

1. Distinguish between fear and anxiety. Fear and anxiety are similar in sensation. One has feelings of apprehension and unease; however, fear is a result of a real or certain threat or danger. For example, a vicious dog barking at you who isn't restrained. Situations where one is faced with a real threat, particularly one that is immediate. On the other hand, anxiety is a sense of foreboding or nervousness that occurs when there is no clear threat but the possibility of one. For example, walking into a dark room and feeling afraid because you don't know if there is someone or something unseen that might attack you. Basically, one is an actual threat and the other is perceived.

2. Describe each of the anxiety disorders and how common these disorders are.

- Generalized Anxiety Disorder—a state of uncontrolled, constant worry that can interfere with everyday life. This condition affects an estimated 5.7% of the US adult population.
- Phobias—an overpowering, uncontrollable and irrational fear of an object, situation or activity that can be debilitating for individuals. An estimated 19 million people in the US are affected.
- Social Anxiety Disorder—a long term, overwhelming fear of social situation. Approximately 12.1% of adults in the US experience this disorder at some time in their lives.
- Obsessive-Compulsive Disorder—a mental health condition that causes the sufferer to experience recurring thoughts, ideas or sensations that often lead to repetitive behaviors that are unwanted by the individual; however, they deem it necessary to relieve the feelings of anxiety they experience. About 1 in 100 people are believed to have the condition in the US.

4. Define phobia; then distinguish between specific phobias and agoraphobia; discuss the major theories and treatments for each type. A phobia is defined as an exaggerated and irrational feeling of danger about a situation or object which is uncontrollable for the one experiencing it. The difference between specific phobias and agoraphobia is the former focuses on whether a situation will cause direct danger or harm; the latter focuses on whether one can escape or get help in the situation. Much is unknown about the causes of these mental conditions; however, some of the causes are believed to be negative experiences, genetics and the environment and brain function. Types of treatments are psychotherapy and medications.

7. Distinguish between obsessions and compulsions. Discuss the major theories and treatments for obsessive-compulsive disorder. Obsessions pertain to unwanted, uncontrollable thoughts an individual experiences that can interfere with functioning. Compulsions are behaviors that one will carry out because of the obsessive thoughts in an attempt to rid themselves of the thoughts or feelings of stress that result from said thoughts and urges.

8. Describe the new Obsessive-Compulsive-Related Disorders group in DSM-5. The OCRDs are characterized by repetitive thoughts, distressing emotions, and compulsive behaviors. The specific types of thoughts, emotions, and behaviors vary according to each disorder within this group. Although there is symptom similarity and overlap, each disorder has its own unique features.<sup>i</sup>

Essentially, the description of the disorder group remains the same; however, it has been expanded to include additional disorders such as hoarding and skin picking.

12. Detail the various factors that put people at risk for developing a psychological stress disorder.

There is pre-condition, during condition and post condition risk factors:

- Pre-PTSD: Age, Genetics, Mental Health, Prior Trauma, etc
- During PTSD: Level of Exposure, Intensity and Perception
- Post PTSD: Access to Resources and Social Support System

15. Discuss treatment for dissociative amnesia and dissociative identity disorders. Treatments for both may be difficult depending on factors of severity and patient involvement. However, both include psychotherapy where clinician and patient engage in talk therapy. In the case, of dissociative identity disorder cognitive behavioral therapy is use in treatment. Although both disorders involve a breaking down of memory continuity which causes memory loss in DID there is also a fragmentation of the mind which requires a reintegration of self along with the recovery of memory.

16. Describe depersonalization-derealization disorder. This condition is one of the dissociative conditions where the individual who experiences it has a sense of seeing themselves outside of their own bodies or a feeling that they are not real. The ailment is one where the awareness of self is disconnected from the body. There is a breakdown or disruption in consciousness. For example, this disruption occurs in illnesses such as DID(Dissociative Identity Disorder), where the individual's mind is fragmented into different personalities which may have no recollection of each other and experience lapses in time etc.

<sup>i</sup> <https://www.mentalhelp.net/anxiety/and-obsessive-compulsive-disorders-new-dsm-5/#:~:text=The%20OCDs%20are%20characterized%20by,has%20its%20own%20unique%20features.>