disorder Due to Another Medical Condition
  - Unspecified Catatonia
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

- Bipolar and related disorders
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Cyclothymic Disorder
  - Substance/Medication-Induced Bipolar and Related Disorder
  - Bipolar and Related Disorder Due to Another Medical Condition
  - Other Specified Bipolar and Related Disorder
  - Unspecified Bipolar and Related Disorder

- Depressive Disorders
  - Disruptive Mood Dysregulation Disorder
  - Major Depressive Disorder, Single and Recurrent Episodes
  - Persistent Depressive Disorder (Dysthymia)
  - Premenstrual Dysphoric Disorder
  - Substance/Medication-Induced Depressive Disorder
  - Depressive Disorder Due to Another Medical Condition
  - Other Specified Depressive Disorder
  - Unspecified Depressive Disorder

- Anxiety Disorders
  - Separation Anxiety Disorder
  - Selective Mutism
  - Specific Phobia
  - Social Anxiety Disorder (Social Phobia) Panic Disorder
  - Panic Attack (Specifier) Agoraphobia
  - Generalized Anxiety Disorder
  - Substance/Medication-Induced Anxiety Disorder
  - Anxiety Disorder Due to Another Medical Condition
  - Other Specified Anxiety Disorder
  - Unspecified Anxiety Disorder

- Obsessive-Compulsive and Related Disorders
  - Obsessive-Compulsive Disorder
  - Body Dysmorphic Disorder
  - Hoarding Disorder
  - Trichotillomania (Hair-Pulling Disorder)
  - Excoriation (Skin-Picking) Disorder
  - Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
  - Obsessive-Compulsive and Related Disorder Due to Another Medical Condition
  - Other Specified Obsessive-Compulsive and Related Disorder
  - Unspecified Obsessive-Compulsive and Related Disorder

- Trauma- and Stressor-Related Disorders
  - Reactive Attachment Disorder
  - Disinhibited Social Engagement Disorder
  - Post-traumatic Stress Disorder
  - Acute Stress Disorder
  - Adjustment Disorders
  - Other Specified Trauma- and Stressor-Related Disorder
  - Unspecified Trauma- and Stressor-Related Disorder

OTHER MAJOR CATEGORIES WE WON'T TALK ABOUT TODAY

- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Elimination Disorders
- Sleep-Wake Disorders
- Breathing-Related Sleep Disorders
- Parasomnias
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Social (Pragmatic) Communication Disorder

SOCIAL (PRAGMATIC) COMMUNICATION DISORDER

- A. Persistent difficulties in the social use of verbal and nonverbal communication as manifested by all of the following:
  - 1. Deficits in using communication for social purposes, such as greeting and sharing information, in a manner that is appropriate for social context.
  - 2. Impairment in the ability to change communication to match context or the needs of the listener, such as speaking differently in a classroom than on a playground, talking differently to a child than to an adult, and avoiding use of overly formal language.
  - 3. Difficulties following rules for conversation and storytelling, such as taking turns in conversation, rephrasing when misunderstood, and knowing how to use verbal and nonverbal signals to regulate interaction.
  - 4. Difficulties understanding what is not explicitly stated (e.g., making inferences) and nonliteral or ambiguous meaning of language (e.g., idioms, humor, metaphors, multiple meanings that depend on the context for interpretation.)
- B. The deficits result in functional limitations in effective communication, social participation, social relationships, academic achievement, or occupational performance, individually or in combination.
- C. The onset of the symptoms is in the early developmental period (but deficits may not become fully manifest until social communication demands exceed limited capacities).
- D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and are not better explained by autism spectrum disorder, intellectual disability (intellectual developmental disorder), global developmental delay, or another mental disorder.

Does it really exist?

- When have you seen a stand-alone pragmatic issue?
- Are there situations in a professional's office that might impact the diagnostic process?

Schizotypal (Personality) Disorder

https://www.youtube.com/watch?v=jBu5M0gXGos

- one of a group of conditions informally called "eccentric" personality disorders
- people who have these disorders often seem odd or peculiar to others and may show unusual thinking patterns and behaviors
- rigid personality traits can cause problems and interfere with many areas of life, including social and work
- may have poor coping skills and trouble forming health relationships
- may have anosognosia: not aware that they have a problem and do not believe they have anything to control

SYMPTOMS SCHIZOTYPAL PERSONALITY DISORDER

- odd behavior, speech patterns, thoughts, and perceptions and often described as strange or eccentric and may:
  - Dress, speak, or act in an odd or unusual way
  - Be suspicious and paranoid
  - Be uncomfortable or anxious in social situations due to their distrust of others
  - Have few friends
  - Be very uncomfortable with intimacy
  - Tend to misinterpret reality or to have distorted perceptions (for example, mistaking noises for voices)

- Have odd beliefs or magical thinking (for example, being overly superstitious or thinking of themselves as psychic)
- Be preoccupied with fantasy and daydreaming
- Tend to be stiff and awkward when relating to others
- Come across as emotionally distant, aloof, or cold
- Have limited emotional responses or seem "flat"

HOW DOES IT DIFFER FROM SCHIZOPHRENIA?

