

Chapter 1 : Psychodiagnosis in Schizophrenia: 1st Edition (Paperback) - Routledge

Psychodiagnosis in Schizophrenia is a reprint of a classic volume in assessment psychology that first appeared in The book concerns the use of psychodiagnostic techniques in the differential diagnosis of schizophrenia.

The perception of mental illness within the cultural dynamics may affect the diagnosis, treatment, and reintegration of an individual with schizophrenia. As culture influences the ways individuals communicate and manifest symptoms of mental illness, style of coping, support system, and willingness to seek treatment may be affected as well. The role of folk healing among minority cultures is explored. The purpose of this paper is to review the illness and to examine the cultural and demographic factors for schizophrenia. The disease is found in all cultures throughout the world. Both genders are equally affected. The age of onset of schizophrenia appears to be a factor in the presentation of symptoms. Regardless of its occurrence, whether in Baltimore, Manila, or Rome, the rates remain the same, one percent of the population. According to Kaplan, Sadock, and Grebb, about 0. While most of those treated require inpatient care, only about half of all individuals with schizophrenia obtain treatment, in spite of the severity of the disorder. Although the manifestations of schizophrenia are varied, the majority of studies have demonstrated that the symptoms of schizophrenia typically form into three relatively independent complexes: These symptoms are not concrete. Not all individuals will exhibit all or a majority of symptoms. Perhaps living in a world that is distorted by hallucinations, delusions, and paranoia may cause people living with schizophrenia to appear frightened, anxious or even confused. The preoccupation with hearing voices that others do not may cause an individual to become distant and detached from others. Differential diagnoses of schizophrenia There are many disorders that may mimic schizophrenia, and the disease varies so greatly in its clinical presentation for different people and onset. The process of diagnosing schizophrenia is difficult, so several other disorders must be ruled out before the diagnosis can be made with a reasonable amount of confidence Waldinger, Mood disorders may be confused with schizophrenia as symptoms of mania and psychotic depression often present with hallucinations, delusions, and bizarre behavior. A variety of personality disorders may present with similar features of schizophrenia. Schizotypal, schizoid, and borderline personality disorders most closely resemble the disease. Organic mental disorders may look exactly like schizophrenia but may be attributed to drugs, metabolic disease, neurological condition, or even infection. A thorough laboratory screening, history, and physical examination should be documented to rule out medical illness Waldinger, Disorders such as schizophreniform disorder or delusional disorder may present with the same symptoms as schizophrenia, with the exception of duration of symptoms. The symptoms of schizophreniform disorder have a duration that lasts at least one month but less than six months. Delusional disorder is an appropriate diagnosis if bizarre delusions have been present for at least one month in the absence of the other symptoms of schizophrenia or a mood disorder Kaplan et al. Schizoaffective disorder is the appropriate diagnosis when manic symptoms or depressive symptoms develop concurrently with the major symptoms of schizophrenia Kaplan et al. Malingering or factitious disorders may be appropriate diagnoses for those individuals who may be imitating the symptoms of schizophrenia but do not actually have the disease. People who are completely in control of their symptom production maybe given the diagnosis of malingering. These individuals may be motivated by some secondary gain e. People who are less in control of their symptoms may be given a factitious disorder Kaplan et al. Culture-bound syndromes According to Niehas and others, the term cultural bound syndrome, refers to any one of a number of recurrent, locality-specific patterns of aberrant behavior and experiences that appear to fall outside conventional Western psychiatric diagnostic categories. Kaplan et al asserted that Western psychiatrists tend to view mental illness as culture-free, but certain disorders such as bulimia nervosa is as shaped by Western culture as koro is by Asian culture. The authors assert that not all individuals with ukuthwasa and amafufunyana suffer from schizophrenia, but may be used as explanatory models in a subset of schizophrenia sufferers. It may be that families prefer the term amafufunyana, possibly due to fewer stigmas associated than a diagnosis of schizophrenia. Similarly, among unacculturated Mexican-American families, the term nervios, is used to refer to a wide range of mental illness and psychological distress. With this

