

1. ANXIETY DISORDERS (MOD 66)

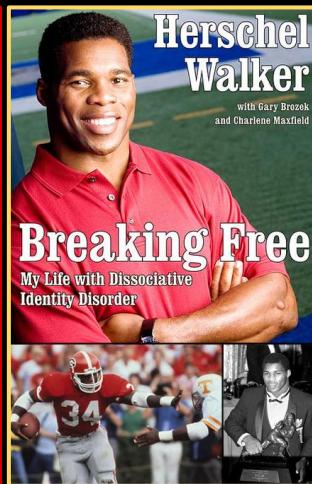
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2. DISSOCIATIVE DISORDERS (Mod 69)

- ★ Psychogenic Fugue
- ★ Psychogenic Amnesia
- ★ Dissociative Identity Disorder (DID)

3. SOMATOFORM DISORDERS (Mod 69)

- ★ Somatization Disorder
- ★ Conversion Disorder
- ★ Hypochondriasis



4. MOOD DISORDERS (MOD 67)

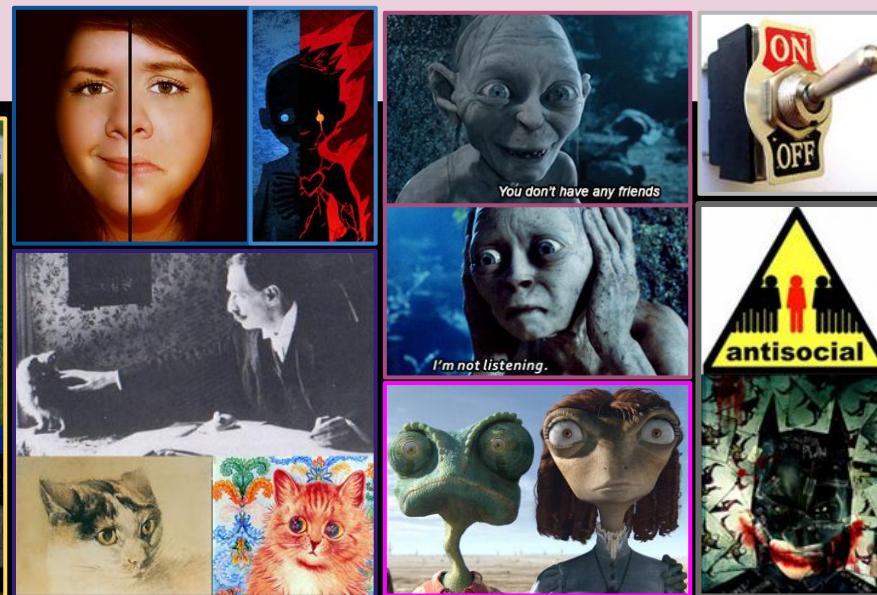
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- ★ Paranoid Schizophrenia
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- ★ Catatonic Schizophrenia

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- ★ Borderline Personality Disorder (BPD)
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DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION



AMERICAN PSYCHIATRIC ASSOCIATION

CATEGORIES OF
PSYCHOLOGICAL
DISORDERS

As categorized by the
**Diagnostic &
Statistical
Manual of
Psychiatric Disorders
(DSM-V)**

<http://www.dsm5.org>

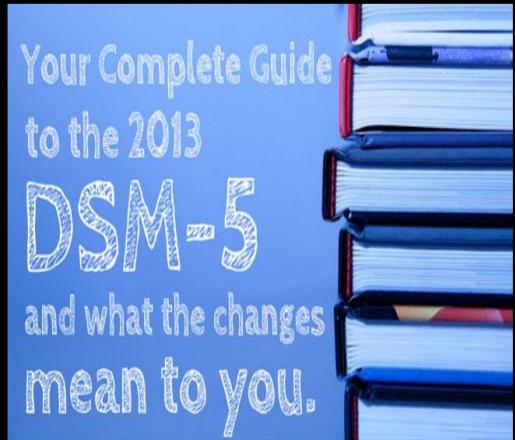
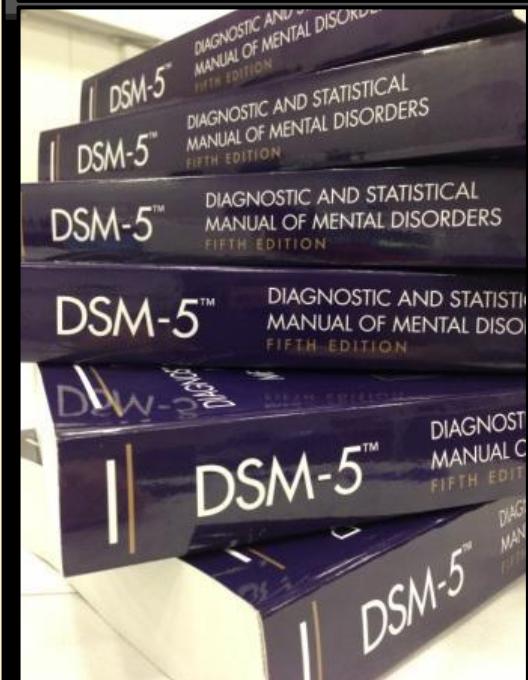
Diagnostic & Statistical Manual of Mental Disorders (DSM-5)

Published: American Psychiatric Association (APA)
as primary reference for diagnostic judgments

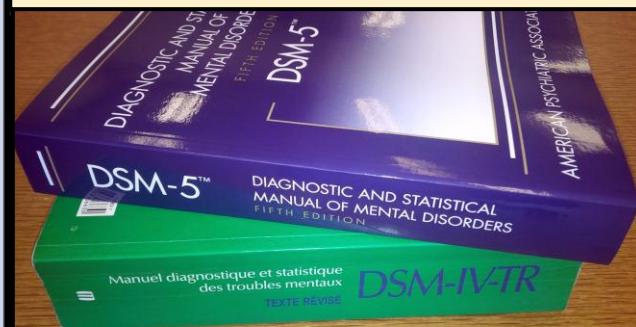
- ★ Standard for **classification of mental disorders**
- ★ **Diagnostic criteria for every psychiatric disorder**
- ★ Psychiatrists & physicians, psychologists, social workers, nurses, occupational & rehabilitation therapists, & counselors, as well as by clinicians & researchers use the DSM
- ★ **Detailed descriptions of diagnostic criteria**
- ★ **Necessary tool for collecting & communicating accurate public health statistics about diagnosis of psychiatric disorders**

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION

DSM-5



DSM-IV		DSM-5	Example of changes: DSM-IV to DSM-V.
Any 1 = ALCOHOL ABUSE	Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household).	Alcohol is often taken in larger amounts or over a longer period than was intended. (See DSM-IV, criterion 7.)	
	Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol abuse).	There is a persistent desire or unsuccessful efforts to cut down or control alcohol use. (See DSM-IV, criterion 8.)	
	Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct).	A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects. (See DSM-IV, criterion 9.)	
	This is not included in DSM-5	Craving, or a strong desire or urge to use alcohol. **This is new to DSM-5**	
	Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol (e.g., arguments with spouse about the consequences of intoxication, physical fights).	Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home. (See DSM-IV, criterion 1.)	The presence of at least 2 of these symptoms indicates an Alcohol Use Disorder (AUD) .
	Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect b) Markedly diminished effect with continued use of the same amount of alcohol	Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol. (See DSM-IV, criterion 4.)	The severity of the AUD is defined as:
	Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol b) Alcohol is taken to relieve or avoid withdrawal symptoms	Important social, occupational, or recreational activities are given up or reduced because of alcohol use. (See DSM-IV, criterion 10.)	Mild: The presence of 2 to 3 symptoms
	Alcohol is often taken in larger amounts or over a longer period than was intended.	Recurrent alcohol use in situations in which it is physically hazardous. (See DSM-IV, criterion 2.)	Moderate: The presence of 4 to 5 symptoms
	There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.	Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. (See DSM-IV, criterion 11.)	Severe: The presence of 6 or more symptoms
	A great deal of time is spent in activities necessary to obtain alcohol (e.g., driving long distances), use alcohol, or recover from its effects.	Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect b) A markedly diminished effect with continued use of the same amount of alcohol (See DSM-IV, criterion 5.)	
	Important social, occupational, or recreational activities are given up or reduced because of alcohol use.	Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol (refer to criteria A and B of the criteria set for alcohol withdrawal) b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. (See DSM-IV, criterion 6.)	
	Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption).		



