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It is this constant mutual (dialectical) determination that allows us to gain scientific knowledge. We must take into account the principle that a person is not only an organism as his personality, but also that they are a conditional partner historically: ... a person is a whole social relationship. We cannot forget that the human psyche is in the consciousness and the consciousness of this person, according to Lenin, reflects not only, but also creates a real world. Therefore, we must study the person in his activities, in the relationships he establishes with his environment, which he transforms, and changing himself. 1.1.2. Systemic disease analysis. Mental, being an excellent brain process, should also be considered as a result of nervous and somatic processes. Because man, on the one hand, represents unity, whole and in each disease is reflected in the diverse personality and psyche of the sick. On the other hand, the state of the psyche plays a role in the evolution of any disease, although the relative importance and mechanism of the mental impact on the body in different diseases are different. Whether it is in mental illness, as in physical diseases, mental and organic changes simultaneously considering the systemic and unitary character of the person. 1.1.3. Diseases and reflection of reality. Mental illness makes sense of a clear change in the activity of the reflection of reality. This change, along with the change of other neurophysiological, biochemical, etc. changes, is a differential and significant characteristic of diseases of this circle. Clinical psychology: its definition and activity. Clinical psychology, as an applied branch of psychology, deals with a comprehensive study of individuals and groups of people, by proper use diagnostic methods and are trained to carry out advocacy, prevention, orientation, psychotherapy, research and other applications, all aimed at improving the health of society, as well as promotes healthy personal development and adequate interaction of the subject with the environment. Diagnosis and treatment activities are those that characterize the work of clinical psychologists over the years, and more recently preventive measures. Of course, clinical diagnosis does not have an end in itself, but is a preliminary and necessary step for the implementation of preventive and therapeutic activities. 1.2 A BRIEF HISTORY OF CLINICAL DIAGNOSIS. The history of clinical diagnosis can be summarized as follows: - Diagnosis, with the help of psychological tests for classification, nosological, psychometric goals, a tradition that dates back to the works of Galton and Cattell at the end of the last century. - Diagnostics, through interviews, autobiography, anemnesic research, design methods, etc., which allow global, evolutionary and dynamic knowledge of personality, a tradition that begins with psychoanalysis. - A third group of doctors have been working recently on the diagnosis through an experimental route, studying areas such as perception and training for diagnosis and therapeutic problems. 1.3. THE WORK OF DOCTORS TODAY. Currently, in the work of clinicians there is a ratio of synthesis, the use of different procedures in the assessment of the individual or group, which means a step forward. Lack of general and special psychological theory. Eclecticism and utilitarianism. There are still some shortcomings in these activities. First, and fundamentally, the lack of a general and more specific psychological theory, about health and disease and deficiencies at the methodological level in the use of different methods and methods of evaluation and treatment. This has led to the fact that the style of work of clinicians is characterized by eclectic and utilitarian activities, which is crucial in the countries of capitalist influence, so the need to deepen the theoretical and methodological problems of our specialization is imposed. 1.3.2. Clinical method. Secondly, we wanted to point out inaccuracies as far as the so-called clinical method is concerned. There are authors who define, clinical psychology, by their method, that is, through a method of in-depth study, an exhaustive case conceived in its dynamic form, being within the study of the personality of neurotic patients, where this method had its first and most continuous application. 1.3.3. Clinical method, its correct use. The truth is, that's what The clinic has been characterized and characterized by the use of a clinical method, but, the same, can be used in other specialties, hence that clinical psychology cannot be defined in this way; moreover, given that science or industry is determined not only by its method, but also by its object and objectives. With regard to the definition of the clinical method, we believe that always, that a thorough and thorough assessment of the personality of the subject is carried out, we use a clinical method, regardless of whether some standardized procedures (psychological tests) and experimental procedures are used; therefore, we do not agree that the clinical method is defined through one of the (dynamic) forms it has adopted in its historical development, although it is equally true that it provides valuable information. Knowledge of the subject. We begin by knowing the subject can only be achieved by linking the data of consciousness (self-awareness and the world) with the data of behavior. Only from this relationship can we approach the truth, and not from each of these aspects individually, as various clinicians have tried: behavioral and psychoanalytic to become an example of extreme positions. 