- may have odd beliefs or superstitions forming close relationships and tend to distort reality
- may seem like a mild form of schizophrenia but people who have schizophrenia are disconnected from reality and often hallucinate whereas people who have schizotypal personality disorder don't
- in rare cases, people with schizotypal personality disorder may go on to develop schizophrenia

TREATMENT

- primarily psychotherapy
  - aim of therapy is to help change relationship styles, expectations, coping patterns, and habits of thinking and behavior and learn to realize when they are distorting reality
- medications may be used but are not the main treatment option
  - antipsychotics such as aripiprazole (Abilify, Aristada), olanzapine (Zyprexa), quetiapine (Seroquel), or risperidone (Risperdal)
  - stimulants like methylphenidate (Concerta, Ritalin)
  - the ADHD drug guanfacine (Intuniv, Tenex)
  - benzodiazepines such as clonazepam (Klonopin)
  - gabapentin (Gralise, Neurontin), which treats seizures

COMPLICATIONS

- more likely to have anxiety or depression
- tend to have poor social skills and lack fulfilling relationships
- without treatment, people with this disorder can become even more uncomfortable in social situations, which can lead to further isolation
- outlook depends on how severe the symptoms are
  - people who are motivated to change, get treatment, and stick with it have better results

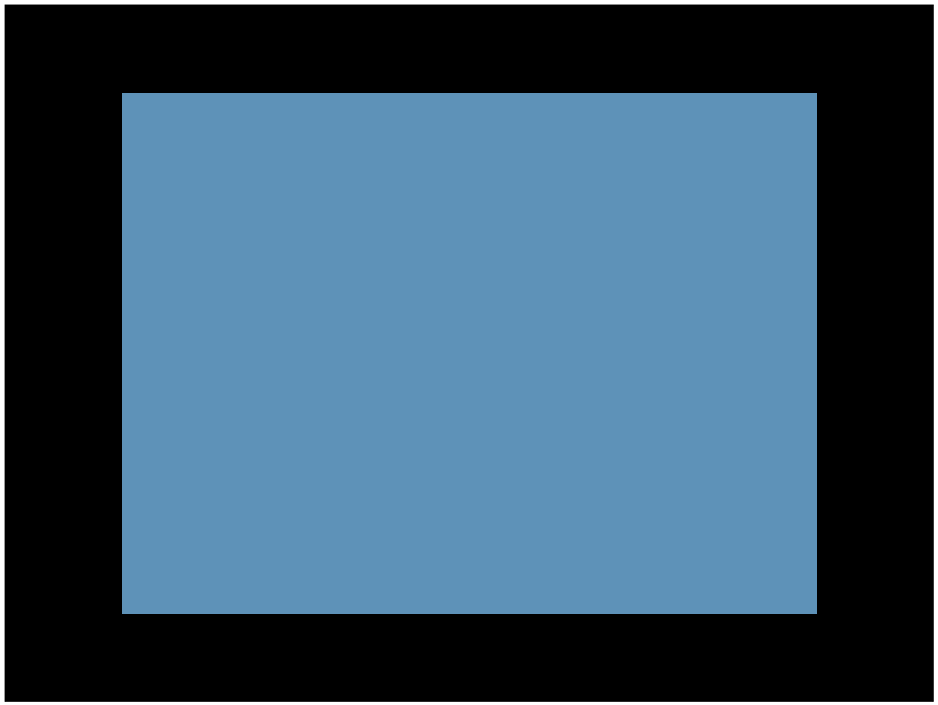
Vincent Van Gogh

Kim Jong-il

Adolf HItler

Schizophrenia

https://www.youtube.com/watch?v=tYiTznmuSu4



SCHIZOPHRENIA

- a serious mental disorder in which people interpret reality abnormally
- may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling
- require lifelong treatment
  - early treatment may help get symptoms under control before serious complications develop and may help improve the long-term outlook
- onset:
  - men: early to mid-20s
  - women: late 20s
  - uncommon for children to be diagnosed with schizophrenia
  - rare for those older than age 45

SYMPTOMS: SCHIZOPHRENIA

- signs and symptoms may vary, but usually involve delusions, hallucinations or disorganized speech, and reflect an impaired ability to function which may have the following symptoms:
- Delusions: false beliefs that are not based in reality and occur in most people with schizophrenia.
  - example, you think that you're being harmed or harassed; certain gestures or comments are directed at you; you have exceptional ability or fame; another person is in love with you; or a major catastrophe is about to occur.
- Hallucinations: seeing or hearing things that don't exist and can be in any of the senses, but hearing voices is the most common hallucination

- disorganized thinking (speech): inferred from disorganized speech in which effective communication is impaired, and answers to questions may be partially or completely unrelated
  - rarely, speech may include putting together meaningless words that can't be understood, sometimes known as word salad
- extremely disorganized or abnormal motor behavior: Behavior isn't focused on a goal, so it's hard to do tasks and may appear as childlike silliness to unpredictable agitation, resistance to instructions, inappropriate or bizarre posture, a complete lack of response, or useless and excessive movement
- negative symptoms: reduced or lack of ability to function normally
  - for example, the person may neglect personal hygiene or appear to lack emotion (doesn't make eye contact, doesn't change facial expressions or speaks in a monotone) and may lose interest in everyday activities, socially withdraw or lack the ability to experience pleasure

SYMPTOMS IN TEENAGERS

- similar to those in adults, but the condition may be more difficult to recognize because early symptoms in teenagers are common for typical development during teen years, such as:
  - Withdrawal from friends and family
  - A drop in performance at school
  - Trouble sleeping
  - Irritability or depressed mood
  - Lack of motivation
  - Recreational substance use, such as marijuana, methamphetamines or LSD, can sometimes cause similar signs and symptoms.
- compared with adult symptoms, teens may be:
  - Less likely to have delusions
  - More likely to have visual hallucinations

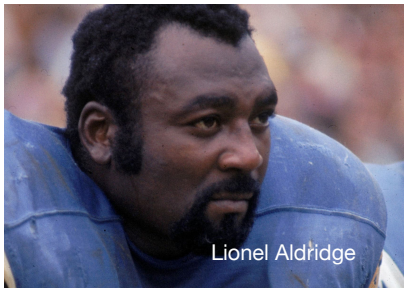
TREATMENT

- causes of schizophrenia are complex and are not fully understood, so current treatments focus on managing symptoms and solving problems related to day to day functioning. Treatments include:
- Antipsychotic Medications to help reduce the intensity and frequency of psychotic symptoms.
  - side effects such as weight gain, dry mouth, restlessness, and drowsiness when they start taking these medications
  - some subside over time, but others may persist, which may cause some people to consider stopping their antipsychotic medication
  - suddenly stopping medication can be dangerous and it can make schizophrenia symptoms worse

