

Abnormal psych dq questions



**ASSIGN
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Abnormal Psych DQ Questions Discussion Question No Autism: Brasic, 2006, defines autism as “ a condition manifesting in early childhood and characterized by marked abnormalities in communication and social interactions and a restricted and socially atypical range of interests”.

A vast majority of individuals with autism also display mental retardation, which is typically moderate and demonstrate intelligence quotients in the range of thirty-five and fifty. The use of intelligence tests for evaluation of autism is not easy, but can be used to indicate autism, with the high probability of mental retardation associated with autism. The low functional levels due to the profound mental retardation makes it difficult to assess for the key characteristics of autism and so diagnostic instruments are likely to throw up spurious results. This makes diagnosis of autism a challenge and calls for clinical experience (Brasic, 2006).

Autism was initially believed to be associated with higher social classes, but is now known to afflict all social classes in an equal manner. Motion abnormalities are a striking feature of autism and may provide the means for the identification of autism in early infancy, prior to the other manifestations. In children the motion anomalies demonstrated are also highly characteristic and can be easily identified. An example of such an abnormal motion typical to autism is the placing of the hand with fingers outstretched by the child before the eyes, with rapid back and forth movement. This action of the child is considered as self-stimulation, as it produces a visual sensation. Many of such abnormal motions typical to autism appear like attempts to provide sensory input to the self in barren environments (Brasic, 2006).

The cause of autism still remains unknown, but there are several hypotheses that include exposure to toxic agents and infections, and possibly

vaccinations for diseases like measles, mumps and rubella. The treatment of autism is essentially directed towards the associated behavioral problems and so includes intensive behavioral, educational, and psychological components. The use of serotonin in the treatment of autism is under investigation. The earlier the diagnosis and use of intervention strategies the more favorable the outcome and so regular screening of infants and toddlers for signs and symptoms of the disorder is useful (Brasic, 2006).

Discussion Question - No. 2 - Oppositional Defiant Disorder or Conduct Disorder:

The definition of oppositional defiant disorder (ODD) provided by the American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM IV) is that it is " a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior toward authority figures that persists for at least 6 months" (Tynan, 2008). The hostile behaviors that are a part of the definition consist of losing one's temper; arguing with adults; actively defying requests; refusing to follow rules; deliberately annoying other people; blaming others for one's own mistakes or misbehavior; and being touchy, easily annoyed or angered, resentful, spiteful, or vindictive. Quite often ODD is found to be the precursor of conduct disorder (Tynan, 2008)

Though the behavioral characteristics of the adolescent falls within the hostile behaviors of ODD, I would find it difficult to straight away diagnose the adolescent with ODD. The rationale behind this is that diagnosis of ODD is complicated in that there is a relatively high rate of co-morbid, disruptive, behavior disorders. For example symptoms of attention deficit hyperactivity disorder (ADHD) and conduct disorder tend to overlap. There is evidence to suggest that co-morbidity of ODD with ADHD may be as high as fifty to sixty-

percent in affected children. In addition to this studies have shown that ODD is likely to occur in conjunction with anxiety disorders and depressive disorders, with the possibility of co-morbidity of ODD with an affective disorder being approximately thirty-five percent, and the rates of co-morbidity increase with age. In addition it has also been found that there is a high rate of co-morbidity of learning disorders and academic difficulties with ODD. Given such a scenario of co-morbidity associated with ODD, just the mere commonality of the hostile behaviors in the definition of ODD and that which is displayed by the adolescent cannot make ODD the sole diagnosis. I would have to make a Multi-disciplinary assessment for finding the existence of possible co-morbidities Tynan, 2008).

Yes, gender would affect my decision of the disorder, as boys tend to be associated more strongly with ODD than girls (Pary, Arnp, Matuschka & Lippmann, 2002).

Literary References

Brasic, R. J. (2006). Pervasive Developmental Disorder: Autism. Retrieved March 4, 2008, from emedicine, WebMD Web Site: <http://www.emedicine.com/ped/TOPIC180.HTM>.

Pary, R. Arnp, S. L., Matuschka, R. P., & Lippmann, S. (2002). Attention-Deficit/Hyperactivity Disorder: An Update. *Southern Medical Journal*, 95(7), 743-749.

Tynan, D. W. (2008). Oppositional Defiant Disorder. Retrieved March 4, 2008, from emedicine, WebMD Web Site: <http://www.emedicine.com/ped/topic2791.htm>.