Definition:

PSYCHOLOGICAL DISORDERS

deviant, distressful, and dysfunctional patterns
of thoughts, feelings, or behaviors.

Definition:

DISTRESS

a subjective feeling that something is really wrong.

Definition:

DYSFUNCTION

when a person's ability to work and live is clearly,
often measurably impaired.

5 WINNER OF
ACADEMY AWARDS

BEST PICTURE

BEST ACTOR
Jack Nicholson

BEST ACTRESS
Louise Fletcher

BEST DIRECTOR
Milos Forman

BEST SCREENPLAY
Lawrence Kl用心
and Bo Goldman

ONE FLEW OVER
THE CUCKOO'S NEST

JACK NICHOLSON

Therapy Cat



is concerned

Defining Abnormality

- **Deviation from Social Norms**
- Degree to which people don't conform to what society views as "normal."
- **Deviation from Ideal Mental Health:**
- Abnormality=person deviates from views of "ideal mental health."
 1. Strong Self-Esteem
 2. Strong Sense of Identity
 3. Ability to deal with stress
 4. Having an accurate perception of reality

Absence of all of these = abnormality

- **Failure to Function Adequately:**
- If any aspect of our behavior interferes with our daily functioning (e.g., not eating) then such behavior can be thought of as abnormal.

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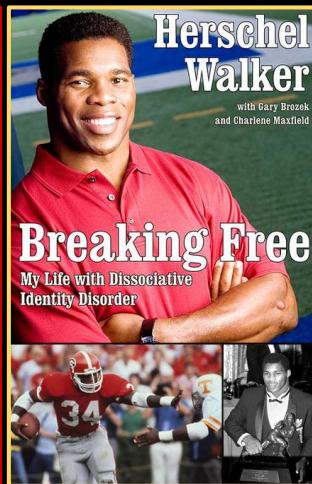
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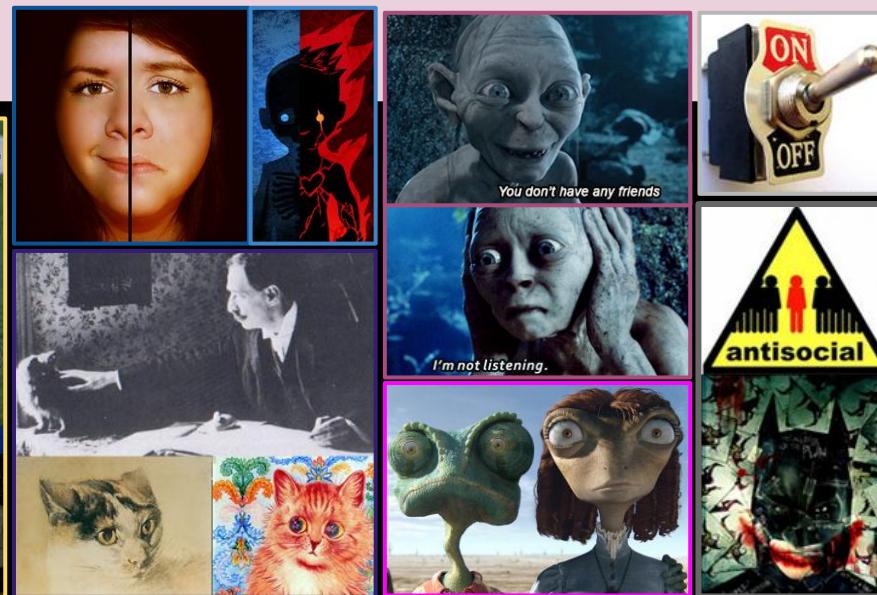
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Diagnostic Categories

ANXIETY DISORDERS:

- Anxiety is a combo of physical, cognitive, & psych symptoms in which a person's sympathetic nervous system has initiated a *fight-or-flight response*
- Anxiety is very common among people in the US.
- Typically situational:
- People usually can identify cause of anxiety.
- Problematic from unknown causes.

ANXIETY DISORDERS ARE CHARACTERIZED NOT
ONLY BY DISTRESSING, PERSISTENT ANXIETY
BUT ALSO OFTEN BY THE DYSFUNCTIONAL
BEHAVIORS THAT REDUCE THAT ANXIETY



TYPES OF ANXIETY DISORDERS

PHOBIC DISORDER:

Occurs when a phobia - *an irrational fear of an object or situation* - becomes so disruptive that it interferes with normal functioning. Most people have some form of phobia, but it does not interfere with their lives to a large degree.



General Anxiety Disorder:

"Anxiety & worry that is excessive & difficult to control & that occurs more days than not for a period of at least 6 months." as defined by DSM

Includes symptoms of fatigue, restlessness, irritability, sleep disturbances, decreased concentration & memory, and muscle tension.



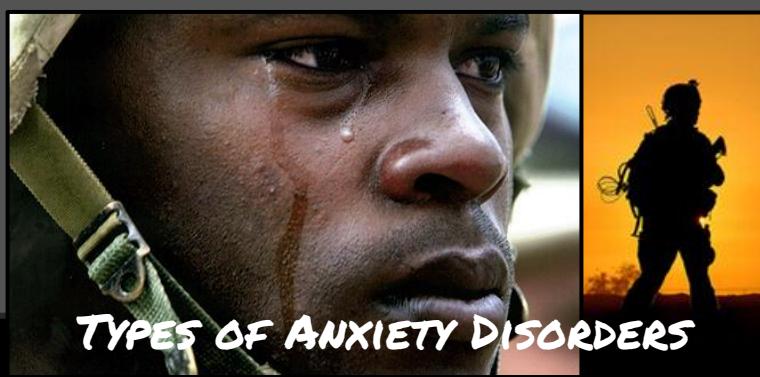
TYPES OF ANXIETY DISORDERS

POST-TRAUMATIC STRESS DISORDER (PTSD):

When someone has gone through a traumatic event, that event, or memory of that event, causes the person to continuously re-experience stress. Re-experiencing of the event can take the form of a panic attack.

PANIC DISORDER: When someone has uncontrollable panic attacks for an extended period of time (2+ wks). Typical panic attack involves shortness of breath, racing heart, & an unfocused feeling of being out of control. Attacks come on rapidly & are debilitating.

OBSESSIVE-COMPULSIVE DISORDER (OCD): OCD involves having obsessive stress or anxiety over a particular event or issue and performing ritualistic or compulsive behavior to ameliorate the stress. Obsessive behavior is fairly common: it becomes a disorder when the compulsive behavior impairs everyday life.