- Psychosocial Treatments help address the negative and cognitive symptoms
  - cognitive behavioral therapy
  - behavioral skills training
  - supported employment
  - cognitive remediation interventions
- Family Education and Support
- Coordinated specialty care (CSC): recovery-oriented treatment programs for people with first episode psychosis, an early stage of schizophrenia
- Assertive Community Treatment (ACT): a multidisciplinary team focused on treating individuals at risk for repeated hospitalizations or homelessness

Darrell Hammond

Jim Gordon


Lionel Aldridge

Bipolar Disorder

https://www.youtube.com/watch?v=XQ2PbPr2AH4

- causes changes in a person's mood, energy, and ability to function.
- mood episodes: prolonged intense emotional states that typically occur during distinct periods of days to weeks categorized as:
  - manic/hypomanic (abnormally happy or irritable mood) or
  - depressive (sad mood).
- runs in families
  - 80 to 90 percent of individuals with bipolar disorder have a relative with bipolar disorder or depression
- average age of onset is 25 years old
- 3 different diagnoses: bipolar I, bipolar II, and cyclothymic disorder
  - risk of suicide is much greater in bipolar I

BIPOLAR 1

- diagnosed when a person experiences a manic episode characterized by an extreme increase in energy
  - may feel on top of the world or uncomfortably irritable in mood
  - some people with bipolar I disorder also experience depressive or hypomanic episodes
  - most people with bipolar I disorder also have periods of neutral mood

SYMPTOMS: MANIC EPISODE

- at least one week when a person is extremely high-spirited or irritable most of the day for most days, possesses more energy than usual, and experiences at least three of the following changes in behavior:
  - Decreased need for sleep (e.g., feelig energetic despite significantly less sleep than usual
  - Increased or faster speech
  - Uncontrollable racing thoughts or quickly changing ideas or topics when speaking
  - Distractibility
  - Increased activity (e.g., restlessness, working on several projects at once)
  - Increased risky behavior (e.g., reckless driving, spending sprees)
- these behaviors must represent a change from the person's usual behavior
- symptoms must be severe enough to cause dysfunction in work, family, or social activities and responsibilities. Symptoms of a manic episode commonly require a person to receive hospital care to stay safe.
- some people experiencing manic episodes also experience disorganized thinking, false beliefs, and/or hallucinations, known as psychotic features.

SYMPTOMS: HYPOMANIC EPISODE

- characterized by less severe manic symptoms that need to last only four days in a row rather than a week
- symptoms do not lead to the major problems in daily functioning that manic symptoms commonly cause

SYMPTOMS: MAJOR DEPRESSIVE EPISODE

- at least two weeks in which a person has at least five of the following symptoms (including at least one of the first two symptoms):
  - Intense sadness or despair
  - Loss of interest in activities the person once enjoyed
  - Feelings of worthlessness or guilt
  - Fatigue
  - Increased or decreased sleep
  - Increased or decreased appetite
  - Restlessness (e.g., pacing) or slowed speech or movement
  - Difficulty concentrating
  - Frequent thoughts of death or suicide

TREATMENT

- medication is the cornerstone of bipolar disorder treatment, though talk therapy (psychotherapy) can help many patients learn about their illness and adhere to medications, preventing future mood episodes
- mood stabilizers (e.g., lithium) are the most commonly prescribed type of medications for bipolar disorder
  - believed to correct imbalanced brain signaling
- bipolar disorder is a chronic illness in which mood episodes typically recur, ongoing preventive treatment is recommended
- In some resistive cases electroconvulsive therapy (ECT) may be used to remodel brain signaling pathways by applying a brief electrical current applied to the scalp while the patient is under anesthesia, leading to a short, controlled seizure
- family members may also benefit from professional resources, particularly mental health advocacy and support groups to learn strategies for coping, participating actively in the treatment, and obtaining support

BIPOLAR II

- requires someone to have at least one major depressive episode and at least one hypomanic episode
- people return to their usual functioning between episodes
- often first seek treatment as a result of their first depressive episode, since hypomanic episodes often feel pleasurable and can even increase performance at work or school
- frequently have other mental illnesses such as an anxiety disorder or substance use disorder, the latter of which can exacerbate symptoms of depression or hypomania

TREATMENT

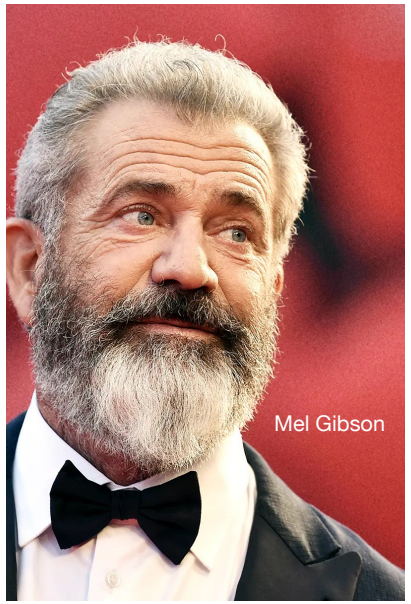
- similar to those for bipolar I: medication and psychotherapy
- most commonly used medications are mood stabilizers and antidepressants, depending on the specific symptoms
- If depressive symptoms are severe and medication is not effective, ECT may be used

