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Unit 6

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Chapter 12&13

Q#1- Schizophrenia is a psychotic disorder in which functioning deteriorates as a result of unusual perceptions, odd thoughts, disturbed emotions, and motor abnormalities.

Their ability to perceive and respond to the environment becomes so disturbed that they may not be able to function at home, with friends, in school, or at work. According to the textbook about 1 out of every 100 people in the world suffers from schizophrenia. The medical cost of schizophrenia is very expensive, and the emotional cost is even greater.

People with schizophrenia are more likely to attempt suicide than the general population. Schizophrenia appears in all socioeconomic groups, but it's found more frequently in lower levels. For example, people who make below 20,000 a year or more likely to have schizophrenia. Meanwhile people who make 70K and more show a low rate of people who have schizophrenia. Overall poor people are more likely to experience schizophrenia than wealthy people. Furthermore, the wealthy have better access to medical treatment and better treatment options to manage their schizophrenia.

Q#2- Positive, negative, and psychomotor s/s of schizophrenia

The positive symptoms of schizophrenia are "pathological excesses" or bizarre additions to a person's behavior. Delusions, disorganized thinking and speech, heightened perceptions and hallucinations, and inappropriate affect are the ones most often found in schizophrenia. Many people with schizophrenia develop delusions, ideas

that they believe wholeheartedly but that have no basis in fact. These ideas are enlightening or may feel confused by them, some people hold a single delusion that dominates their lives and behavior. Also, others can have multiple delusions. People with delusions believe they are being plotted or discriminated against, spied on, slandered, threatened, attacked, or deliberately victimized. For example, someone with schizophrenia may believe that their family members or peers are trying to harm them. People with schizophrenia may not be able to think logically and may speak in peculiar ways also known as formal thought disorders. This can cause great confusion and make communication very difficult. The most common formal thought disorders are loose associations, or derailment. They rapidly shift from one topic to another, believing that their incoherent statements make sense. Also, some people use neologism, made up words that typically have meaning only to the person using them. Auditory hallucinations are the most common kind in schizophrenia. For example, someone with schizophrenia may consistently hear someone talking directly to them, giving them commands or warnings of danger. Lastly, people with schizophrenia display inappropriate affect, emotions that are unsuited to the situations. For example, someone might give a person a compliment on their outfit or hairstyle. People with schizophrenia, instead of them smiling and saying thank you, they may become upset and shift moods.

Negative symptoms are those that seem to be “pathological deficits” characteristics that are lacking in a person. Poverty of speech blunted and flat affect, loss of volition, and social withdrawal are commonly found in schizophrenia. People with this disorder have alogia or poverty of speech, a decrease in speech or speech content. Secondly people may have a blunt affect, they display less anger, sadness, joy, and

other feelings than most people. Some have flat affect meaning they show almost no emotion at all. They have the inability to express emotions as others do. Many people with schizophrenia experience avolition, feeling drained of energy and interest in normal goals and unable to start or follow through on course of action. People with schizophrenia also withdraw from the social environment and attend only to their own ideas and fantasies. Since their ideas are illogical and confused, the withdrawal has the effect of distancing them still further from reality. This can break down their social skills and ability to recognize other people's needs and emotions accurately. Psychomotor symptoms are another characteristic schizophrenic will experience. They will make several awkward movements or repeated grimaces and odd gestures that seem to have a private purpose. They will experience catatonia, a pattern of extreme psychomotor symptoms, which may include catatonic stupor, rigidity, or posturing.

Q#5- During the 20th century most people with schizophrenia were institutionalized in public mental hospitals since they didn't respond to therapies, the goal of these hospitals were to restrain and give them food, shelter and clothing. Patients rarely saw therapists and generally were neglected and abused. Then in the 1950s clinicians developed two institutional approaches that finally brought some hope to patients who had lived in institutions for years, Milieu therapy and token economy programs. Milieu therapy is based on humanistic principles. Token economy programs are based on behavioral principles. Milieu therapy can be used in institutions, can help patients by creating a social climate, or milieu that promotes productive activity, self-respect, and individual responsibility. In these settings, patients are given the right to run their own lives and make their own decisions. They can participate in community government and

work with staff members to establish rules and determine penalties. Token economy is a program in which a person's desirable behaviors are reinforced systematically by awarding of tokens that can be exchanged for goods or privileges. Also, they are not rewarded when they don't behave. Acceptable behaviors are making the bed, getting dressed, going to a work program, speaking normally, following ward rules and showing self-control.

Q#6 - Antipsychotic drugs are used to reduce symptoms around 70 percent of patients diagnosed with schizophrenia such as hallucinations and delusions. Antipsychotic drugs show great signs of improvements when a patient takes them consistently for weeks. However, symptoms will return if they stop taking medications. The difference between first generation and second-generation antipsychotic drugs is first generation antipsychotic drugs sometimes produce distributing movements problems. Also known as extrapyramidal effects, they appear to be caused by the drug's impact on the extrapyramidal areas of the brain, areas that help control motor activity. These effects resemble features of Parkinson's disease. One half of patients on first generation antipsychotic have muscle tremors and rigidity at some point in their treatment. They may also experience a reaction called tardive dyskinesia, involving involuntary movements that some patients have after they have taken antipsychotic drugs for an extended time. These reactions usually occur when they are on antipsychotic drugs for more than 6 months. They will experience tick like movements of tongue, mouth, face, or whole body; involuntary chewing, sucking, and lip smacking. Patients over 50 years of age are at greater risk.