TYPES OF ANXIETY DISORDERS



**I THOUGHT YOU WERE NEVER
EVER EVER EVER COMING
HOME EVER**

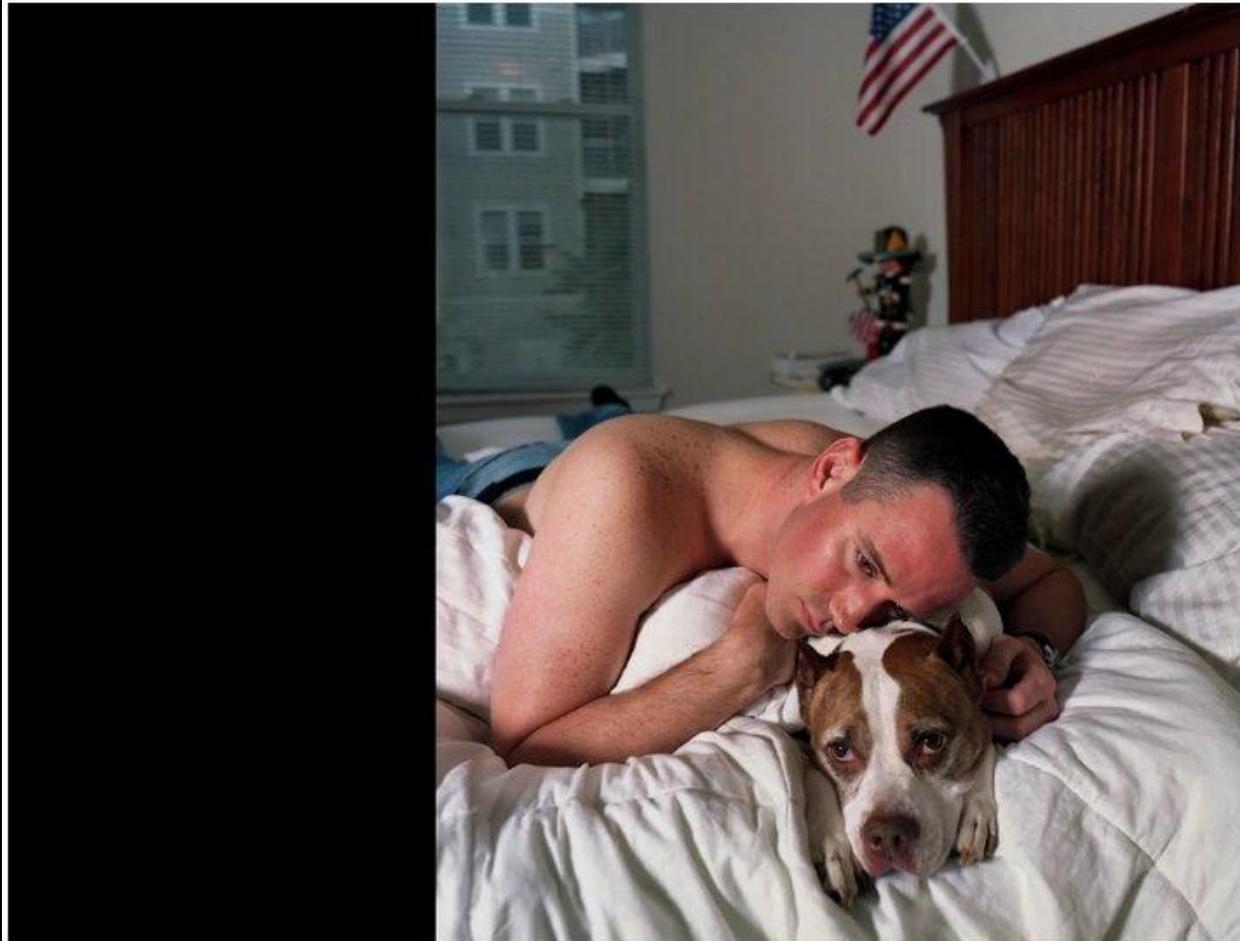


SO I PANICKED



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TIME



How Dogs Help Veterans Cope with PTSD

from TIME Video PLUS 8 months ago

Struggling with post-traumatic stress, veteran David Sharpe says he found a dog at a shelter that saved his life. Now, with a group called P2V, he pairs other vets with rescued pets. For more videos like this visit time.com/video

**YouTube Video: Howie Mandel Talks About Living with
OBSESSIVE-COMPULSIVE DISORDER (OCD)**



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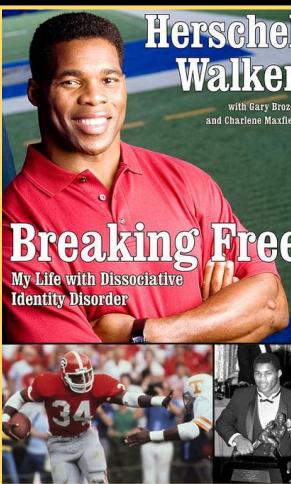
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3. Somatoform Disorders

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4. MOOD DISORDERS

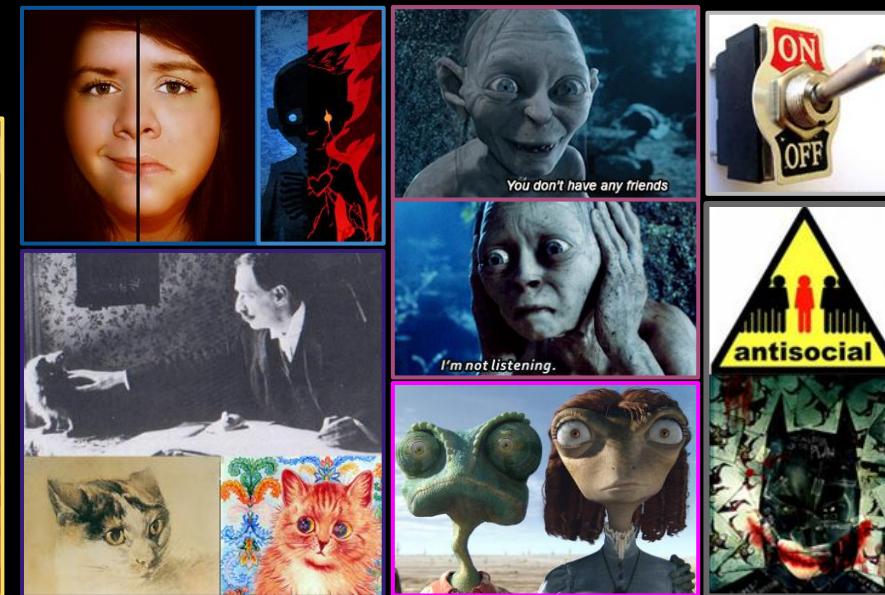
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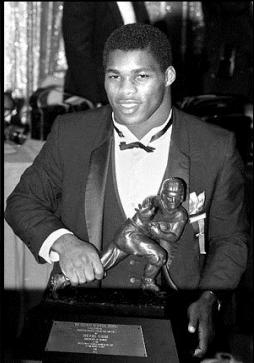
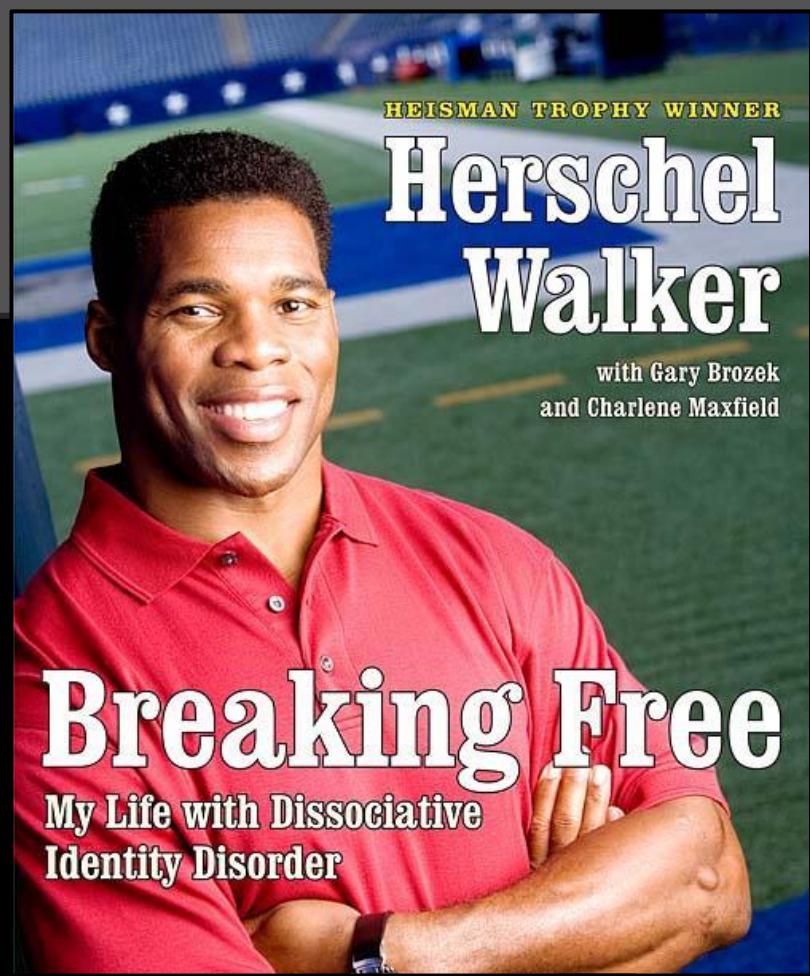
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Dissociative Disorders