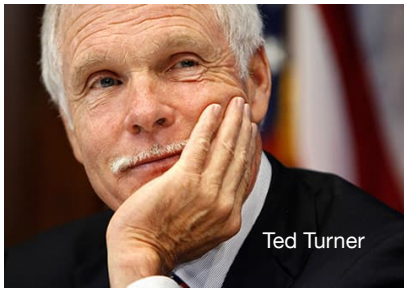
CYCLOTHYMIC DISORDER

- milder form of bipolar disorder involving many "mood swings," with hypomania and depressive symptoms that occur frequently but with less severe symptoms than bipolar I or II disorder
- symptoms include the following:
  - for at least two years, many periods of hypomanic and depressive symptoms, but the symptoms do not meet the criteria for hypomanic or depressive episode
  - During the two-year period, the symptoms (mood swings) have lasted for at least half the time and have never stopped for more than two months

TREATMENT

- involves medication and talk therapy
- for many people, talk therapy can help with the stresses of mood swings
- keeping a mood journal can be an effective way to observe patterns in mood fluctuation
- patients often start and stop treatment over time





Depressive Disorders

https://www.youtube.com/watch?v=CTXkyFbGqEg

DEPRESSIVE DISORDERS CATEGORIES

- Major Depressive Disorder: characterized by a period of at least two weeks during which the youth experiences sadness, hopelessness, guilt, loss of interest in activities that are usually enjoyable, and/or irritability most of the time - youth diagnosed with major depressive disorder must experience at least four of the following:
  - Significant change in weight (or failure to meet expected weight gain)
  - Sleep disturbance
  - Series of unintentional or purposeless motions (psychomotor agitation) or a visible slowing down of speech or other movements or reactions (psychomotor retardation)
  - Fatigue or loss of energy most of the time
  - Excessive feelings of worthlessness or guilt
  - Difficulty thinking or concentrating
  - Recurrent thoughts of death or suicide

- Persistent Depressive Disorder (Dysthymia): symptoms are chronic and persistent but less severe than major depressive disorder and youth must experience a depressed mood and have at least two of the following symptoms:
  - Altered appetite (eating too much or too little)
  - Sleep disturbance (sleeping too much or too little)
  - Fatigue or loss of energy
  - Low self-esteem
  - Difficult thinking or concentrating
  - Sense of hopelessness

- Disruptive Mood Dysregulation Disorder: core feature is chronic, severe, persistent irritability
- Depressive Disorder Due to Another Medical Condition: It must be established that the depressive symptoms can be etiologically related to the medical condition through a physiological mechanism before making a judgment that this is the best explanation for the symptoms of a specific individual
- Premenstrual Dysphoric Disorder
- Substance/Medication Induced Depressive Disorder

- Other Specified Depressive Disorder: presentations in which symptoms do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class.
- Unspecified Depressive Disorder: used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific depressive disorder and includes presentations for which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings)

AGE-SPECIFIC SYMPTOMS OF DEPRESSIVE DISORDERS

- Preschool Children
  - researchers have found evidence that depression occurs in children as young as three years of age (Luby et al., 2009; Luby et al., 2003)
  - preschoolers with depression, compared to preschoolers who are disruptive, have significantly more sleep problems, feelings of guilt, changes in weight, diminished interest in activities that they previously enjoyed, and difficulty concentrating or thinking clearly (Luby et al., 2009)
  - children age three to five may be more accident-prone and have certain phobias (Harvard Mental Health Letter, 2002).

SCHOOL-AGED CHILDREN AND ADOLESCENTS

- It is not uncommon for school-aged children and adolescents to experience depression (Klein, Torpey, & Bufferd, 2008)
- Children aged six to nine may be more aggressive, complain of physical problems of unknown origin, or cling to their parents and avoid new events and people (Harvard Mental Health Letter, 2002)
- As children enter adolescence, their symptoms may evolve into more typical adult symptoms, such as feelings of hopelessness, worry, and guilt (Harvard Mental Health Letter)
  - however, school-aged children experience less hopelessness, fewer incidents of sleep disturbance, fewer appetite changes, and fewer problems with motivation than do adolescents and adults (Klein, Torpey, & Bufferd).
- tend to sleep more, have more appetite problems, and exhibit an irritable mood
- some experience suicidal ideation, and/or attempt suicide (Roberts, 2015).

TREATMENT

- involves medication and talk therapy
- youth who experience the onset of depressive disorders at a younger age typically have a worse prognosis, therefore early intervention is crucial in treatment (Brown, 1996)
- psychosocial therapy:
  - cognitive behavioral therapy (CBT)
  - interpersonal therapy (IPT) (Roberts, 2015; David-Ferdon & Kaslow, 2008)
  - psychodynamic therapy may gain popularity as a treatment protocol, as one study showed similar quality outcomes to CBT (Thoma et al., 2012).
- pharmacological treatments
  - Currently, only fluoxetine (a selective serotonin reuptake inhibitor [SSRI]), has been approved by the FDA for treating children eight years of age or older (Roberts; 2015; APA & AACAP, n.d.).

RISK OF SUICIDAL BEHAVIOR

- depressive disorders dramatically increase the risk of suicide hence proper identification is a grave matter
- depressed adolescents were five times more likely than adolescents without depression to attempt suicide (USDHHS).

Dwayne “The Rock” Johnson

Lady Gaga

Michael Phelps

Generalized Anxiety Disorder

https://www.webmd.com/anxiety-panic/guide/generalized-anxiety-disorder

GENERALIZED ANXIETY DISORDER

- marked by excessive, exaggerated anxiety and worry about everyday life events for no obvious reason
- people with symptoms always expect disaster and can't stop worrying about health, money, family, work, or school
- the worry is often unrealistic or out of proportion for the situation
- daily life becomes a constant state of worry, fear, and dread
- eventually, anxiety can even dominate a person's thinking so much that they find it hard to do routine things at work or school, socially, and in their relationships

SYMPTOMS

- GAD affects the way a person thinks, and it can lead to physical symptoms which can't be caused by a medical problem or other condition and last at least 6 months.
  - Excessive, ongoing worry and tension
  - Unrealistic view of problems
  - Restlessness or a feeling of being "edgy"
  - Trouble concentrating
  - Tiring easily or being fatigued
  - Increased crankiness or irritability
  - Trouble sleeping
  - Muscle tension or muscle aches and soreness