condition, the patient is not considered blameworthy. Asians who are less Westernized exhibit culture-bound syndromes more frequently. However, cultural-bound syndromes occur in European cultures as well. In Spain and Germany, involuntal paraphrenia, refers to a paranoid disorder that occurs in midlife and has features of, yet is distinct from schizophrenia, paranoid type. Cultural bound syndromes that share features of schizophrenia include: Explanatory Models of Illness As culture influences the ways individuals communicate and manifest symptoms of mental illness, their style of coping, their support system, their willingness to seek treatment may be affected as well. Asian Americans and Pacific Islanders have the lowest rates of utilization of mental health services of any ethnic population. This may be attributed to cultural stigmas and financial shortcomings Sherer, Patients may be reluctant to discuss emotional problems with strangers. Stoicism is a characteristic that is expected among many Asian Americans. Asian American patients may not express their emotional pain. Somatic complaints may be expressed instead. This somatization may be interpreted as a defense mechanism for the guilt and shame associated with seeking mental health treatment. In studies examining Asians and Caucasians with schizophrenia, it was found that both groups had similar inception rates. The London study found that Asians were more likely to commit suicide. Auditory hallucinations were more often reported than in Caucasians. Asians were more likely to show neglect of activities, lose appetite, and be irritable. Caucasians were twice as likely to have somatic complaints and perform violent acts compared to Asians. The study also found that Caucasians were more likely to suggest that others are responsible for the onset of the mental illness of the individual compared to Asians who were more likely to take responsibility for the onset and treatment of the disorder, suggesting higher pre-morbid functioning Bhugra, et al. These findings may reflect the Western cultural expectations for Asians to be more stoic and controlled than other cultural groups. In a longitudinal study by Goater, King, Cole, et al. The researchers found that members of ethnic minorities tend to see general practitioners that are more likely overlook psychological symptoms. This may not only delay the diagnosis of schizophrenia, but the referral and subsequent treatment Goater et al. Overall, the inception rates of schizophrenia were similar between Asians and Caucasians. This may suggest that ethnicity by itself may not be as strong a factor associated with schizophrenia as previously hypothesized. The investigators for both studies concluded that further research is needed to study the impact of social support systems and family dynamics on individuals with schizophrenia. Socioeconomic status, perhaps reflected by level of education, may be a more accurate indicator of the recognition, diagnosis, and treatment of schizophrenia in ethnic minorities. Some African Americans may view mental illness has a form of punishment or as "spells" being cast upon wrong doing. McCabe and Priebe compared explanatory models of illness that may differ among people with schizophrenia from four cultural backgrounds African-Caribbeans, West Africans, Bangladeshis, and Whites. They found that Whites cited biological causes more frequently than non-White groups, who cited supernatural causes more frequently. African-Caribbeans, West Africans, and Bangladeshis are more likely to have social or supernatural explanatory model. Folk Healing Krajewski-Jaime asserted that folk medicine and modern scientific practice have coexisted for many years. Practices and common elements of folk healers may be misinterpreted or even pathologized by members of the majority culture Dana, New arrivals are more likely to use indigenous healers. For example, among Southeast Asians, the Vietnamese might seek out Taoist teachers and ethnic health practitioners such as Vietnamese physicians, the Khmer and Lao might use Buddhist monks, and the Hmong might use herbalists and shamans Kitano, Curanderismo, or folk healing, is the treatment of a variety of ailments with a combination of psychosocial interventions, mild herbs, and religion Salimbene, Some of the ailments that curanderos focus on are thought to be equivalent to those treated by mental health professionals. One implication of folk medicine has to do with the strong ties with the extended family in many minority cultures. It is noted that when a person is ill, many of the family members are involved in deciding if indeed the patient or client is ill in the first place, and the extent of the illness, the treatment to be given, and by whom Krajewski-Jaime, Rather than viewing folk healing as a barrier, it should be viewed upon as a strength and resource. Doing so may also help the worker to build rapport with the client. Folk healers may be consulted as a first opinion, because he or she has known the family intimately for many years, speaks their language, and does not dictate orders for care but makes suggestions, leaving the ultimate decision up to

the patient and family Krajewski-Jaime, Use of herbs common may be a common practice among Asian American patients. However, this practice may interfere with the efficacy of psychotropic medications. Illness may be attributed to an upset in this balance of forces Salimbene, Braswell and Wong notes that Native American healing practices are those which may involve traditional medicine practitioners, such as medicine men and women, herbalists, and shamens, to restore an individual to a healthy state using traditional medicines, such as healing and purification ceremonies, teas, herbs, special foods, and special activities such as therapeutic sings, prayers, chants, dancing, and sand painting. Traditional healers may be combined with use of Western medicine. As many as two-thirds of this population continue to use traditional healers, sometimes in combination with mental health care providers Galanti, Native American beliefs hold that the individual is ultimately responsible for his own wellness Dana, Wellness implies harmony in spirit, mind, and body, while unwellness, comes from natural causes of violations of taboos. This is supported by the Trimble and Hayes who stated that mental illness is the result of living beyond the rules of right living in which a shaman can be helpful. Onset of schizophrenia For many people, the symptoms of schizophrenia can be frightening and tragic. Confusing changes in behavior, complex delusional belief systems, and cold detachment from otherwise engaging members of families may tragically withdraw from society, unable to cope with the manifestations of a chronic and persistent debilitating illness. Individuals who are just entering adulthood are often struck down by the symptoms of schizophrenia. While it is generally regarded that this illness has an onset in late adolescence, a significant amount of people first manifest symptoms of schizophrenia in middle or even old age. The type of onset is significant in the analysis of an individual with schizophrenia. Adolescent onset may be considered the age range from 10 to 17 years. Early-adult onset may be considered from 18 to 30 years of age. Middle-age onset may occur between the ages of 30 to 45 years. Late-onset may be considered after 45 years of age Hollis, More obvious psychotic symptoms are preceded by more ambiguous behaviors. Misdiagnosis may often occur as the symptoms of other disorders overlap with schizophrenia. According to a study by Howard et al. The peak period of onset seems to be from 15 years up to 30 years.

