

Abnormal psychology

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Case Study Project Part Patient's Background Patient's Sue Disorder of disorder) Bi-Polar Disorder Criteria for the disorder that the patient meets (based on the DSM-5 classification of the disorder) Primary symptoms are manic or rapid cycling episodes of mania and depression. Mania might be characterized by decreased need for sleep, increased self-esteem, more talkative than usual, flighty ideas, distractibility, excessive involvement in pleasurable activities. Criteria for the disorders that the patient does not meet (based on the DSM-5 classification of the disorder) Patient's symptoms

- 1) No sleep in five days.
- 2) Heightened state of activity which she describes as out of control.
- 3) Strange and grandiose ideas which are mystical or sexual.
- 4) Room in disarray with frantic and incoherent messages written on the walls and furniture.
- 5) Depression symptoms include insomnia, poor appetite and difficulty concentrating. Also contemplated suicide.

Patient's main problem (including any emotional problems and abnormal behavior) Acute mania. Patient isn't sleeping and is having grandiose and strange thoughts. She is also disorganized and in a disarray.

Part 2: Psychological Model/Theory for potential causes Compare and contrast the psychological approaches of the Psychological Tradition (psychoanalysis, humanism, and behavioral).

(approximately 200 words) The nutshell of behaviorism is the ancient philosophy of post hoc ergo propter hoc, which is cause and effect. Thus, behaviorism looks at the cause of behavior – such as the behavior of eating has the cause of being hungry. A person who speaks sharply to a friend does so because that person is angry, etc. Behaviorism is also concerned with innate behavior, which is behavior that is instinctual or reflexive. A behavior may become innate or reflexive through the process of operant conditioning, which is a process by which behavior is strengthened by its consequence

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(Skinner, 1974). If the behavior elicits a response, or operant, that is positive, then the consequence of this positive response is that the behavior is likely to be repeated. Psychoanalytic theory is another mode of psychological theory. Sigmund Freud (1856-1939) was the founder of this theory, and the theory arose out of psychiatric developments during the late nineteenth century. Freud pioneered psychoanalysis as a study of the conscious and unconscious mind, as well as the therapy for this. He became interested in the underpinnings of psychoanalytic theory when he studied male hysteria, which was in response to trauma. His theory was that memories are repressed, which means that they are not accessed by the conscious mind, but reside entirely in the unconscious mind. These repressed memories are then converted into hysterical symptoms as a mode of release for them. Freud then came to theorize that the repressed memories are not memories at all, but, rather, desires of the patient. Freud also coined the term Oedipus Complex, to describe repressed wishes and desires that a boy has for his mother, which is sexual, and for his father, who is a threat for the boy's feelings towards the mother (Murray, 1983). Humanists believed that behaviorists and psychoanalysts were being too simplistic, and that there was much more to being human than these two theories allowed. The humanists believed that, far from being ruled by the terms of operant conditioning or by their Id, Ego and Superego, humans live life with purpose and meaning. Explain which one of the psychological approaches you believe is best applied to understand the patient's disorder. (approximately 100 words) Probably behaviorism, although this is problematic. Behaviorism has more to offer the patient than the other two theories, because the patient might have problems being med. compliant, and this is the reason why she is

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having these manic and depressive episodes. With behaviorism, people can be trained to behave differently, and that would mean that, in the case of the patient, she can be trained to take her meds properly. That said, the best approach with this patient would be to approach it more from a physiological point of view. Her problem is organic and chemical, not psychological, so this is the best approach to take with her.

Part 3: Genetic and Environmental Influences

Discuss what studies show about whether genetic or environmental factors contribute the most in the development of the disorder. (approximately 150 words). There is an interrelationship between the two. The reciprocal gene-environment model states that people are genetically determined to create environmental risk factors that trigger the genetic vulnerabilities. In other words, people might be genetically predisposed to create their own problems. Moreover, social and cultural influences might lead to mood disorders - for example, young girls might be depressed because they feel pressure to look a certain way because society dictates this. Young men may also feel pressure to attain certain goals which are impossible, and this might lead to mood disorders. That said, there are some strictly genetic causes, which include changes in brain neurotransmitters, such as serotonin, and there is a problem with signal-sending brain cells. Adding to the environmental problems, some patients may engage in negative thinking which exacerbates their condition, and can make them hopeless. Many people with bipolar disorder have this kind of negative thinking and the problems that come with it. Explain and justify whether you support the research suggesting which factor (genetic or environmental) plays a bigger influence in the development of the patient's disorder. (approximately 50 words) I believe that genetics play more of a