TREATMENT

- Treatment for GAD most often includes a combination of cognitive behavioral therapy and medication
- benzodiazepines are prescribed less often than in the past because they may be addictive or sedating and can interfere with memory and attention. They work by curbing the physical symptoms of anxiety, such as muscle tension and restlessness
  - common benzodiazepines include alprazolam (Xanax), chlordiazepoxide Hcl (Librium), diazepam (Valium), and lorazepam (Ativan)
  - may exaggerate sedation effects when combined with many other medicines, and they are also dangerous if mixed with alcohol
- antidepressants, such as duloxetine (Cymbalta), escitalopram oxalate (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), and venlafaxine (Effexor) are also used to treat GAD for longer periods of time and take a few weeks to start working, but they're safer and more appropriate for long-term treatment of GAD

Obsessive-Compulsive Disorder

OCD

- repeated unwanted thoughts or sensations (obsessions) or the urge to do something over and over again (compulsions)
  - some people can have both obsessions and compulsions
- OCD isn't about habits like biting your nails or thinking negative thoughts. An obsessive thought might be that certain numbers or colors are "good" or "bad." A compulsive habit might be to wash your hands seven times after touching something that could be dirty. Although you may not want to think or do these things, you feel powerless to stop.
- Everyone has habits or thoughts that repeat sometimes. People with OCD have thoughts or actions that:
  - Take up at least an hour a day
  - Are beyond your control
  - Aren't enjoyable
  - Interfere with work, your social life, or another part of life

OCD TYPES

- OCD comes in many forms, but most cases fall into at least one of four general categories:
  - Checking, such as locks, alarm systems, ovens, or light switches, or thinking you have a medical condition like pregnancy or schizophrenia
  - Contamination, a fear of things that might be dirty or a compulsion to clean. Mental contamination involves feeling like you've been treated like dirt.
  - Symmetry and ordering, the need to have things lined up in a certain way
  - Ruminations and intrusive thoughts, an obsession with a line of thought. Some of these thoughts might be violent or disturbing.

OCD TREATMENT

- There's no cure for OCD but symptoms may be managed through medicine, therapy, or a combination of treatments.
- Psychotherapy: Cognitive behavioral therapy can help change your thinking patterns
- Relaxation: simple things like meditation, yoga, and massage can help with stressful OCD symptoms.
- Medication: Psychiatric drugs called selective serotonin reuptake inhibitors help many people control obsessions and compulsions. They might take 2 to 4 months to start working. Common ones include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine, paroxetine (Paxil), and sertraline (Zoloft). If you still have symptoms, your doctor might give you antipsychotic drugs like aripiprazole (Abilify) or risperidone (Risperdal).
- Neuromodulation. In rare cases, when therapy and medication aren't making enough of a difference, your doctor might talk to you about devices that change the electrical activity in a certain area of your brain. One kind, transcranial magnetic stimulation, is FDA-approved for OCD treatment. It uses magnetic fields to stimulate nerve cells. A more complicated procedure, deep brain stimulation, uses electrodes that are implanted in your head.
- TMS (transcranial magnetic stimulation). The TMS unit is a non-invasive device that is held above the head to induce the magnetic field. It targets a specific part of the brain that regulates OCD symptoms.

David Beckham

Leonardo DiCaprio

Howie Mandel

Reactive Attachment Disorder

REACTIVE ATTACHMENT DISORDER

- Reactive attachment disorder (RAD) is a condition found in children who may have had grossly negligent care and don't form healthy emotional attachments with their primary caregivers -- usually their mothers -- before age 5
- Attachment develops when a child is repeatedly soothed, comforted, and cared for, and when the caregiver consistently meets the child's needs. It is through attachment with a loving and protective caregiver that a young child learns to love and trust others, to become aware of others' feelings and needs, to regulate their emotions, and to develop healthy relationships and a positive self-image. The absence of emotional warmth during the first few years of life can negatively affect a child's future.

SYMPTOMS

- Not respond to others with the range of emotions that you'd expect
- Not express emotions of conscience, such as remorse, guilt, or regret
- Not make eye contact
- Avoid physical touch, especially from caregivers
- Have tantrums or be more irritable, disobedient, or prone to argue than you'd expect for their age and situation
- Be unhappy or sad without a clear cause
- When children get older their RAD tends to take on two patterns, inhibited and disinhibited.

INHIBITED RAD

- Detachment
- Unresponsiveness or resistance to comforting
- Excessive inhibition (holding back emotions)
- Withdrawal or a mixture of approach and avoidance
- Failure to seek affection from caregivers and other people
- A tendency to keep to themselves

DISINHIBITED RAD

- Indiscriminate sociability
- Inappropriate familiarity or selective in the choice of attachment figures
- No preference for their primary caregivers over other people
- A tendency to act younger than their age and to seek affection in potentially dangerous ways

TREATMENT: RAD

- Treatment of RAD has two important goals:
  - ensure that the child is in a safe environment - especially important in cases where the child has been abused or neglected
  - help the child develop a healthy relationship with an appropriate caregiver
- Treatment often focuses on the caregiver. Counseling may help address issues that are affecting the caregiver's relationship with -- and behavior toward -- the child. Teaching parenting skills also can help improve the relationship and develop attachment.
- Treatment may also include play therapy. This technique allows the child and the caregiver to express their thoughts, fears, and needs in the safe context of play.
- There is no medication to treat RAD however medication to help manage severe behavioral symptoms, such as explosive anger or problems sleeping may be prescribed
- Holding therapies and "rebirthing" techniques is controversial and not EBP

Post-traumatic Stress Disorder

PTSD

- Posttraumatic stress disorder (PTSD), once called shell shock or battle fatigue syndrome, is a serious condition that can develop after a person has experienced or witnessed a traumatic or terrifying event in which there was serious physical harm or threat
- Most people who have a traumatic event will have reactions that may include shock, anger, nervousness, fear, and even guilt. For a person with PTSD, these feelings continue and even increase, becoming so strong that they keep the person from going about their life as expected.
- People with PTSD have symptoms for longer than one month and can't function as well as before the event that triggered it happened.