#2. Dissociative Disorders:
Break in the connection between:
REALITY
&
Perception of REALITY
In most cases, gives rise to an
inability to deal with reality...
what is real & what *seems* real
are not the same



Types of Dissociative Disorders



PSYCHOGENIC FUGUE:

- Forgets his past & essentially creates a new history
- NOT aware that he has had another past
- Invented past is the only reality that he knows
- Fugue also involves “fleeing” -> new location



PSYCHOGENIC AMNESIA:

- Forgets her past but realizes she has forgotten it
- NO FORM of biological insult or injury to the brain
- Amnesia must stem from a psychological cause

DISSOCIATIVE IDENTITY DISORDER (D.I.D.):

**Previously known as - ‘multiple personality disorder’

- Result of trauma: Personality is split into distinct & separate different personalities
- Personalities are called forth under different circumstances & often one personality does not know about other personalities

YouTube Video: Herschel Walker - D.I.D. Part I



YouTube Video: Herschel Walker D.I.D. Part 2



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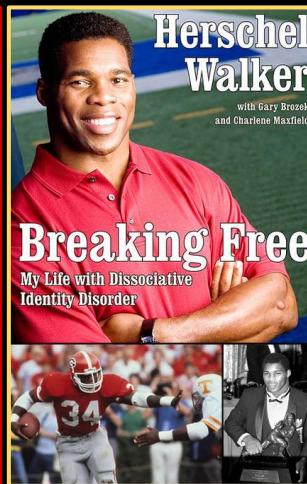
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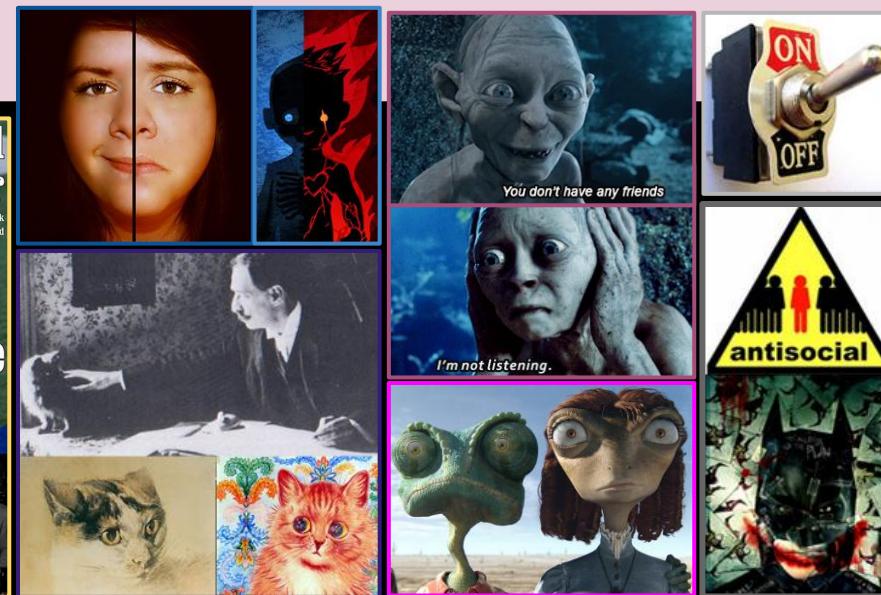
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6 Categories of Psychological Disorders

#4. MOOD DISORDERS:

Inability to control or stabilize mood.

- Patient will have difficulty emerging from depressed state or will lack the ability to maintain mood at a constant level.

WHAT ARE SOMATOFORM DISORDERS?

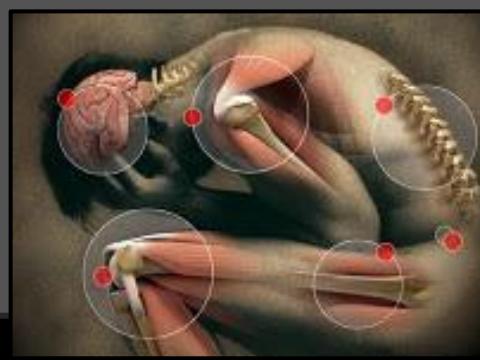


Jesse Jackson Jr.: The Fog of Mood Disorder, Culture, and Reporting

Posted Thursday, July 12, 2012, at 3:43 p.m. | By Whet Moser

Like 12 people like this. Be the first of your friends.

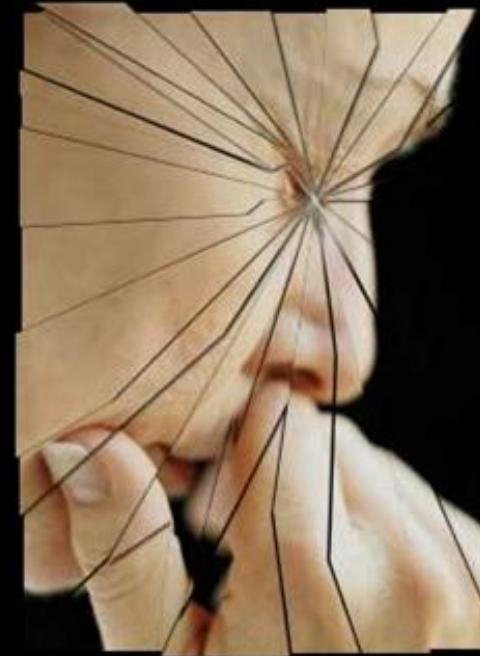




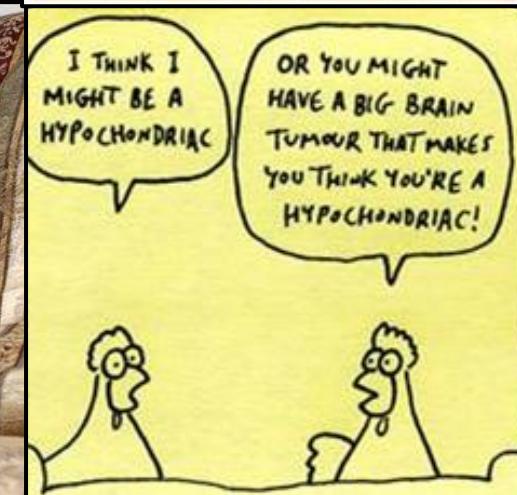
6 Categories of Psych Disorders

#3. Somatoform Disorders: (*so-mato-form*)

Individual suffers from some form of physical ailment, when there is, in fact:
NO REAL CAUSE for that ailment to occur



A MIND
THAT
HATES
ITS
BODY





Types of MOOD DISORDERS

MAJOR CLINICAL DEPRESSION:

Becomes **so depressed** that he is **unable to engage in the basic behaviors required** for normal functioning.

Not just “being down” about something;

So depressed that **even the thought** of getting out of bed is too overwhelming.

Depression must last for longer than 2 weeks.

Depression: more common in women ([link](#))

Learned Helplessness, proposed by **Martin Seligman**:

He cannot avoid the pain or bad consequences:

“Learns to Give Up”

BIPOLAR DISORDER:

Vacillates between periods of

Extreme Hyperactivity (called mania) & Deep Depression

Unable to maintain an appropriate stabilized mood.



