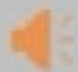
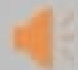


The Nineteenth(19th) Century

Early influences on the field of clinical psychology include the work of the Austrian psychoanalyst **Sigmund Freud.** He was one of the first to focus on the idea that "**mental illness** was something that could be treated by talking with the patient", and it was the development of his talk therapy approach that is often cited as the earliest scientific use of clinical psychology.

The nineteenth century experienced numerous advances in understanding mental and physical illness, and allowed for a more sophisticated understanding of the relationship between body and mind in both health and illness.



Evolution During the World Wars

- Clinical psychology became more established during the period of **World War I**(1914-1918) as practitioners demonstrated the usefulness of psychological assessments.
- **In 1917**, the American Association of Clinical Psychology was established, although it was replaced just two years later with the establishment of the American Psychological Association (APA).
- During **World War II**(1939-45), clinical psychologists were called upon to help treat what was then known as shell shock, now referred to as post-traumatic stress disorder (PTSD).

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Question:

Differenciate between DSM-4 and DSM-5

Following are some basic difference between DSM-IV and DSM-5.

	DSM-4	DSM-5
(1)	Multi-axial	No axis
(2)	Coded diagnosable conditions 374	Coaded diagnosable conditions 384
(3)	Expressive language disorder and mixed receptive. Expressive language disorder.	language disorder Coded 31539
(4)	Shared Psychotic disorder and delusion disorder	Delusion disorder coded 2971

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	DSM-IV	DSM-5
(5)	Awintic disorder Aspenger disorder childhood distrag-ative disorder and Rett-disorder	Autism spectrum disorder coded 299.00.
(6)	Catatonic schizophrenia, disorganized schizophrenia, paranoid schizophrenia, Residual schizophrenia, undifferentiated schizophenia are not listed like here in DSM-IV	Schizophrenia (all of them) coded 295.90. catatonic type have also list code 292.89.
(7)	Bipolar disorder most recent episode mixed code 296.6x [Not listed with a unique code in DSM-5]	Bipolar disorder sub-sumed under one of the bipolar 1 or 11 disorders with the unloded specifier with mixal features

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	DSM-IV	DSM-5
(8)	Panic disorder, without agora-phobia and panic disorder with agora-Phobia	panic disorders coded 300.01
(9)	Dissociative disorder dissociative Amnesia	Dissociative Amnesia coded 300.12
(10)	Somatization disorder (undifferentiated) Somatogram pain disorder.	Somatic symptom disorder coded 300.82
(11)	Primary hyper-somia and hypersomia related to another mental disorder	Hyper-sommiansence disorder coded 780.54
(12)	sleep walking disorder and sleep terror disorder	Non-rapid eye movement sleep arousal disorder coded 307.46
(13)	vaginisul & dyspran[illegible]	Genito pelvic pain peadration coded 302.76

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	DSM-IV	DSM-5
(14)	Sexual Avexsion code 302.79 (not coded in DSM-5)	subsumed under other specified sexual dysfunction also coded 302.79.
(15)	Abuse disorder dependent disorder ulianol, Cannabis, Phencyclidine hallucinegen inhalent opioid stimulated sedative, wypnotic, antiolytic and other uses of disorders.	Use disorder mild or moderate. severe code vary by substance
(16)	polysubstance dependence code 304,80 (not listed in DSM-5)	subsumed under other substance related disorder coded 305.90 mild or 304.90 moderate severe.
(17)	Rating disorder	Not included in DSM.5

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	DSM-IV	DSM-5
(18)	Mathematic disorder.	Dyscalculia
(19)	Reading disorder	Dyslexia
(20)	Stutering	childhood-onset fluency disorder
(21)	Phonological disorder.	speech sound disorder.
(22)	In DSM-IV patient only needed one symptoms present to be diagonosed with substance abuse	In DSM-5 patient required two or more symptoms inorder to be diagonosed with substance abuse use disorder.