SYMPTOMS: PTSD

- Symptoms of PTSD often are grouped into four main categories, including:
  - Reliving: People with PTSD repeatedly relive the ordeal through thoughts and memories of the trauma. These may include flashbacks, hallucinations, and nightmares. They also may feel great distress when certain things remind them of the trauma, such as the anniversary date of the event.
  - Avoiding: The person may avoid people, places, thoughts, or situations that may remind them of the trauma. This can lead to feelings of detachment and isolation from family and friends, as well as a loss of interest in activities that the person once enjoyed.
  - Increased arousal: These include excessive emotions; problems relating to others, including feeling or showing affection; difficulty falling or staying asleep; irritability; outbursts of anger; difficulty concentrating; and being "jumpy" or easily startled. The person may also suffer physical symptoms, such as increased blood pressure and heart rate, rapid breathing, muscle tension, nausea, and diarrhea.

- Negative cognitions and mood: This refers to thoughts and feelings related to blame, estrangement, and memories of the traumatic event.
- Young children with PTSD may have delayed development in areas such as toilet training, motor skills, and language.
- The intensity of PTSD symptoms may vary. You may have more symptoms when you feel stress in general, or when you encounter a specific reminder about what happened.

TREATMENT: PTSD

- The goal of PTSD treatment is to reduce the emotional and physical symptoms, to improve daily functioning, and to help the person better manage with the event that triggered the disorder. Treatment for PTSD may involve psychotherapy (a type of counseling), medication, or both.
- Medication
  - antidepressant medications to treat PTSD -- and to control the feelings of anxiety and its associated symptoms -- including:
    - Selective serotonin reuptake inhibitors (SSRIs) such as citalopram (Celexa), fluvoxamine (Luvox), fluoxetine (Prozac), paroxetine ,(Paxil) and sertraline (Zoloft)
    - Tricyclic antidepressants such as amitriptyline (Elavil) and isocarboxazid (Doxepin)
  - Mood stabilizers such as divalproex (Depakote) and lamotrigine (Lamictal)
  - Atypical antipsychotics such as aripiprazole (Abilify) and quetiapine (Seroquel)

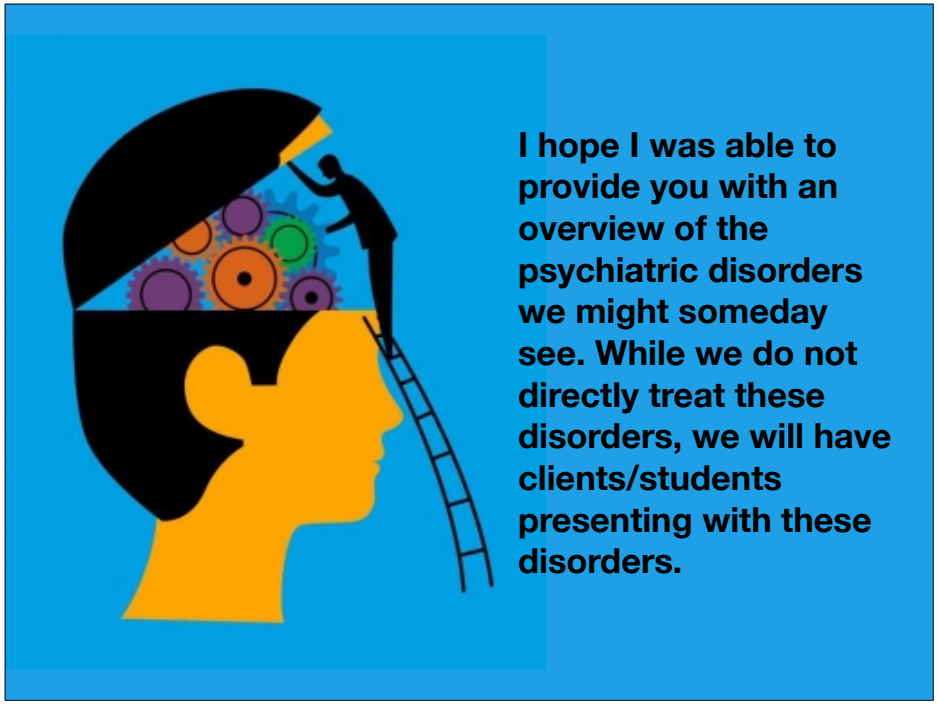
- Certain blood pressure medicines are also sometimes used to control particular symptoms:
  - Prazosin for nightmares
  - Clonidine (Catapres) for sleep
  - Propranolol (Inderal) to help minimize the formation of traumatic memories
- Experts discourage the use of tranquilizers such as lorazepam (Ativan) or clonazepam (Klonopin) for PTSD because studies have not shown them to be helpful, plus they carry a risk for physical dependence or addiction.
- Psychotherapy:
  - CBT
  - Prolonged exposure therapy, a type of behavioral therapy that involves having the person relive the traumatic event, or exposing the person to objects or situations that cause anxiety. This is done in a well-controlled and safe environment. Prolonged exposure therapy helps the person confront the fear and gradually become more comfortable with situations that are frightening and cause anxiety. This has been very successful at treating PTSD.

- Psychodynamic therapy focuses on helping the person examine personal values and the emotional conflicts caused by the traumatic event.
- Family therapy may be useful because the behavior of the person with PTSD can have an affect on other family members.
- Eye Desensitization and Reprocessing (EMDR) is a complex form of psychotherapy that was initially designed to alleviate distress associated with traumatic memories and is now also used to treat phobias.