1.4. CHARACTERISTICS OF CLINICAL DIAGNOSIS. Clinical diagnosis and psychological diagnosis. Clinical diagnosis is a type of psychological diagnosis, which is put in the field of clinical psychology to assess a person in the process of disease. Clinical diagnosis is the knowledge of mental processes and their formation and relationship in subjects with normal or pathological condition. Evaluation of healthy subjects for preventive purposes. It has become broader by including the assessment of healthy subjects for preventive purposes. This also makes it the most common in current psychology practice. So much so that in most texts on clinical, medical, anomalous psychology, etc. procedures and evaluation methods that are typical of psychology are developed. The use of these was related to the role of clinicians, but it is necessary to specify: 1. What a clinical psychologist uses them for certain purposes in certain subjects. 2. What other specialties of psychology (child, labor, social, etc.) also use them, albeit to a lesser extent. Diagnostic activity and the use of psychological tests. However, clinicians in their daily activities used, improved and created various procedures, taking into account the urgent need to satisfy the subjects in order to act on them. We want to caution against the confusion of our diagnostic activity (which is one of the many functions that we perform) with the simple use of psychological tests, as the clinical study is conducted in and psychological tests, like other methods and methods used critically knowing its benefits and limitations. In addition to diagnostic work, predicting future psychological behavior, evolution or rehabilitation (prognosis) is made so that both aspects are closely related. 1.5. CLINICAL DIAGNOSTIC CLASSIFICATION. ITS CLASSES This classification is based on the goal of the assessment, i.e. in all these cases the person is evaluated as part of the disease process, either to prevent the disease or to treat it. A clinical diagnosis can be: a. Personalological. b. Psychopathological. c. Patopsychological. d. Neuropsychological. 1.5.1. Clinical diagnosis of human character. It is the most famous, ancient and widespread in clinical practice. It is aimed at knowing the personality characteristics of the subject, its dynamics, influence, influencing the formation of the subject, its change, as well as its possible further development. More precisely, it goes to the study of the areas of activity of the subject (family - educational - professional - social - marriage - sexual - personal) to know their experience, relationships, conflicts and ways to deal with them, etc., for this he uses a clinical method, which in this variety of clinical diagnosis, where it has its maximum impact. Personality assessment. Personality. Moreover, the diagnosis is never directed at a specific problem, although it is what appears to be relevant or pathological or what concerns the subject most. The essence of the assessment is not a problem, but a person who has it; and the problem can only be understood in its relationship with the individual, i.e. between the individual and the common. Methods and evaluation procedures. There are several methods and procedures that he uses to achieve a satisfactory assessment: interviews with the subject, relatives or colleagues, autobiography, observation, study of the subject's products, experimental situations, psychological tests (objective and project) etc. - Integral analysis. It is in the evaluation process that hypotheses are established that they are confirmed by various methods, finally performing a comprehensive analysis to achieve a successful diagnosis of personality; findings that are otherwise not closed, as subsequent practice with the subject (s) in prevention, psychotherapy or rehabilitation can lead to changes. Benefits and limitations of psychometric procedures. There are known advantages and limitations (we will not dwell on their analysis) that psychometric, dynamic and experimental procedures that we must take into account in order to achieve a comprehensive knowledge of personality through them. Description and Personality. The exposure system, in personality research is diverse. It is described or valued in language needs, traits, types, language teaching methods, etc., so there is a great semantic confusion in the interpretation and reporting of personality study. 1.5.2. Clinical diagnosis of psychopathological nature. Your concept. Your structure. Areas of study. It aims to study symptoms, syndromes and forms of the disease; that is, its purpose is to classify, nosological, placing the subject in the category of persons registered in the guidelines on diagnosis and mental illness. Descriptive method. To this end, he uses a descriptive method: monitoring abnormal behavior and personal references made by patients, which is mainly manifested through interviews or psychiatric examination. The clinical method does not manifest itself in this type of diagnosis when it is intended as a goal to be able to issue a classification or label, which is done by many psychiatrists and some psychologists. Comprehensive personality study. In psychological practice we believe that we should not look for symptoms in a positivity way, but that it is necessary to know the reason for consultation or entry, the history of the disease, the causes that influenced its onset, and above all, from a comprehensive examination of the individual to