Second generation antipsychotic drugs appear to be at least effective, and often more effective than the first-generation drugs. Second generation reduces positive and negative symptoms as well. Famous drug clozapine is the most effective drug for second generation antipsychotic drugs. Another benefit is they cause fewer extrapyramidal symptoms and seem less likely to produce tardive dyskinesia. Second generation drugs are considered the primary line of treatment for schizophrenia.

CHAPTER 13- Personality Disorder

Q#1- Personality disorder is a rigid pattern of inner experience and outward behavior that repeatedly impairs a person's sense of self, emotional experience, goals, capacity for empathy, and capacity for intimacy. They have personality traits that are much more extreme and dysfunctional than those of most other people in their culture, leading to significant problems and psychological pain for themselves or others. Symptoms of personality disorders last for years and typically become recognizable in adolescence or early adulthood, some may start during childhood. These disorders are among the most difficult to treat.

Q#3- One odd personality disorder is paranoid personality disorder. This disorder deeply distrusts other people and are suspicious of other motives because they believe that everyone intends to harm them. People with this personality disorder only trust their own ideas and abilities can be excessive. For example, someone with this disorder believes that the government is out to get them and doesn't believe what anyone says. They will hide in certain places they can't be seen. People with this disorder are unable to recognize their own mistakes and extremely sensitive to criticism. They blame others for the things that go wrong in their lives and hold grudges. People don't typically see

themselves as needing help, only a few will come for treatment willingly. Second odd personality disorder is schizoid personality disorder. They persistently avoid and are removed from social relationships and demonstrate little in the way of emotion. They avoid social contact; they prefer to be alone. These people are described as loners, they make no effort to start or keep friendships, take little interest in having sexual relationships and even seem indifferent to their families. They will seek out jobs that require little or no contact with others. Their social skills tend to be weak, and many live by themselves. Schizoid personality disorder focuses mainly on themselves and are generally unaffected by praise or criticism. They rarely show any feelings or emotions. Their social withdrawal prevents most people from entering therapy because they remain emotionally distant from the therapist and seem not to care about their treatment. Third odd personality disorder is schizotypal personality disorder. They display a range of interpersonal problems marked by extreme discomfort in close relationships, very odd patterns of thinking and perceiving, and behavioral eccentricities. They are anxious around others; they seek isolation and have few close friends. They have difficulty keeping their attention focused, idle and have an unproductive life. Therapy is difficult, most therapy helps clients reconnect with the world and recognize the limits of their thinking and their powers. Other goals are to increase positive social contact, and help people become more aware of their personal feelings.

Q#7- Histrionic personality disorder, people are extremely emotional and continually seek to be the center of attention. Their exaggerated moods and neediness can complicate life. People may draw attention to themselves by exaggerating their physical illnesses or fatigue. They obsess over how they look and how others will perceive them.

This disorder is more common in women than in men. Treatment options can be very difficult because of the patient tantrums, demands and seductiveness they may deploy. Another problem is they will pretend to have important insights or change treatment to please the therapist. The therapist must remain objective and maintain strict boundaries. Cognitive-behavioral therapists have tried to help people with this disorder change their belief that they are helpless and develop better ways of thinking and solving problems. Narcissistic Personality Disorders are generally grandiose, need much admiration, and feel no empathy with others. Convinced their own great success, power, or beauty they expect constant attention and admiration from those around them. They exaggerate their achievements and talents, expecting others to recognize them as superior and arrogant. They are rarely interested in other people's feelings and may not be able to empathize with such feelings. This disorder is difficult to treat because clients are unable to acknowledge weaknesses, appreciate the effect of their behavior on others, or to incorporate feedback to others. Psychodynamic therapists seek help from people by recognizing and working through their underlying insecurities and defenses. Increase their ability to empathize and change their notions. None of these approaches had clear success.

Q#5- antisocial personality disorder persistently disregard and violate others rights. They can show patterns of this disorder as early as age 15. Symptoms are running away, cruelty to animals or people, and destroying property. They cannot work consistently at a job, lie repeatedly, impulsive, aggressive, quick to start fights. Recklessness is another common trait. People with this disorder have little regard for their own safety and others. They are self-centered and more likely to have more

trouble maintaining close relationships. Borderline personality disorder, display instability, including major shifts in mood, unstable self-image, and impulsivity. People swing in and out of very depressive, anxious, and irritable states that last anywhere from a few hours to a few days or more. Their emotions seem to always conflict with the world around them. They are prone to bouts of anger, which sometimes result in physical aggression and violence. Borderline personality disorder is becoming more common today. Most people with this disorder also develop a major depressive disorder or an eating disorder at some point in their lives. Furthermore, majority of people attempt suicide at least once in their lives.