Video Clip - PsykTrek CD:
Manic Depression Clips



Manic Depression & Clinical Depression?

Manic depression (or *bipolar disorder*) includes clinical depression as a part of its diagnosis.

You CAN NOT have bipolar disorder without also having had an episode of clinical depression.

Mania: Distinguishing symptom of **bipolar disorder** & differentiates it from **clinical depression**

Bipolar disorder: Experienced 1 or more **manic** episodes

What's a manic episode?

- ★ Overly happy, excited or confident
- ★ Extremely irritable, aggressive & “wired”
- ★ Uncontrollable racing thoughts or speech
- ★ Thinking of yourself as overly important, gifted or special
- ★ Making poor judgments, such as with money, relationships or gambling
- ★ Engaging in risky behavior or taking more risks than you ordinarily would

1. ANXIETY DISORDERS

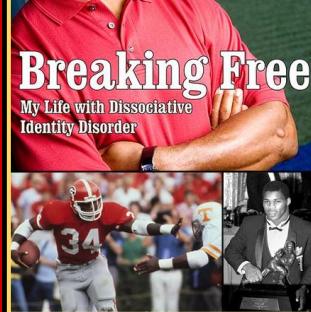
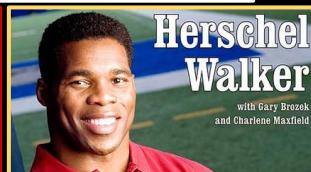
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6 Categories of Psychological Disorders

#5. SCHIZOPHRENIA:

Schizophrenia is **NOT**, the same thing as D.I.D.
dissociative identity disorder (*multiple personality*)

2 major symptoms:

- (1) **Auditory Hallucinations** (person hears voices)
- (2) **Break Between Reality & Perception of Reality**

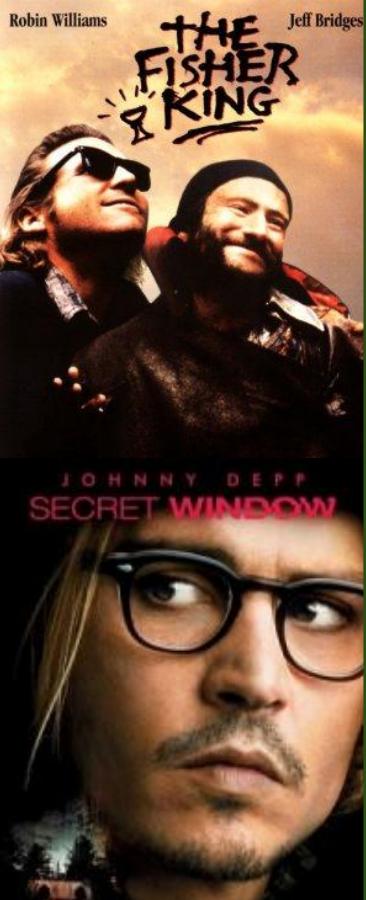
Difficult time dealing with reality & often suffers because he cannot articulate the issue.



Louis Wain (1860–1939) English artist best known for his drawings, which consistently featured anthropomorphised large-eyed cats & kittens.

In his later years he suffered from schizophrenia, which, according to some psychologists, can be seen in his works.





PARANOID SCHIZOPHRENIA:

Difference? → PARANOIA

Types of SCHIZOPHRENIA

Both Delusions of Grandeur & Extreme Suspiciousness

Because they are someone important, many people are out to “get them.” She will likely have trouble communicating this, but it has a big impact on her behavior.

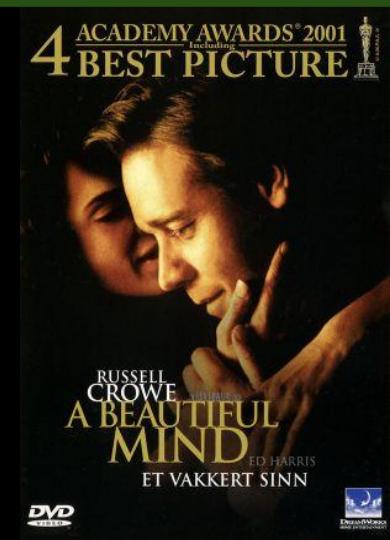
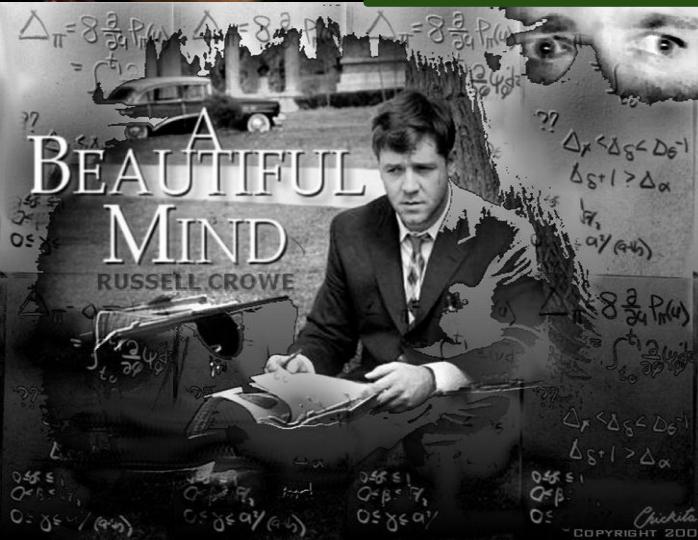
DISORGANIZED SCHIZOPHRENIA:

Difficulty communicating & auditory hallucinations

But *without* a significant degree of paranoia

Often neglect appearance & difficulty fitting in

Displays a flat affect, showing very little emotion at all, or inappropriate affect.





CATATONIC SCHIZOPHRENIA:

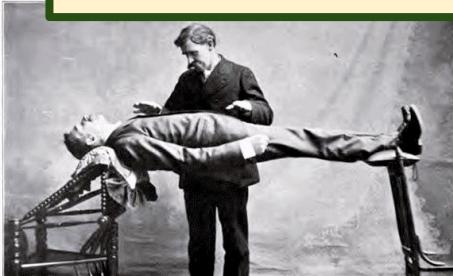
Like disorganized schizophrenia BUT marked by periods of complete immobility:

Waxy Flexibility

Will stop moving & remain in that position for several minutes.

Arms can be moved & they will remain in that position until the catatonic phase passes.

Some have attributed this immobility to mild epileptic seizures, but we are not certain why the disorder occurs.

