

Autumn Nash

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2. Separation anxiety disorder is a mental health disorder that is defined by excessive and persistent anxiety or fear when an individual is separated from their parent, caregiver, guardian or loved one (Comer, R & J, page 439). The DSM-5 breaks down the criteria for separation anxiety disorder. First, there is excessive distress when they are separated from those they are attached to specifically at home (Comer, R & J, page 439). They have a fear of losing these people and they fear being kidnapped or getting lost often. This distress can lead into nightmares and even physical symptoms like vomiting and headaches due to how upset they get. This can lead to deviance that often looks like refusing to go to school, the store, the doctor, and other places because of their fear of separation and not sleeping out (Comer, R & J, page 439). Third, it leads to dysfunction because the individual cannot function without knowing where their parent or attachment figure is. It leads to physical pain, sleeping issues, and issues socially, academically, occupationally, and other functions (Comer, R & J, page 439). And finally the disturbance is that it can last 4 weeks or more for kids and 6 months or more in adults leading them to have panic attacks and other disorders. It cannot be explained by a medical condition, substance use or PTSD, but they can be intertwined (Comer, R & J, page 439). In all, it affects the way an individual functions in society and can affect an entire family when they get worked up from being separated due to school, their parent's work, and other daily activities.

6. Conduct disorder is a mental health disorder that is characterized by patterns of aggressive, destructive, and antisocial behavior in youth, children and adolescents (Comer, R & J, page 444). The causes of conduct disorder are complex and layered and usually due to a combination of genetic, environmental, and social factors. The first cause is due to genetics where there is evidence that conduct disorder may run in families and that genetic factors may play a role. Children who have a close family member with conduct disorder or other behavioral problems are at increased risk of developing the condition. Individuals with conduct disorder might also have abnormalities in the prefrontal cortex and limbic system, which are regions of the brain that regulate emotional and behavioral responses (Comer, R & J, page 445). Second, environmental factors can be a cause of this as difficult experiences during childhood development, such as neglect, abuse, trauma, and exposure to violence can all increase the risk of developing conduct disorder. Also, living in poverty, not going to school and bad parenting can cause conduct disorder. Having no parental supervision, no consistent discipline, and no affection from a parent can contribute to the development of conduct disorder (Comer, R & J, page 446). Third, substance abuse could be a cause of conduct disorder as the use of drugs and alcohol can damage judgment, increase impulsivity, and lead to aggressive and violent behavior (Comer, R & J, page 445). Last, social factors can cause this disorder like peer pressure, social rejection, and a lack of social support leading them to feel angry and alone (Comer, R & J, page 445).

10. Autism spectrum disorder is a neurodevelopmental disorder that affects a person's ability to communicate, socialize, and behave appropriately in social situations (Comer, R & J, page 454). It is important to know that there are high-functioning and low-functioning spectrums amongst individuals with this disorder. Some of the distinguishing characteristics of the autism spectrum

include difficulty with social interactions (Comer, R & J, page 455). Usually these individuals miss social cues and lack eye contact or appropriate facial expressions. They might have difficulty starting and keeping conversations going. Second, another characteristic is that individuals with autism spectrum disorder have repetitive behaviors, interests, activities or topics that they engage in over and over again, excessively (Comer, R & J, page 455). They have difficulty communicating, sometimes showing delays in language and difficulty understanding nonverbal signs like body language, tones, or facial expressions (Comer, R & J, page 456). They also tend to have sensory issues which means a heightened sensitivity to light, sound, taste or smell (Comer, R & J, page 456). And they can have restricted, intense, or fixated behaviors when they are upset or their routines are interrupted (Comer, R & J, page 455). These are the ways that autism is described and seen in individuals. The causes are not completely known but usually are due to genetic factors and environmental factors. Genetically, autism spectrum disorder tends to run in families and is passed down through several genes that have association. These individuals may have an overgrowth of brain cells in certain areas of their brain (Comer, R & J, page 457). They also may have inflammation and issues with their immune system (Comer, R & J, page 457). And if they were exposed to toxins, viruses, or certain medicines during pregnancy, this could also cause autism.

14. There are many racial discrepancies in the diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD). In the United States, young people of color are less likely to be diagnosed with ADHD than white youth, and are also less likely to receive the necessary or appropriate treatment (Comer, R & J, page 453). One explanation for this is systemic racism and biases among healthcare providers. For example, studies have shown that

Black and Hispanic children are more likely to be misdiagnosed with conduct disorder or oppositional defiant disorder, which may lead to inappropriate or inadequate treatment for their ADHD symptoms (Comer, R & J, page 454). Another explanation is a lack of access to healthcare and resources. People of color are more likely to live in poverty, which can make it difficult for them to access healthcare, including mental health services. They are also more likely to attend schools with less resources, which may make it more challenging for them to receive accommodations for their ADHD symptoms in learning. Also, cultural differences in the expression of ADHD symptoms may also contribute to the disparities in diagnosis and treatment. For example, some cultures may view hyperactivity or impulsivity as normal behavior for children, which could lead to underdiagnosis of ADHD in those cultures (Comer, R & J, page 454). To address this issue, it is important to increase awareness and education among healthcare providers, educators, and families about the signs and symptoms of ADHD and the importance of early diagnosis and appropriate treatment (Comer, R & J, page 454). It is also essential to improve access to healthcare and resources in underserved communities, including culturally sensitive mental health services and educational accommodations. Addressing systemic racism and implicit biases is also crucial in reducing racial disparities in ADHD diagnosis and treatment.