understand its changes, and be able to finally offer a diagnostic classification that is also not the central purpose of the investigation. Psychotherapeutic methods. Although, the psychologist should know all mental illnesses, he is fundamentally interested in those that have psychogenic origins, such as neuroses, personality disorders, psychosomatic disorders, etc., which can be treated with psychotherapeutic methods, not excluding the possibility that the diagnosis is also made in cases of serious personality change and that in turn psychological methods are used in the treatment of these patients. Differential diagnosis. In psychopathological diagnosis, it is generally advisable to make a differential diagnosis, given the atypical nature with which the disease occurs in humans, which serves to indicate that the clinical picture, etiology, evolution, age of onset and prognosis corresponds to one disease, not another. Psychopathological diagnosis is fundamental to prognosis and treatment. Some correlations are known from studies between diagnosis and treatment. Focusing on psychotherapeutic alternatives. Psychopathological diagnosis of the subject is focused on common standards of treatment, and is focused on certain therapeutic alternatives. But The end of one or more therapeutic methods is mainly given in the case of mild personality disorders due to the personal characteristics of the cases. The link between personalological diagnosis and psychopathological diagnosis. According to the above proposals, we base believe that there is no separation between personalological and psychopathological diagnosis, because the disease cannot be understood as a change, a personality detached from its characteristics and its development. We do not agree with the authors who oppose both types: clinical diagnosis against psychopathological diagnosis; humanological diagnosis against psychopathological diagnosis. Psychopathological diagnosis is also useful for determining disability in terms of labor examination, as well as legal sanity. Criticism of international classifications. Despite international efforts to unify the diagnosis and classification of mental illness, we know that different countries have different guidelines and classification codes. We even see changes in the same country; which shows that there are still inaccuracies and disagreement regarding the etiology of certain diseases, their prognosis, etc. also there are differences based on the different perceptions that are available about the nature of the psychic. There is no common language, a concept for insing symptoms, syndromes and entities that vary greatly. Worst of all, some of the symptoms that are traditionally used are not based on true scientific psychology. Clinical diagnosis of pathopsychological nature. Your concept. Structure. Pathophysiology as a branch of psychology provides an adequate understanding of mental illness, as it deals with the process of symptom formation; explains how mental processes change by studying them in normality, as well as their recovery. Pathophysiology is also responsible for assessing personality changes. Pathophysiology method. What is an experimental simulation of different activities: memory, thought, etc., a psychologist who analyzes pathopsychological phenomena, detects the structure of changes in cognitive processes, demonstrates how under the influence of the disease change personal relationships, how new motives are formed, etc. The fundamental scheme of the scientific concept of mental illness. While clinical (psychopathological) studies expose the laws of process then psychological - experimental (pathopsychological) studies should answer the question of how the course (structure) of mental processes has changed. Therefore, in order to understand mental illness, it is necessary to conduct both pathopsychological and personalological diagnosis and psychopathological diagnosis. 1.5.4. Clinical diagnosis of neuropsychological nature. Neuropsychology, as a special industry, psychological sciences, has become the basis for the diagnosis of focal brain injuries and rational means of rehabilitation of higher mental functions altered as a result of these injuries. Neuropsychological research methods. In recent decades and in connection with the development of neuropsychology, some relatively precise methods have been developed to study higher cortical functions that are of serious diagnostic importance. The specific difference between neuropsychological research methods, as well as methods of pathopsychological analysis of the mental activity of patients is that it is part of the full theoretical concepts of scientific and materialistic psychology. At the same time, these methods are strictly suitable for the tasks of the clinic. The procedures used allow to conduct a qualitative analysis of observed syndromes, to find both causes, having caused a certain change in mental activity, and to monitor the dynamics of the symptom in the course of the disease, or, as a result of the use of therapeutic procedures (surgical, pharmacological). Neuropsychology and pathophysiology. Connections and clinical follow-up. Soviet neuropsychology and pathophysiology have made a significant contribution to the evaluation of the highest forms of mental activity of the patient. However, it has almost never been possible to rely on standardized procedures and how to quantify the results. Evaluation of the patient's gnosis and practice, its most complex forms of mnemonic and intellectual activity, changes in its affective