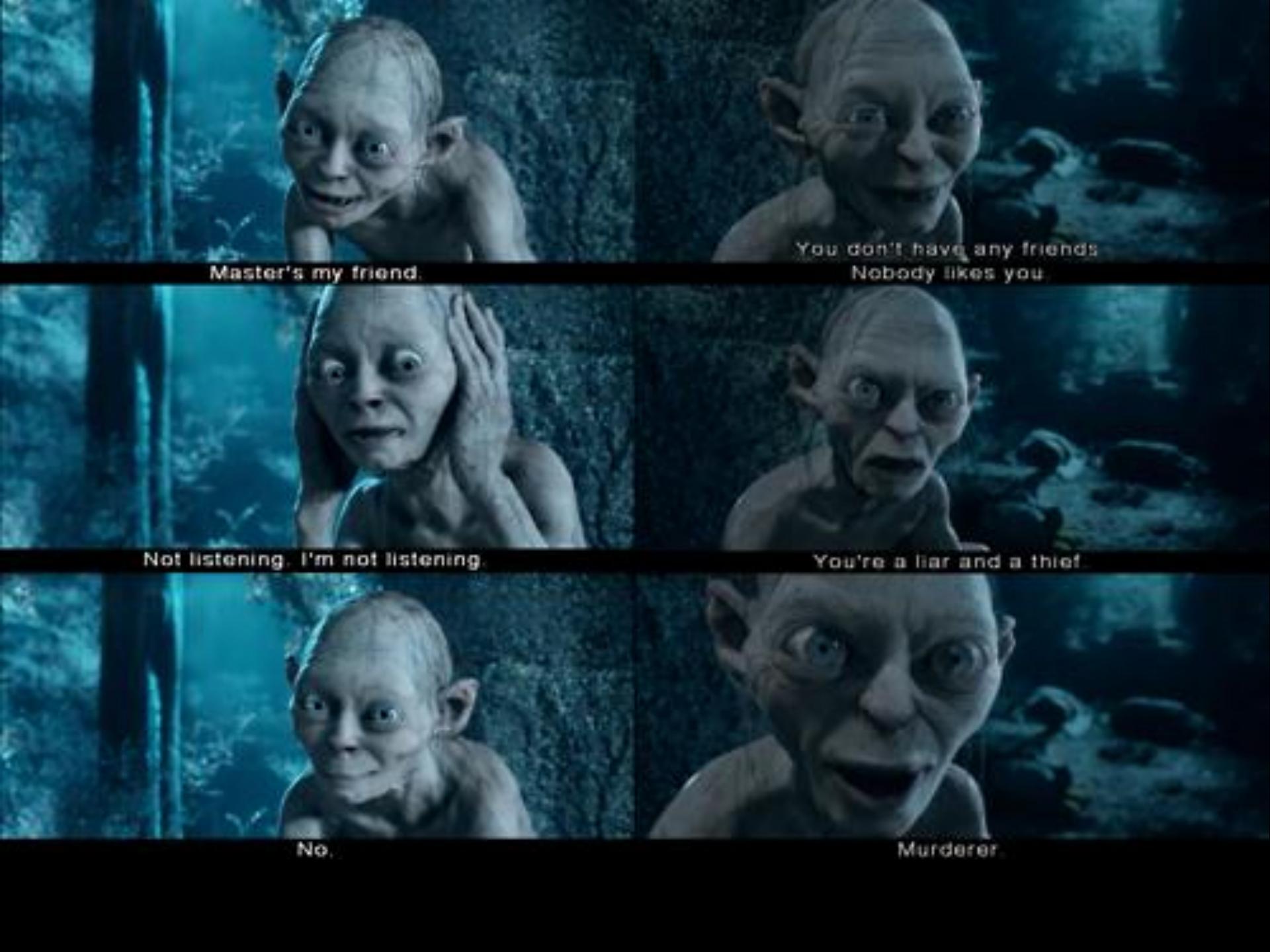


CATATONIC

YouTube Clip: From "Lord of the Rings, The Two Towers", Gollum shows signs of schizophrenia.

YouTube: Lord of the Rings Scene - Gollum



A collage of six screenshots featuring Gollum from the Lord of the Rings movies. The images show him in various states of distress and anger, with his hands near his face or mouth. The background is consistently dark and rocky.

Master's my friend.

You don't have any friends
Nobody likes you

Not listening. I'm not listening.

You're a liar and a thief.

No.

Murderer.

YouTube: Abnormal Psychology - Catatonic



Oprah tries to interview young girl with Schizophrenia



[Jani's Journey - The Jani Foundation devoted to raising money and helping this young girl.](#)
The Jani Foundation was founded by Michael & Susan Schofield. Named for their daughter, Jani, diagnosed with child onset schizophrenia at 6 years old, Michael & Susan felt alone in their struggle to keep Jani alive.

YouTube Clip: Inside the World of Childhood Schizophrenia 20/20 ABC News



YouTube: DNews - The Schizophrenia Switch Found



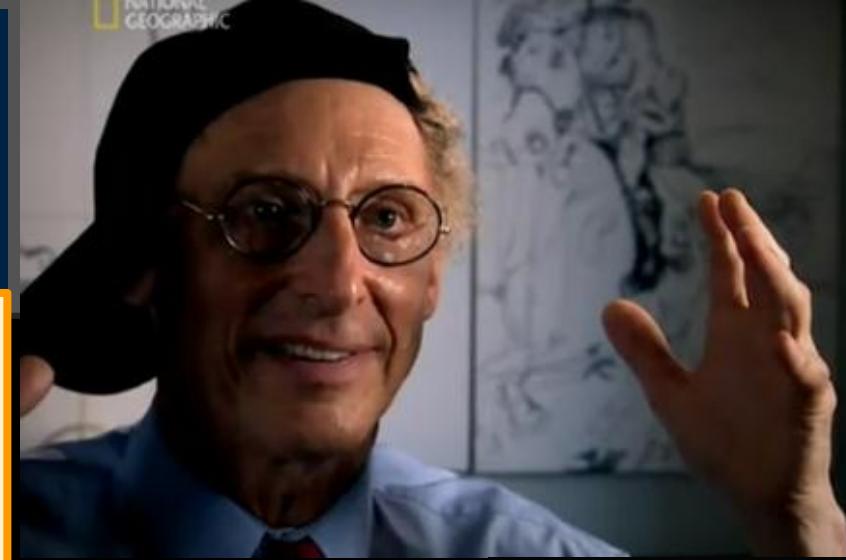
TRANSCRANIAL MAGNETIC STIMULATION



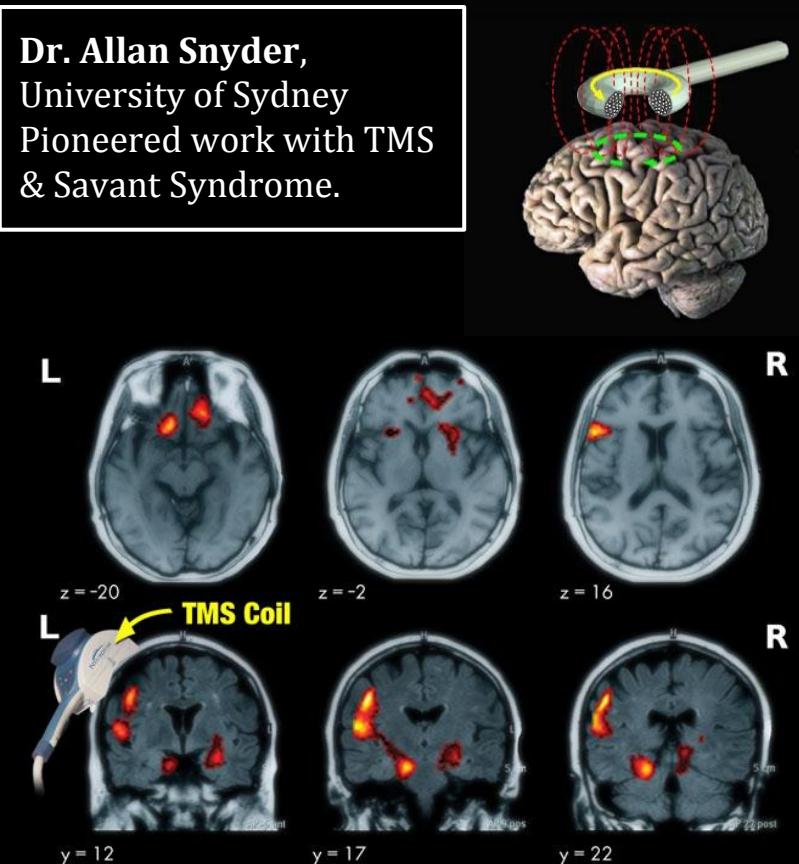
TMS: Noninvasive method to cause **depolarization** or **hyperpolarization** in the neurons of the brain.