Chapter 2 : Cultural and Demographic Factors of Schizophrenia

Psychodiagnosis in Schizophrenia is a reprint of a classic volume in assessment psychology that first appeared in The book concerns the use of psychodiagnostic techniques in the differential diagnosis of schizophrenia. The author first presents a conceptual analysis of schizophrenic.

Subjects Description Psychodiagnosis in Schizophrenia is a reprint of a classic volume in assessment psychology that first appeared in The book concerns the use of psychodiagnostic techniques in the differential diagnosis of schizophrenia. The author first presents a conceptual analysis of schizophrenic disturbance in terms of impaired ego functioning and extrapolates from schizophrenic ego impairments to psychodiagnostic indices that have been demonstrated to assess them. Clinical and research data delineating the nature of psychological deficits in schizophrenia are reviewed, and practical guidelines for the clinical assessment of these deficits are presented. The author next considers several differential diagnostic possibilities frequently considered in the evaluation of schizophrenic persons, with separate chapters devoted to the many forms of schizophrenia, such as: There are also chapters that focus on schizoaffective disorder and adolescent schizophrenia. The conceptual and empirical contributions to these distinctions are reviewed; accordingly, the differentiating characteristics of these subcategories are related to parameters of psychodiagnostic test performance. In addition, the process of differential psychodiagnosis in schizophrenia is illustrated by detailed case studies. In an extended new preface, the author comments on current perspectives and contemporary literature related to the individual chapters of the text. Reviews "I remain deeply impressed with the continued relevance of this classic work. Throughout, Weiner brilliantly reveals the art of being a psychodiagnostician. He formulates hypotheses based upon test data, history, behavioral observations, and a formidable knowledge of the literature on schizophrenia to arrive at diagnostic judgmentsâ€¦. I believe that this work will continue to serve as a guide for future generations of psychologists in the practice of psychodiagnosis and be viewed as one of the pivotal works responsible for the re-emergence of the Rorschach as a necessary diagnostic instrument. Basic Approaches to Schizophrenia: History and Current Issues. The Ego-Disturbance Model of Schizophrenia. Psychodiagnostic Techniques in Schizophrenia: Assessment of Disturbances in Ego Functioning. Differential Diagnosis in Schizophrenia. Acute and Chronic Schizophrenia. Paranoid and Nonparanoid Schizophrenia. Incipient and Remitting Schizophrenia. Borderline and Pseudoneurotic Schizophrenia. Scientific and Professional Issues in Psychodiagnosis.

