

## Common Diagnoses of Gilead Clients

This is a basic overview of the most common psychiatric disorders found in the clients receiving services at Gilead. If you are interested in more detailed information please visit our website [www.gileadcs.org](http://www.gileadcs.org) and click on the “Resources” link.

### *Common Clinical Terms*

**Delusions-** These beliefs are not based in reality and usually involve misinterpretation of perception or experience.

**Hallucinations-** These usually involve feeling, smelling, seeing or hearing things that do not exist. Although hallucinations may occur in any of the senses, the most common hallucinations are auditory.

**Thought disorder-** A problem which involves difficulty speaking and organizing thoughts, and may result in stopping speech midsentence or putting together meaningless words, sometimes known as "word salad."

**Disorganized behavior-** This may be exhibited in a number of ways, ranging from childlike silliness to unpredictable agitation.

**Negative symptoms-** Negative symptoms refer to a diminishment or absence of characteristics of normal function. Examples of negative symptoms include loss of interest in everyday activities, appearing to lack emotion, loss of motivation, social withdrawal, and neglect of personal hygiene.

**Disorganized thinking-** These are unclear or confused thoughts. Individuals have difficulty expressing themselves in an organized fashion.

**Mania-** An individual experiences a significant increase in energy, accompanied by euphoria, racing thoughts, excessive talking, and behavioral displays that are out of character.

### *Psychiatric Diagnoses*

#### **Schizophrenia**

Schizophrenia is a severe brain disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and negative symptoms, along with disordered thinking and behavior.

#### **Schizoaffective disorder**

Schizoaffective disorder symptoms vary from person to person. Generally, people who have the condition experience psychotic symptoms — such as hallucinations, disorganized thinking and paranoid thoughts — as well as a mood disturbance, such as depressed or manic mood.

### **Bipolar Disorder**

Bipolar disorder — sometimes called manic-depressive disorder — causes mood swings that range from the lows of depression to the highs of mania. When depressed, an individual may feel sad or hopeless and lose interest or pleasure in most activities. When the mood shifts in the other direction, they may feel euphoric and full of energy. Mood shifts may occur only a few times a year, or as often as several times a day. In some cases, bipolar disorder causes symptoms of depression and mania at the same time.

### **Dysthymia**

A person experiences a depressed mood more days than not. They may experience low energy, low self-esteem, and inability to sleep well, a poor appetite or over-eating.

### **Major Depression**

A person experiences a depressed mood most of the time, most of the day, and nearly every day. They may appear tearful, experience irritable moods, and have difficulty experiencing pleasure. Adolescents typically express feelings of worthlessness or extreme guilt.

### **Substance Abuse Disorders**

These can be described as the use/abuse of alcohol or drugs in ways that create legal problems, relationship difficulties and/or a decrease in an individual's self-esteem.

### **Borderline Personality Disorder**

The characteristics of this disorder include relationships that are intense and unstable. The person may engage in frantic efforts to avoid real or imagined abandonment. They have an unstable self image and tend to be impulsive in sex, substance use and/or eating. They tend to experience recurrent suicidal behavior, gestures, threats or self-mutilating behaviors. Moods may fluctuate between periods of sadness, anger and intense anxiety. Individuals with Borderline Personality Disorder tend to have poor boundaries and have difficulty making decisions.

### **Post Traumatic Stress Disorder (PTSD)**

The causes of this diagnosis may include experiences of sexual abuse, extreme neglect, physical abuse, and/or witnessing a horrific situation. A person who has been diagnosed with Post Traumatic Stress Disorder may experience nightmares of their experiences, intrusive thoughts about it, and reliving the trauma. They may also feel unreal or detached from others, losing time or blacking out. Outbursts of anger and irritability are also common with this diagnosis.

## ***Diagnoses Related to Adolescents***

### **Conduct Disorder**

Adolescents with this diagnosis often demonstrate little concern for the rights of others and break rules and laws with little remorse or concern. They can be physically and verbally abusive to others. They may steal from others and/or destroy property.

**Attention Deficit Disorder (ADD)**

A person diagnosed with ADD may have difficulty organizing work and be easily distracted. They make careless errors and behave impulsively. They may have difficulty waiting their turn and often feel socially isolated from their peers. Adolescents with this disorder who feel socially isolated and have academic failures, or feel different and unaccepted, may turn to negative behavior to cover feelings of inadequacy.

**Oppositional Defiant Disorder**

Adolescents with this diagnosis show a pattern of negative, hostile or defiant behavior. They often become angry and argue with adults. They may deliberately annoy people, defy rules, and blame others for their mistakes or misbehaviors. The person may experience anger or hostility on a regular basis, be easily annoyed by others and experience feelings of spite.