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part than environmental factors. This is because the problems that cause bipolar disorder are physiological more than psychological. Bipolar often runs in families, and this suggests a strong case for genetic predisposition. While I do believe that environmental factors might make a person with bipolar disorder worse, and worsen their symptoms, I do not believe that environmental factors can cause bipolar disorder.

Part 4: Treatment Plan

Discuss what types of medical approaches (ECT, prescription medications, or psychosurgery) you recommend for the patient based on studies showing its effectiveness in treating the disorder. (approximately 100 words)

The main thing that I would prescribe for the patient would be drug therapy. This would include anti-psychotic drugs combined with other kinds of mood stabilizers. In addition, I would prescribe that the patient make some kinds of common-sense lifestyle changes – this would include dietary changes, increased exercise, and perhaps seek out alternative therapies such as acupuncture and meditation. It would be a holistic approach that way.

Moreover, there should also be some kind of psychological component as well – this is to ensure that the environmental stressors and triggers which might make the disorder worse can be lessened. This would mean that the patient should seek some kind of psychological counseling and be enabled to handle stress well. Compare and contrast the side effects the patient may experience and what benefits these medications have on the brain chemistry or neurotransmitter activity. (approximately 100 words)

Mood stabilizers are to be used, and not antidepressants. This is because bipolar depression is different from regular depression, and antidepressants may actually make the symptoms of bipolar worse. Mood stabilizers balance neurotransmitters that control emotional states and behavior. Other drugs may be used to

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prevent rapid cycling between moods. The side effects of some drugs, such as lithium, might include nausea, vomiting and diarrhea, trembling, increased thirst, weight gain, drowsiness, a metallic taste in the mouth, and abnormalities in both kidney and thyroid function. Explain which psychotherapy and techniques you recommend for the patient. Explain how the chosen therapy and techniques will help the patient to manage his or her symptoms (outcome). (approximately 150 words) I would go with cognitive behavioral therapy. This would mean that the patient will change his or her thoughts by changing his or her behavior. This would include eliminating negative self-talk, and other kinds of behavior modification that might be causing cognitive issues. The way that this would help the patient manage symptoms is by giving the patient a better outlook that is less negative, and this would help to ease the feeling of hopelessness that bipolar patients often have. This might also help with any possible suicide ideation that the patient might have, because eliminating negative self-talk may also extend to eliminating suicidal thoughts. This might also be combined with talk therapy, which might help with psychological issues while also helping the patient to pinpoint the problems that she has in everyday life. This can show her how to cope, and the cognitive behavioral therapy may also show her how to cope. Provide both short and long-term goals for the patient's treatment plan. Include accomplishments or behavioral changes you want to see in the patient. (approximately 50 words) In the short term, and in the long term, first and foremost, the patient must take her medication on a regular basis. She must be med compliant - that is most important. Therefore, the short term goal would be that she buys a pill dispenser and installs some kind of reminder for her to take her meds. The reminder might

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be on her phone or some kind of an alarm. The long-term goal is that she becomes med compliant for life. Part 5: Conclusion Defend your treatment plan by explaining how the proposed treatment plan would best help the patient compared to another form of treatment. (approximately 100 words)

The treatment plan proposed would best help her because it focuses upon the physiological issues that bipolar patients have. This would mean the issues that have to do with the chemical imbalance in the brain. This would be better than other approaches that might include focusing only on the psychological issues, because these other approaches do not take into account the fact that the patient has problems with neurotransmitters in their brains. Moreover, this approach is balanced, in that it recognizes that environmental stressors might play a part in worsening the symptoms, so it addresses this as well. However, by focusing up the physiology of the brain, this approach recognizes that this is where bipolar disorder forms, and it addresses this core issue. References American Journal of Psychiatry 2000,

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