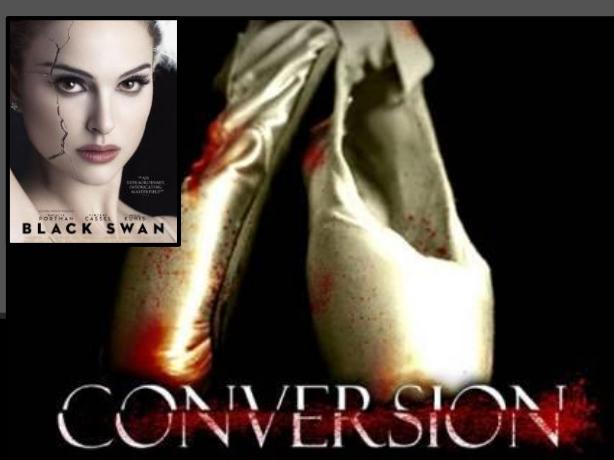
TMS uses electromagnetic induction to **induce weak electric currents** using a rapidly changing magnetic field

This can **cause activity** in specific or general parts of the brain **with little discomfort**, allowing for study of the brain's functioning & interconnections.



Dr. Allan Snyder,
University of Sydney
Pioneered work with TMS & Savant Syndrome.





Types of SOMATOFORM DISORDERS

CONVERSION DISORDER:

Person suffers from great deal of stress concerning an upcoming event & as a strategy for dealing with stress:

Person will “convert” stress into some physical ailment

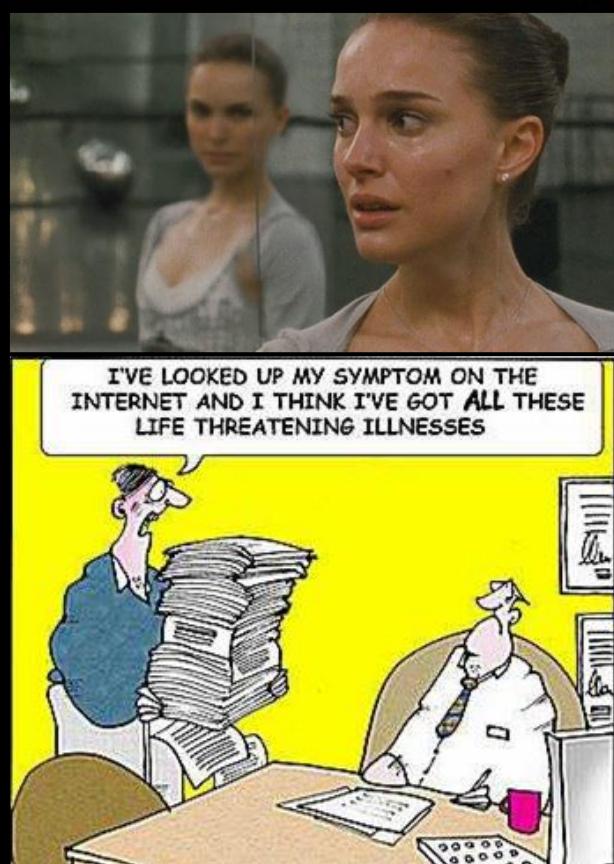
Ex: Anxious because she has to give an oral presentation to her class, she might suddenly develop a case of laryngitis the day before. In such a situation, the stress was “converted” into the problem of not being able to talk.

HYPOCHONDRIA:

Believes he has a major medical malady, yet doctors find nothing physically wrong.

Patient seeks treatment for an “*ailment*” that he believes exists.

Becomes **obsessed** with idea that a life-threatening disease hasn't been diagnosed yet.



Criticized as a diagnosis of exclusion, meaning all other possibilities must be exhausted, conversion disorder dates back to Sigmund Freud and was formerly known, more controversially, as hysteria.

"The major problem with diagnosing a Somatoform Disorder is that it is very difficult, if not impossible, to demonstrate that a person does not have an underlying medical condition that is producing the signs and/or symptoms."

Current Debates

Accuracy in the diagnosis of Somatoform Disorders has been the subject of increasingly heated debate across the globe in medicine and psychiatry, patient advocacy, ethics and in the news.

It Could Just Be Stress: The Teens of LeRoy and Conversion Disorder

NICHOLAS JACKSON | FEB 5 2012, 8:56 AM ET

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More than a dozen girls in this tiny New York town have started displaying Tourette's-like symptoms, but nobody seems to know why.



In the tiny town of LeRoy, New York (population 7,641), more than a dozen high school-aged girls have been displaying unusual jerks and stutters -- symptoms similar to those of Tourette's Syndrome -- for about three months. More than a dozen is, at the time of this writing, as specific as one can get because the number continues to climb. (A teenage boy and a 36-year-old woman have also started displaying these symptoms.) Before the breakout, Le Roy, first settled way back in the 18th century, was best known as the birthplace of Jell-O.

More unsettling than the tics and twitches themselves is the fact that nobody seems to know what is causing them. There are a couple of theories, though, the most prominent of which is that a 41-year-old toxic spill has contaminated the groundwater used by [LeRoy Junior-Senior High School](#) (enrollment 460). All of the individuals currently affected aside from the 36-year-old woman, Marge Fitzsimmons, who remembers swimming as child in a quarry near the toxic spill site, attend LeRoy. This possibility has received the most attention because, in January, Erin Brockovich and her longtime associate Bob Bowcock, a water treatment and testing engineer, visited the town to conduct their own environmental tests.

August 2011, 14 students (13 girls & 1 boy) from the LeRoy Junior-Senior High School began reporting myriad perplexing medical symptoms including verbal outbursts, tics, seizure activity & speech difficulty.

Dr. Laszlo Mechtler, a neurologist treating most of the girls, was given permission to share the diagnosis of conversion disorder & mass psychogenic illness.

Erin Brockovich, noted environmental activist, was called to town to investigate environmental pollution from the 1970 Lehigh Valley Railroad derailment as a possible cause. As this happened, many of these girls started reporting worse symptoms to their doctors & the illness spread to 20 individuals in total.

Eventually, as doctors encouraged their patients to stay away from the media & the media attention died down, many of the girls' symptoms improved. By the end of the school year in June, 1 girl was diagnosed with Tourette's syndrome, likely the source of the mass psychogenic illness, & most of the girls who received treatment for conversion disorder were back to normal in time for graduation.

No environmental causes were found after repeat testing around the school & surrounding areas of town.



School's end clears up New York students' mystery twitching

Sat, Jun 23 2012

By Neale Gulley

LE ROY, New York (Reuters) - Students whose mysterious twitches drew a national spotlight will accept their high school diplomas on Sunday, with most of them back to normal after a controversial diagnosis that the actions were caused by attention from social and news media.

A total of 20 patients - almost all of them girls enrolled at Le Roy Junior/Senior High School - first began exhibiting involuntary movements in October 2011 in this working class town about 50 miles east of Buffalo.

Doctors and state health department officials made the quick but controversial diagnoses of conversion disorder, in which psychological stress causes patients to suffer physical symptoms, and mass psychogenic illness, in which members of a tight-knit group subconsciously copy behavior.

Doctors determined the attention from social media and mainstream media aggravated the problem, and discouraged patients from participating in either. The result, doctors say, is that most of the patients shed the Tourette-like symptoms and returned to a "normal life" in time for high school graduation on Sunday.

YouTube: CBS This Morning - Conversion Disorder

Charlie Rose & Erica Hill speak w/ Dr. Jennifer McVige, a pediatric neurologist, about the mysterious illness more than a dozen N.Y. teens from the same upstate school suffering from tics.



