

Co-occurring disorders essay example

[Health & Medicine](#), [Alcoholism](#)



Allyson suffers from an anxiety disorder called Social Phobia. Evidently, her fear of interacting with other people has dictated her choice of employment as she works from home.

She has an unreasonable fear of saying something that is embarrassing, which falls under the rubric of "being judged" (BehaveNet, web).

After being prescribed antianxiety medication, she takes more of the prescribed dosage after a short time of being on the medication -- tolerance.

As a result, Allyson can be diagnosed with (SUD) Substance Use Disorder characterized which, according to the DSM IV TR is "A disease process characterized by the continued use of a specific psychoactive substance despite physical, psychological or social harm" (BehaveNet, web).

Tom, who witnessed the 9/11 attack, suffers from Posttraumatic Stress Disorder (PTSD), an anxiety disorder, as a result of his experiences as well as the type and duration of his symptoms. It is an anxiety disorder which is defined as "When an individual has been exposed to a traumatic event develops anxiety symptoms, reexperiencing of the event, and avoidance of stimuli related to the event lasting more than four weeks, they may be suffering from this Anxiety Disorder" (BehaveNet, web).

Tom also suffers from Specific Phobia, an anxiety disorder, defined in the DSM IV TR as (an) experience (of) phobia or unreasonable fear or anxiety in connection with exposure to specific objects or situations and because of this avoid them whenever possible" (BehaveNet, web). Specific Phobia helps explain Tom's anxiety in a specific situation, i. e. whenever a plane flies overhead.

Mark suffers from a psychotic disorder called Paranoid Schizophrenia, which

is evident by his symptoms of paranoia, e. g. his insistence that the government can hear everything he says.

The DSM IV TR defines Schizophrenia as a " chronic and usually serious mental disorder affecting a variety of aspects of behavior, thinking, and emotion. Patients with delusions or hallucinations may be described as psychotic." Tom's symptoms are delusional as they are without any basis in reality (TCP, web).

Tom also has been smoking more marijuana than usual. It is clear that the marijuana is exacerbating his symptoms with regards to his paranoia. Cannabis Use Disorder, a type of psychotic disorder, is perhaps the culprit in Tom's psychotic disorder. However, it is unclear whether Tom is " self-medicating" to treat his symptoms of Paranoid Schizophrenia or whether his increased usage of cannabis has either created or exacerbated his symptoms (Kelly, Daily, & Douaihy, 2012, p. 12).

Jennifer, who has begun to use methamphetamines, suffers from an SUD as well. Her chronic use of methamphetamines has caused symptoms of paranoia with regards to her workplace environment, i. e. thinking her boss is about to fire her. While the exact terminology could not be found in the DSM IV TR, evidently, Jennifer is also suffering from a psychotic disorder called Methamphetamine Psychosis, characterized by paranoia and hallucinations (mceus, web).

Justin is clearly suffering from Paranoid Schizophrenia, a psychotic disorder, defined as " delusions and auditory hallucinations (which) predominate in patients with this subtype of Schizophrenia while their affective and cognitive functioning remain relatively intact" according to the DSM IV TR.

Based on the description of his symptoms, no evidence of a co-occurring disorder could be found (BehaveNet, web).

Karen, who stopped drinking at the insistence of her husband, now displays symptoms of anxiety, such as worrying, restlessness, and irritability. Karen clearly suffers from Alcoholism as her chronic abuse of alcohol has led to legal and marital problems. Although she exhibits symptoms of Alcoholism Withdrawal Syndrome, there was a conspicuous absence of this condition's description. Alcoholism is a type of SUD (samhsa, web).

References

Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revision. DSM IV TR.(2000). Retrieved from <http://behavenet.com/apa-diagnostic-classification-dsm-iv#301>

Kelly, T., Daily, D., & Douaihy, A. (2012). Treatment of Substance Abuse Patients with Comorbid Psychiatric Disorders. *Addictive Behaviors*, 37, 11-24.

Substance Abuse Treatment for Persons With Co-Occurring Disorders.

Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2005. (Treatment Improvement Protocol (TIP) Series, No. 42.) Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK64197/>