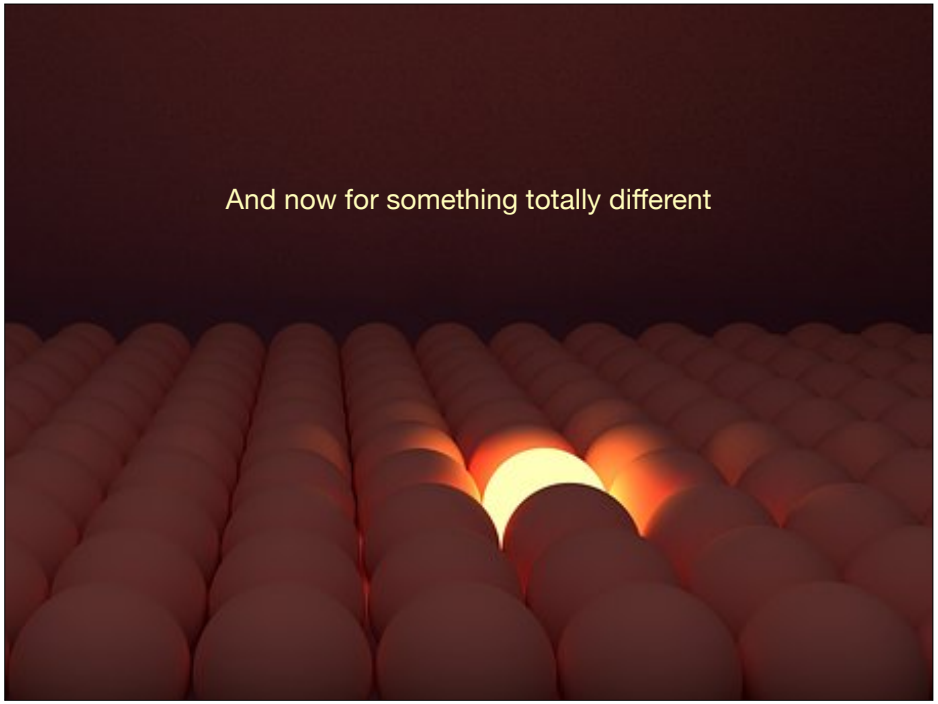
Shia LaBeouf

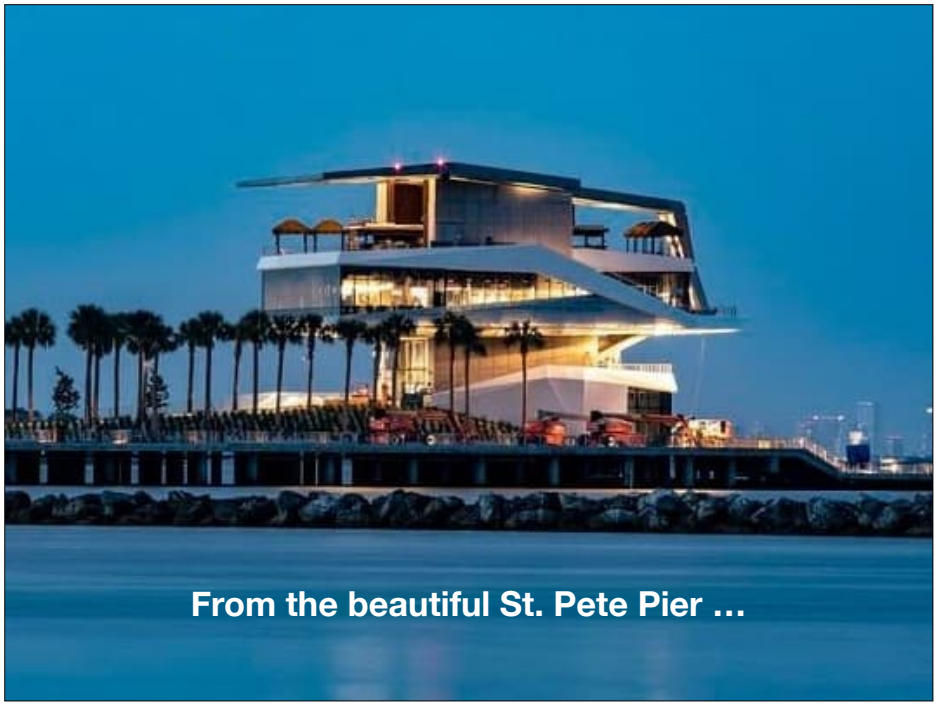
Ariana Grande

Whoopie Goldberg

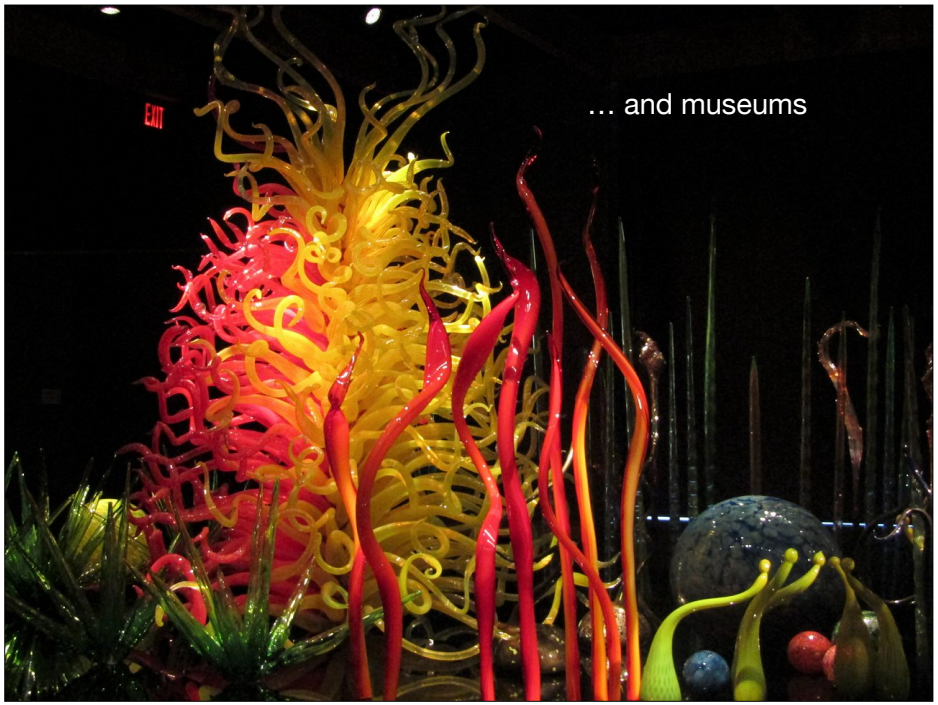


I hope I was able to provide you with an overview of the psychiatric disorders we might someday see. While we do not directly treat these disorders, we will have clients/students presenting with these disorders.



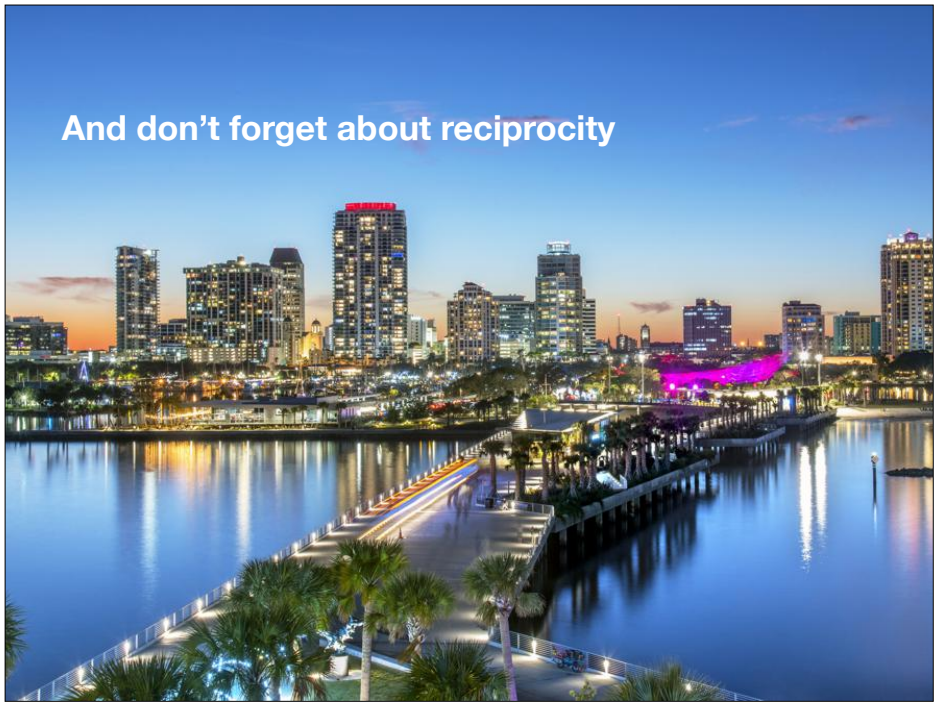


… to fabulous murals