21. Delirium is a sudden and severe disturbance in consciousness and cognition that is usually reversible once the underlying cause is treated (Comer, R & J, page 479). It is characterized by symptoms such as confusion, disorientation, and disturbances in perception, thinking, and behavior. Various medical conditions, such as infections, medications, drug and alcohol withdrawal, metabolic disturbances, and brain injury, can cause delirium (Comer, R & J, page

479). The DSM-5 checklist for a delirium diagnosis includes a disturbance in attention and awareness that may fluctuate throughout the day, as well as an additional disturbance in cognition that is not explained by a preexisting or evolving dementia or other medical conditions, substance use or withdrawal, medication side effects, or mental disorders (Comer, R & J, page 479). Neurocognitive disorder refers to a significant decline in cognitive function that interferes with daily living activities. Alzheimer's disease, vascular dementia, traumatic brain injury, and HIV infection are among the medical conditions that can cause Neurocognitive disorder (Comer, R & J, page 480). The DSM-5 criteria for a diagnosis of Neurocognitive disorder due to Alzheimer's disease include evidence of a significant decline in cognitive function, interference with daily living activities, and deficits that are not due to other medical conditions, substance use, or major psychiatric disorders (Comer, R & J, page 481). Additionally, there must be evidence of the presence of Alzheimer's disease through brain imaging, cerebrospinal fluid analysis, or genetic testing. Identifying the underlying cause of cognitive impairment is critical in developing appropriate treatment and management strategies for patients with delirium and Neurocognitive disorder (Comer, R & J, page 487).

27. Discrimination against the elderly is a multifaceted problem that can take on many different forms. One of the most prevalent forms of discrimination is ageism, which involves negative attitudes and stereotypes about older adults. This can manifest in a variety of ways, including assumptions that older adults are forgetful, frail, or unable to learn new things (Comer, R & J, page 491). In addition to ageism, there are several other common sources of discrimination against the elderly. Older adults may face discrimination in the workplace, including being passed over for promotions, being forced into early retirement, or being denied employment

altogether (Comer, R & J, page 491). Discrimination can also occur in healthcare settings, where older adults may be denied medical treatment or have their medical concerns dismissed because of their age. Housing discrimination is another issue that can affect older adults, as they may be denied access to housing or housing-related services because of their age (Comer, R & J, page 492). Additionally, older adults may experience financial discrimination, social isolation, and negative stereotypes in the media. All of these sources of discrimination can have serious consequences for the health and well-being of older adults. It is important to challenge ageism and work towards creating a more inclusive and equitable society for people of all ages. By addressing these issues and promoting respect and understanding for the elderly, we can help ensure that all members of our community are able to live their lives with dignity and respect.

32. Alzheimer's disease is a neurodegenerative disorder that affects cognitive function, including memory, thinking, and behavior. The age of onset can vary widely, with some people developing the disease in their 40s or 50s (early-onset) and others developing it after age 65 (late-onset). There are some key differences between early-onset and late-onset Alzheimer's disease. The most obvious difference is the age at which symptoms first appear. Early-onset Alzheimer's disease typically develops before age 65, while late-onset Alzheimer's disease typically develops after age 65. Early-onset Alzheimer's disease is more strongly linked to genetic factors than late-onset Alzheimer's disease (Comer, R & J, page 484). In particular, mutations in certain genes are known to cause early-onset Alzheimer's disease in some cases. Early-onset Alzheimer's disease tends to progress more quickly than late-onset Alzheimer's disease, with symptoms becoming more severe and widespread at a faster rate (Comer, R & J, page 484). There may also be differences in the types of symptoms that are most prominent in early-onset versus late-onset

Alzheimer's disease. For example, early-onset Alzheimer's disease may be more likely to affect language abilities, while late-onset Alzheimer's disease may be more likely to affect spatial perception and visual processing. Although early-onset Alzheimer's disease is relatively rare, late-onset Alzheimer's disease is much more common, accounting for the vast majority of cases (Comer, R & J, page 485). Regardless of the age of onset, Alzheimer's disease is a devastating illness that can have profound impacts on both the individuals affected and their loved ones. Early diagnosis and treatment can help to improve quality of life and manage symptoms.

37. The stage of Alzheimer's disease that this patient had progressed to was late-onset Alzheimer's disease. The symptoms that helped me identify this stage was that her memory was lost, she was not able to eat, drink, and walk normally, and she was not able to have a conversation. Although she was not able to do these things, she still could talk. I believe that this disease affects the love ones of people suffering from Alzheimer's disease greatly. You could tell that they saw how different their grandmother and mother were from before. Their grandmother used to be very put together and classy and now she really didn't get ready anymore. They tried to share memories of shopping with her and she didn't understand or respond. And also they thought that she would be upset with the way she lives now if she was able to understand it. I think it's very emotional, and takes time, energy, and emotions to really care for someone and be strong for them.