Chapter 3 : Psych Central: Rorschach Inkblot Test

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Columbia University Press Format Available: In this book, thirty-five young, recently diagnosed patients speak about schizophrenia and the process of recovery, while two specialists illuminate the medical science, psychoeducation, and therapeutic needs of those coping with the illness, as well as access to medical benefits and community resources. A remarkably inclusive guide, the volume informs patients, families, friends, and professionals, detailing the possible causes of schizophrenia, medications and side effects, the functioning of the brain, and the value of rehabilitation and other services. In their dialogues, participants confront shame, stigma, substance use, and relapse issues and the necessity of healthy eating, safe sex practices, and coping skills during recovery. Clinicians elaborate on the symptoms of schizophrenia, such as violent and suicidal thoughts, delusions, hallucinations, memory and concentration problems, trouble getting motivated or organized, and anxiety and mood disorders. Adopting an uplifting tone of manageability, the participants, authors, and clinicians of this volume offer more than advice--they prescribe hope. American Psychiatric Pub Format Available: Schizophrenia is one of the most difficult diagnoses to make. And, once made, it was once among the most limited, offering few options in the management of care for schizophrenia patients with comorbid conditions. It was not until , with the publication of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition DSM-IV , that diagnostic guidelines first permitted additional diagnoses on Axis I, such as anxiety disorder, in the presence of schizophrenia. Yet remnants of the old hierarchical diagnostic system remain, diverting attention from the pressing issue of managing what appear to be common -- and treatable -- disabling conditions, such as panic disorder and obsessive-compulsive disorder OCD , that often occur with schizophrenia. Schizophrenia and Comorbid Conditions: Diagnosis and Treatment lays diagnostic oversimplification of schizophrenia to rest once and for all. All schizophrenia patients are not the same. The editors of this groundbreaking work criticize the reductionist view of schizophrenia as a single unitary disorder -- a view that has led many psychiatrists and mental health care professionals to overlook potentially important syndromes. Asserting that these patients should be managed on the basis of their individual clinical presentations, not just their categorical diagnosis, recognized experts in their specialties offer a fascinating array of topics. Chapter 1 goes straight to the heart of this assertion, beginning with epidemiology and showing how hierarchical diagnostic concepts keep associated psychiatric syndromes APS hidden from clinical and scientific attention. Also presented are the findings of the few treatment studies of APS in schizophrenia. Additional chapters feature the following topics: Chapter 2 takes an indepth look at the extensive literature on depression in patients with schizophrenia, including a discussion on differential diagnosis and treatment approaches. Chapters 3 and 4 detail obsessive-compulsive disorder and panic symptoms, using case vignettes to illustrate the clinical management of schizophrenia with these two conditions. Chapters 5 and 6 discuss the recognition and management of medical and surgical illness and the management of pregnancy in patients with schizophrenia, respectively. Chapter 7 reviews cognitive impairment in older patients with schizophrenia, including etiology, assessment, and treatment approaches. Chapter 8 presents old and new approaches to the treatment of aggressive behaviors and violence in patients with schizophrenia. Chapter 9 extensively reviews substance abuse in schizophrenia, with suggested practical approaches to assessing and treating the "dual-diagnosis" schizophrenia patient. Intended to help practitioners enhance their recognition of and improve treatment for the large -- and often neglected and clinically challenging -- group of schizophrenia patients with comorbid conditions, this unique collection combines a wealth of clinical and research experience of enduring value to practitioners and researchers alike. Contains guidelines and recommendations-in tabular form for quick reference-on patient evaluation and optimal treatment for long-term care! Based on evidence from recent systematic clinical research studies, this comprehensive reference provides the latest information on the assessment, diagnosis, and treatment of schizophrenia-highlighting modern diagnostic tools and current therapeutic advances for the prevention of

hallucinations, thought disorganization, and negative symptoms. Emphasizes family education and psychoeducation, and community-centered treatments for patient rehabilitation and adherence to management programs! With consideration of the chronic nature of the disease, Schizophrenia details the effect of substance abuse and drug dependence on rehabilitation and treatment second-generation antipsychotic drugs, including olanzapine, quetiapine, risperidone, and ziprasidone contemporary strategies to prevent depression and suicide patterns of patient compliance and noncompliance violence and forensic hospitalization With over useful references, Schizophrenia is an essential source for psychiatrists and psychopharmacologists, clinical neurologists and neuropsychopharmacologists, psychologists, primary care physicians, social workers, nurses, and graduate and medical school students in these disciplines. Recent Advances in Diagnosis and Treatment is a major addition to the literature, offering practical, comprehensive coverage of diagnosis and treatment options, genetic issues, neuroimaging, long-term management of schizophrenia, and future directions and predictions of how clinical care of schizophrenia will change. The book is divided into five sections. Section 1 summarizes the present state of knowledge about the diagnosis and treatment of schizophrenia. This includes recent changes in the DSM 5 categorization of schizophrenia and its implications for treatment. Section 2 considers recent discoveries into its pathoetiology, including the status of biological markers, genetics and neuroimaging as they relate to diagnosis and potential novel therapeutic approaches. Section 3 explores the optimization of present therapeutic approaches; novel treatments; and management of the substantial risks associated with both the illness and its present therapies. Section 4 discusses progress in the long-term management of schizophrenia, focusing on biological and psychotherapeutic strategies to improve functioning and facilitate recovery. Section 5 considers future directions and predictions of how diagnosis and treatment of schizophrenia will change. An invaluable addition to the field, Schizophrenia: Recent Advances in Diagnosis and Treatment is a definitive resource that will be of great interest to all clinicians caring for patients with schizophrenia. Louis Samuel Levine Language:

Chapter 4 : Editions of Psychodiagnosis in Schizophrenia by Irving B. Weiner

Description: Psychodiagnosis in Schizophrenia is a reprint of a classic volume in assessment psychology that first appeared in The book concerns the use of psychodiagnostic techniques in the differential diagnosis of schizophrenia.

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Chapter 9 : What is PSYCHODIAGNOSIS? definition of PSYCHODIAGNOSIS (Psychology Dictionary)

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Psychology Definition of PSYCHODIAGNOSIS: A diagnostic technique for the determination of underlying factors in behavior and disordered behavior. Also, the diagnosis of disorder through testing.