

Question 1

Positive symptoms of schizophrenia are symptoms that are in excess or added to normal mental experiences such as thoughts, feeling, and behaviors. Delusions, disorganized thinking and speech, hallucinations, and inappropriate affect are all symptoms of positive schizophrenia.

Delusions- are defined as beliefs that oppose reality and are firmly embraced even when faced with evidence that contradicts those beliefs. Delusional beliefs are absurd and are not true, in some instances a person with delusion may feel as though they are being followed by someone or someone may be out to get them.

Hallucinations- is a perceptual experience that takes place without the presence of outside stimulation. denotes to perceive things that no one else can, or hearing voices or noises, smelling something that has no physical source, seeing people, having sensations where they are feeling bugs crawling on their skin or experiencing taste in their mouth even though nothing is there.

Disorganized thinking- is out of alignment and incoherent process of thinking, this kind of thinking makes it almost impossible for a person with this form of symptom to keep their thoughts aligned, making it difficult to accurately express what's on their minds.

Inappropriate affect- consists of the display of emotions, or action reactions that are not justifiable with the given situation that you are experiencing, nor assumed even exist in your internal state of mind.

Question 2

Negative symptoms of schizophrenia consist of those symptoms that are evidence of a decrease and absence in some behaviors, emotions, or drives. A negative symptom implies a noticeable deficiency in the ability to function emotionally in that they show no emotion in their facial expression, in their movement, or when speaking. Social withdrawal, loss of volition, poverty of speech, and restricted affect are negative symptoms of schizophrenia.

Loss of volition- is a negative symptom of schizophrenia that causes emotional or behavioral.

Paralysis decreases a person's drive to indulge or be involved in social events and also affects the person's ability to complete and maintain activities of daily living and tasks.

The poverty of speech- is another negative symptom that is noticeable in short yes or no when questions are asked. This is referred to as reduced speech output; in essence, people do not say much, which makes it challenging to engage in communication.

Social withdrawal- the lack of motivation to associate or engage in social interactions with others, resulting in an increase in the time that a person spends alone.

Restricted affect- also referred to as blunted affect is a negative symptom of schizophrenia that causes difficulty in expressing one's emotions, meaning the existence of a decrease in one's ability to express their emotions through facial expression, tone of voice, or physical movements.

Question 3

The Diathesis and stress model serves as a theory that integrates both biological and environmental factors to predict the likelihood of disorders. Diathesis is defined as a predisposition that serves as a developmental factor (genetic, childhood life events) with a potential risk of a disorder. Stress contributors are environmental factors such as trauma and daily stressful events/activities, that trigger the onset of this disorder. The diathesis-stress model was applied to determine the origin of schizophrenia disorder. The model's interpretation of schizophrenia implies that genes alone cannot produce a complete explanation of the disorder, instead, both genetic vulnerability and environmental factors are essential for the formation and development of this disorder. This implies that people with an underlying predisposition (high risk) are more likely than others to develop schizophrenia when faced with adverse environmental or psychologically stressful events.

Question 21

I work in a CPEP and over the years both my coworkers constantly attack and physically abuse the patients we care for based on the inhuman and insensitive treatment we receive from both the department of Justice and other related agencies; we have constantly been viewed as the cause of being attacked. Therefore, since the patients are not mentally stable to stand trial, the authorities need to be held accountable for the actions of the patients they protect.

While I am not quite sure what needs to be done in Claude's case, I do not believe that a person with a mental illness should be placed in this same place (prison setting) with prisoners who are mentally stable.

When a person commits a crime, the penalty given is expected to serve as a just punishment, and in order for this to hold a person is expected to bear the effects of this judgment. Therefore, the death penalty given to a mentally ill person defeats the purpose.

Question 23

Odd/eccentric behaviors- patients with this behavioral disorder display a personality style that is unconventional and very strange. Some of the personality disorders that fall into this cluster are:

Paranoid- harbors an unwelcoming sense of suspicion that is not justifiable with others, lack of trust.

Schizoid- without interest and desire to establish relationships with others, exhibits detachment from others.

Schizotypal- exhibits eccentricities in their thinking, perception, emotions, and behaviors.

Dramatic behaviors exist in people who are impulsive, extremely dramatic, highly emotional, and also erratic. Some of the personality disorders that are in this cluster are.

Antisocial- these patients continuously intrude on the rights of other people, are impulsive and lack a futuristic mindset, deceitful and manipulative.

Histrionic- attention grabber, behavioral patterns that are inappropriate and provocative, extremely over dramatic.

Narcissistic- entitlement behaviors, unrealistic sense of self-importance, engrossed in fantasies of being successful.

Borderline- mental instability of self-image, mood, and behavior, lack of tolerance of being alone, impulsive behaviors, and relationship with others are unstable and rigid.

High degree of anxiety is another cluster of personality behaviors and patients with this disorder often tend to display a high level of nervousness and being fearful. Here are some of the behaviors in this cluster.

Avoidant- because of the fear of being criticized these individuals avoid interpersonal involvement, unable to act in a relaxed mode due to oversensitivity.

Dependent- submissive, lacks the independence to govern their own lives thus giving authority to others, craves reassurance from others.

Obsessive-compulsive- the extensive need for perfectionists which hinders task completion, chooses work over leisure and friendships.

Question 33

Anxious personality disorders is clad with behaviors of fear and anxiousness, in the case of avoidant personality disorder the existence of fear of rejection and criticism causes social anxiousness. Dependent disorder exhibits fear of being alone, and abandon, and due to their low self-image, they lack self-confidence when making basic decisions for themselves. Obsessive-compulsive personality disorder also falls into the category of anxious personality disorders, in which a person engages in persistent patterns of intense rigid maintenance of order, being in control, and perfectionism, this disorder is rooted in fear of failure which has over time resulted in extreme patterns of behaviors.

Question 35

The characteristics of obsessive-compulsive personality disorder are.

1. Pervasive need for perfectionism in every aspect of his life
2. Preoccupied with details, rules, orders, and schedules.
3. Excessive devotion to work at the expense of leisure time and relationships.
4. Being rigid, lacking flexibility, and obstinate.
5. High level of emphasis is placed on having things done their way.
6. Not financially generous, miser.

Question 34

Some of the contributing factors that increase the risk of developing dependent personality disorder are being in and enduring the effects of an abusive relationship, negative childhood experiences, sociocultural factors, and genetics. Treatment for this disorder includes psychotherapy which has the potential of helping the individual replace the negative thought patterns with ones that will be beneficial to your self-esteem needs. Strategies to help cope with dependent personality disorder include carefully daring yourself to carry out basic tasks on your own. Examine your level of dependency on relatives and friends and slowly select areas in your life where you depend on them to get it done, then attempt to do it on your own. Determine the difference between a need for someone's approval, the end result is to become self-sufficient and independent.