1. ANXIETY DISORDERS (MOD 66)

- ★ General Anxiety Disorder (GAD)
- ★ Phobic Disorder
- ★ Post Traumatic Stress Disorder (PTSD)
- ★ Panic Disorder
- ★ Obsessive-Compulsive Disorder (OCD)

2. DISSOCIATIVE DISORDERS (Mod 69)

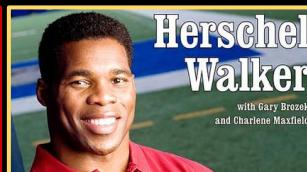
- ★ Psychogenic Fugue
- ★ Psychogenic Amnesia
- ★ Dissociative Identity Disorder (DID)

3. SOMATOFORM DISORDERS (Mod 69)

- ★ Somatization Disorder
- ★ Conversion Disorder
- ★ Hypochondriasis



CONVERSION



Breaking Free
My Life with Dissociative Identity Disorder



4. MOOD DISORDERS (MOD 67)

- ★ Major Clinical Depression
- ★ Manic Depression
- ★ Bipolar Disorder

5. SCHIZOPHRENIA (Mod 68)

- ★ Paranoid Schizophrenia
- ★ Disorganized Schizophrenia
- ★ Catatonic Schizophrenia

6. PERSONALITY DISORDERS (Mod 69)

- ★ Borderline Personality Disorder (BPD)
- ★ Antisocial Personality Disorder (APD)





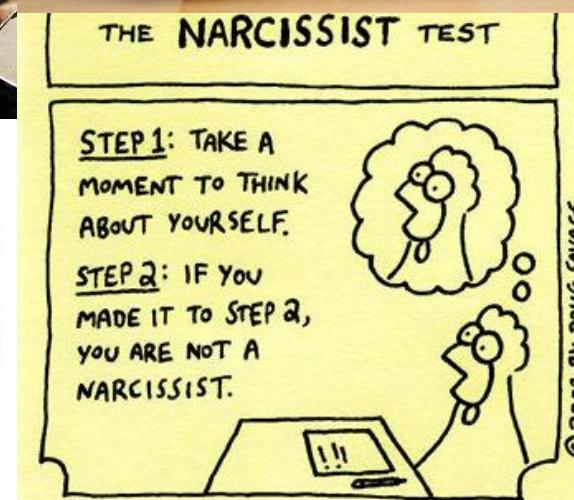
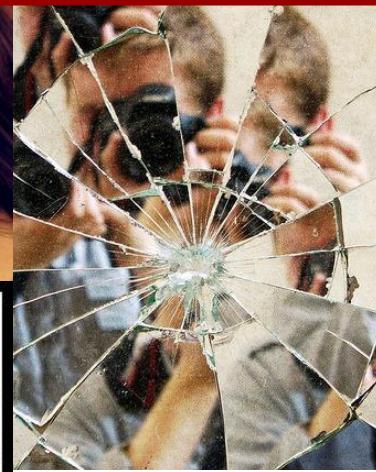
6 Categories of Psychological Disorders

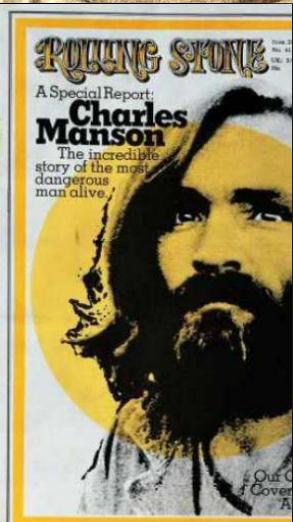
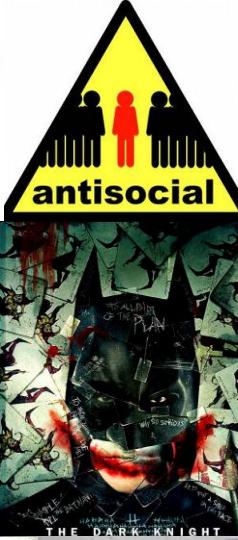
#6: Personality Disorders:

Pervasive pattern of behavior involving difficulty interacting with others.

Some of the most misunderstood disorders in psychology.

We have neither a complete grasp of the causes nor an adequate strategy for treatment.





Types of PERSONALITY DISORDERS

BORDERLINE PERSONALITY DISORDER:

Repeated pattern: difficulty maintaining relationships

Results from the manner in which a person with borderline personality disorder views other people:

*Sees people as either **GOOD** or **BAD** - Extremes*

*If friend violated some perceived trust boundary, person with disorder would perceive that friend as being **BAD***

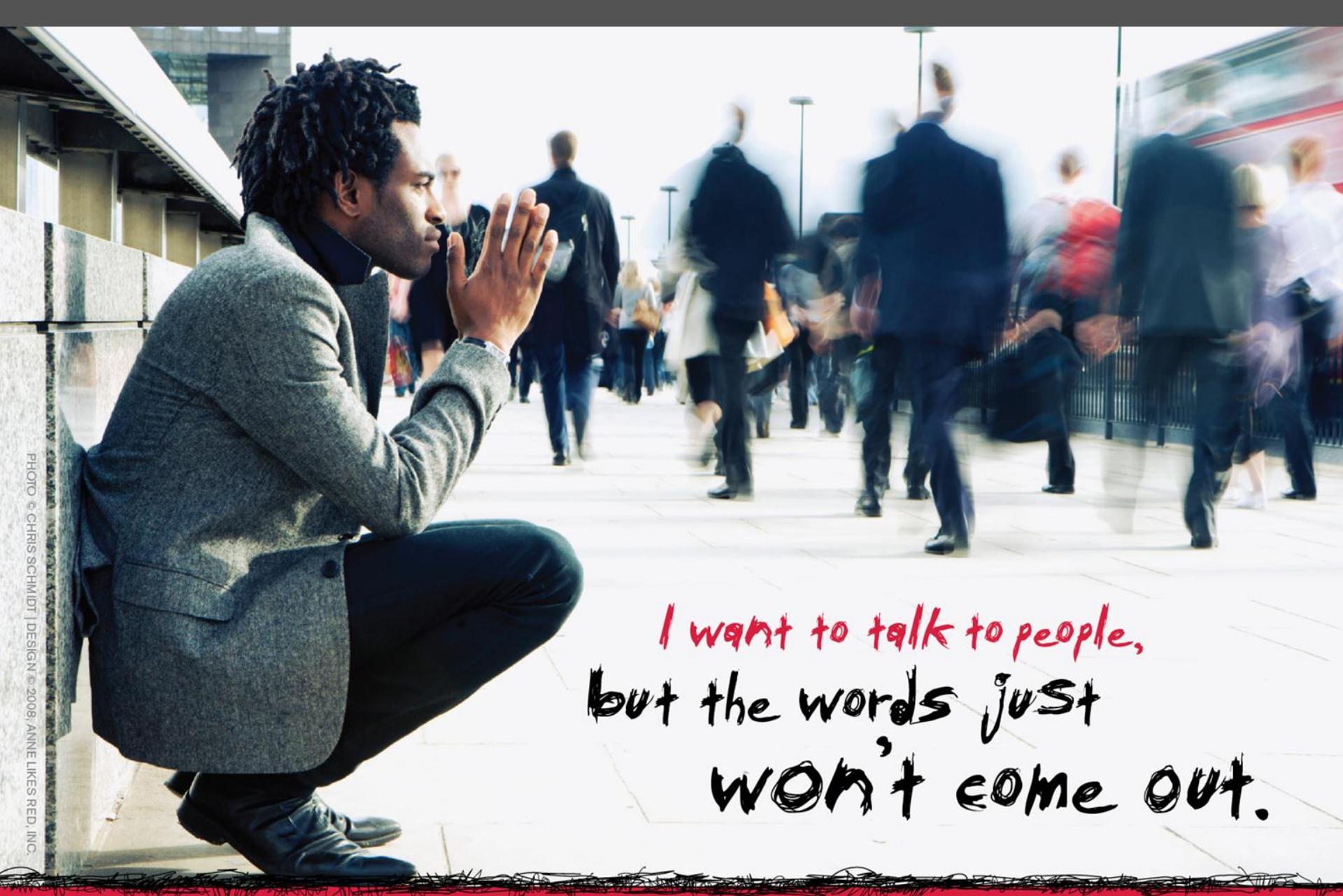
ANTISOCIAL PERSONALITY DISORDER:

Repeatedly violates rights of others with NO REMORSE

Patterns of behavior will emerge early (in teen years) but becomes more evident as the person reaches 20s & 30s.

Some APD persons are violent & engage in horrific behavior, though the majority are not.

They do, however, commonly violate the rights of others & have little concern for consequences of behavior



I want to talk to people,
but the words just
won't come out.

Social Anxiety Disorder... You are not alone... Get help: www.adaa.org