EXIT
… and museums

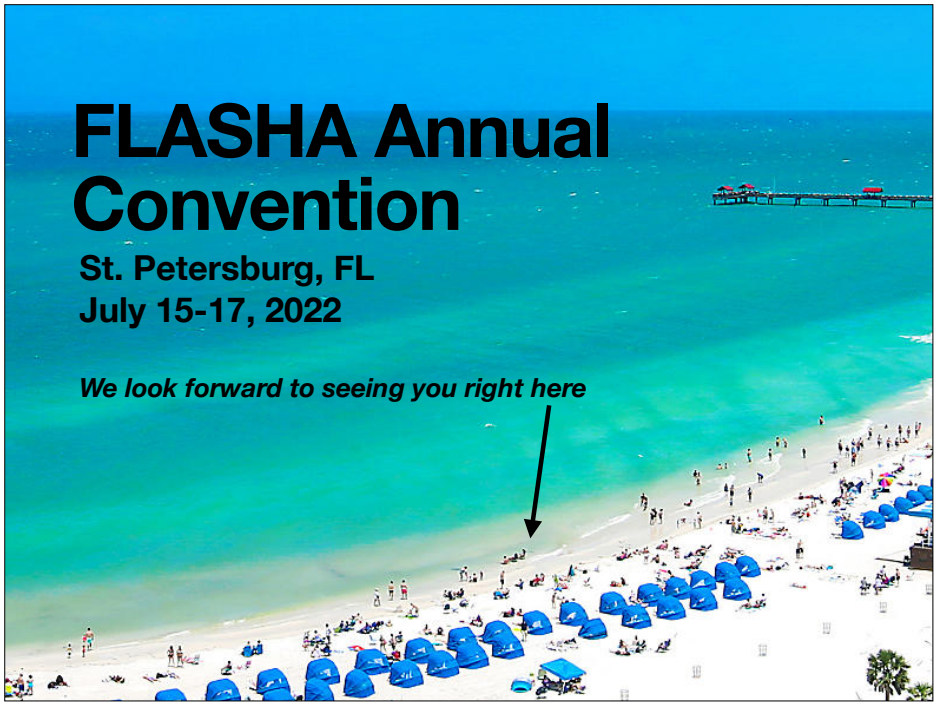
…there's plenty to keep you entertained!

Quench your curiosity
for all that is
Salvador Dalí


And don't forget about reciprocity

SCSHA members can register
at FLASHA member rates!

It's a tax deductible vacation!
(Talk to your accountant)


FLASHA Annual Convention
St. Petersburg, FL
July 15-17, 2022
We look forward to seeing you right here

Thank you for attending!