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An Appraisal of DSM-IV The DSM-IV ification aids clinicians in formulating the appropriate diagnosis for certain mentaldisorders. To obtain insight regarding this, it would be beneficial to make an analysis of certain case studies to be able to understand such categorization.
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An Appraisal of DSM-IV
The DSM-IV Classification of Mental Disorders reflect a consensus of current formulations of evolving knowledge in the medical field; nevertheless, they do not encompass all the conditions for which individuals may be cured or that may be suitable topics for research efforts (BehaveNet Clinical Capsule).
The objective of DSM-IV is to impart clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study and treat people with a variety of mental disorders; however, the clinical and scientific considerations involved in the categorization of such mental disorders may not totally be pertinent to legal judgments such as taking into focus the issues of individual responsibility, disability determination and competency (BehaveNet Clinical Capsule). This paper deems to evaluate the DSM-IV classification by analyzing a variety of case studies.
DSM-IV Case Studies Analysis
Individuals with Schizoid Personality Disorder manifest a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts (BehaveNet Clinical Capsule). An example is a person having this disorder is Josephine in Case Study 1. Josephine never seems to enjoy herself during family gatherings instead she almost always prefers solitary activities like playing video games or watching TV by herself. She exhibits detachments towards other family members for she seldom smiles, laughs or reacts to people and events around her. Because of her behavior, Josephine has no significant relationship in her personal life and cannot name any close friends. Persons with Schizoid Personality Disorder are likely to have been socially isolated and withdrawn as children (First & Tasman, 2010, p. 497). Psychotherapy is the treatment utilized for patients with this type of disorder wherein the aim of this treatment regimen is for the person with the disorder to develop trust towards others; moreover, pharmacotherapy may also be employed like the administration of Benzodiazepines that may help diminish interpersonal anxiety (Sadock et al., 2007, p. 796).
Person with Narcissistic Personality Disorder exhibits a pervasive pattern of grandiosity in fantasy or behavior, need for admiration, and lack of empathy beginning by early adulthood and present in a variety of contexts (BehaveNet Clinical Capsule). An example of this client is Luis from Case Study 2 who exaggerates his achievements and contributions to the company he is working with, he is also interpersonally exploitative who uses people to get what he wants and he also manifest arrogance by being always impeccably dressed for he believes that one day he will be the CEO of the company he is working with. Patients with this disorder are said to value youth, beauty and strength and cling to them inappropriately; conversely, psychotherapy is utilized for persons with this disorder aiming at developing empathy towards others, also pharmacotherapy may be used such as administration of Lithium or Eskalith to treat mood swings and since persons with this condition are prone to depression if they are unable to handle stress, antidepressants may also be utilized (Sadock et al., 2007, p. 803).
People with Somatoform Disorders particularly Conversion Disorder manifest a symptom or a deficit affecting voluntary motor or sensory function that suggest a neurological or other general medical condition (BehaveNet Clinical Capsule). An example of this is Anissa from Case Study 3 who experienced numbness in both hands after surviving a horrific car accident, extensive neurological tests ruled out medical reasons hence she was advised to see a psychiatrist. Treatment usually involves symptom removal by suggestion or hypnosis (First & Tasman, 2010, p. 397).
Patients with Dissociative Disorders such as Dissociative Amnesia suffer disruptions of memory, consciousness, identity and general perception of themselves and their surroundings (BehaveNet Clinical Capsule). An example of this is Case Study 4 wherein the individual suffering from this disorder is Karen whose son Austin died when he was only 15 months old due to the acute respiratory distress. The day after the burial, when Karen woke up and went to Austin’s room and saw that he is not in the crib, she panicked and she did not know that Austin died; in addition, she could not remember the events of the previous week. As what Karen exhibited, she is presenting an episode of inability to recall important personal information usually of a traumatic or stressful nature that is, the death of her son Austin, which is too extensive to be explained by ordinary forgetfulness (BehaveNet Clinical Capsule). Memory loss due to this condition can sometimes be accessed using sodium amytal or lorazepam popularly known as Ativan and utilization of hypnosis; individual psychotherapy may also be employed in the treatment for this disorder (Elkin, 1999, p. 135).
Schizophrenia names a persistent, often chronic and usually serious mental disorder affecting a variety of aspects of behavior, thinking and emotion (BehaveNet Clinical Capsule). An example of a person with this disorder is Tony from Case Study 5 who seemed preoccupied with his own thoughts, often talking to himself in a worried whisper. He appears disorganized and ignores proper grooming; moreover, he has auditory hallucinations as if listening to voices or sounds and the delusion that he is an FBI agent. This disorder is said to be caused by a variety of viral and immune factors, likewise, genetics also has proven to be a contributing factor in the development of such condition (Sadock et al., 2007, p. 490). A variety of therapies may be used in treating such disorder like group therapy aimed at focusing on real life plans, problems and relationships; cognitive behavioral therapy with the purpose of improving cognitive distortions, reduce distractibility and correct errors in judgment; and individual psychotherapy partnered with pharmacotherapy aimed at developing a therapeutic relationship wherein the patient feels safe (Sadock et al., 2007, p. 492).
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