

Lecture 5

March 1, 2008
HWC 505

Treatments for OCD

Biological Treatments

– Serotonin-enhancing drugs like Paxil, Prozac

Cognitive-behavioral Treatments

– Expose the client to obsessions until anxiety about obsessions decreases, prevent compulsive behaviors and help the client manage anxiety that is aroused. For example, systematic desensitization may be used to help a person with a germ obsession gradually tolerate exposure to “dirty” materials.

Somatoform Disorders

▪ Somatoform and Pain Disorders	▪ Subjective experience of many physical symptoms, with no organic causes
▪ Psychosomatic Disorders	▪ Actual physical illness present and psychological factors seem to be contributing to the illness
▪ Malingering	▪ Deliberate faking of physical symptoms to avoid an unpleasant situation, such as military duty
▪ Factitious Disorder	▪ Deliberate faking of physical illness to gain medical attention

Somatoform Disorders	
▪Conversion disorder	▪Loss of functioning in some part of the body for psychological rather than physical reasons
▪Somatization disorder	▪History of complaints about physical symptoms, affecting many different areas of the body, for which medical attention has been sought but no physical cause found
▪Pain Disorder	▪History of complaints about pain, for which medical attention has been sought but that appears to have no physical cause
▪Hypochondriasis	▪Chronic worry that one has a physical disease in the absence of evidence that one does; frequently seek medical attention
▪Body dysmorphic disorder	▪Excessive preoccupation with some part of the body the person believes is defective

Conversion Disorder
<p style="text-align: center;">Symptoms</p> <ul style="list-style-type: none"> • Loss of functioning in some part of the body • May be indifference to loss of functioning (<i>la belle indifférence</i>) <p style="text-align: center;">Etiology</p> <p>Often after trauma or stress, perhaps because the individual cannot face memories or emotions associated trauma</p>

Somatization & Pain Disorders
<p style="text-align: center;">Somatization disorder</p> <p>long history of multiple physical complaints for which people have sought treatment but for which there is no apparent organic cause.</p> <p style="text-align: center;">Pain disorder</p> <p>involves only the experience of chronic, unexplainable pain</p>

Hypochondriasis

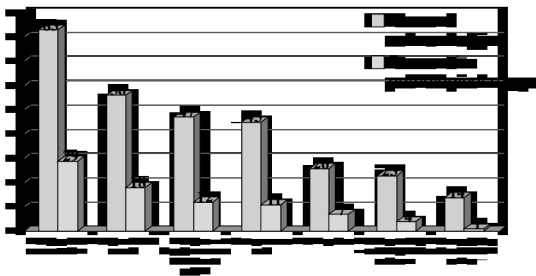
Symptoms

Chronic worry that one has a serious medical disease despite evidence that one does not; frequent consultations with physicians

Dissociative Disorders

- Different parts of identity, memories, or consciousness become split off from one another
- Most people experience some form of dissociation
- Dissociative disorder: When dissociation becomes chronic and defining feature of life

Dissociative Experiences in the General Population



Dissociative Disorders

▪ Dissociative Identity Disorder	▪ There are separate, multiple personalities in the same individual.
▪ Dissociative Fugue	▪ The person moves away and assumes a new identity, with amnesia for the previous identity.
▪ Dissociative Amnesia	▪ The person loses memory of important personal facts, including personal identity, for no apparent organic cause
▪ Depersonalization Disorder	▪ Frequent episodes where individual feels detached from his or her mental state or body

Dissociative Identity Disorder

Symptoms

Presence of two or more separate personalities or identities in the same individual. May have different ways of speaking and relating to others and may even have different ages, genders, and physiological responses

Etiology

Alters may be created by people under conditions of extreme stress – child abuse

Treatment

Long-term psychotherapy and use of hypnosis to discover functions of the personalities and to assist in “integration.” Antidepressants and antianxiety drugs may be used