sphere, incalculably enriches the information obtained by the usual method of clinical observation. Neuropsychological diagnosis and process of mental health and mental illness. No one doubts that the most recent pathological and nutropsychological diagnoses are essentially devoted to assessing the mental health process - so mental illness is therefore intended for exclusive use by clinical psychologists. The use of any psychological procedure, for diagnostic purposes, including the selection of the necessary material, used experimental methodical methods, as well as tests, must strictly correspond to the tasks that the clinic to the investigator. It is clear that the tasks of neuropsychology, in which the main place is the topographical diagnosis of trauma, differ from those of pathopsychology, where the focus is on assessing the nature of changes in cognitive processes and affective sphere. Other tasks arise in the clinic of neuroses, which focus on the problems of personalological features of the patient and their affective conflicts. Attention varies when it comes to learning personal characteristics in normal subjects. Criticism of other procedures and methods. Moving directly to the clinic of those methods of research that have been developed by general psychology in the study of a particular process in a normal person, as well as, moving procedures developed in psychiatric practice, towards the practice of topographical diagnosis of traumatic brain injuries (and vice versa) does not make sense. It makes no sense for clinical practice to direct transfer of psychological tests prepared for other purposes and often used is not critical. Ideology. Each procedure and method of psychological evaluation are theoretical and ideological ideas about the structure of mental processes and properties and their changes, about the nature of human psychism. For this reason, indifference to this theory and ideology leads to serious errors, both in theory and in complex practice. From external description to qualitative analysis. Another aspect to be taken into account when using psychological methods for diagnostic purposes is not limited to an external description of a symptom or a measurement of an aspect of mental activity. The value of good psychological research lies in the fact that it allows us to move from external description of symptoms to their qualitative analysis, to the structure of observed changes, and sometimes to the extraction of those factors that led to the appearance of symptoms, and to the formation of certain characteristics. Postulates in clinical practice. To move away from those postulates and to think that a detailed study of a healthy subject, or a sick person, cannot be replaced by the application of standardized tests, with their subsequent statistical study and quantitative expression of the result, which means not to rise to a new level, but to descend to the level of clinical psychology, which is often reduced, to the surface of the measurement of mental processes. Both design tests (so widely used in clinical practice) and psychometric tests, there are certain theoretical concepts from which it is impossible to abstract. For example, both for the Rorschach test and for drawing a picture such as the Rosenzweig test, to name a few, there are certain perceptions about personality traits, about the motives that dominate human behavior; it is easy to see that the orientation of many of these tests, go towards the analysis of sexual conflicts, conformism and aggression, and in extroversión, etc. Its widespread use is not justified without a critical assessment of his theoretical positions. Clinical postulate. Proper conception of personality. It is clear in itself that psychometric tests require their pre-adaptation in accordance with our theory and practice. The task of such adaptation in nothing will be understood only as the translation of tests or replacement of new tests, as in the adaptation of foreigners, we should and start with a correct understanding of the personality. In personality, conscious and unconscious are connected, transient and established, dormorian and what has been produced by the disease. This understanding of personality does not allow it to be unilaterally explored with an overstatement of one methodical, possibilities of which are limited. Evidence can reveal one or more aspects, any aspect of the individual, but they cannot detect objectively and specifically, genuine individual personality traits, with their experiences, with their life experiences, their attitude to disease, etc. However, the tests take place within this investigation, now, their role and the tasks it solves should not be expanded too much. There is no doubt that the psychological use of standardized methods that make research materials comparable, as well as attempts to scientifically inform measurements of the phenomena studied (where possible) is an important part of psychological research. Psychological testing should strengthen and not replace genuine psychological research for diagnostic purposes. Checking the tools. It is therefore necessary to determine the validity of the tools that we use, as well as to make changes and create other covered by careful and preliminary study of the tasks for which they are used. Developing methods for evaluation and diagnosis is one of the most important tasks facing clinical psychology. To do this, it is necessary to take into account the knowledge of the processes and properties that it measures, the proper basis of methodical use, the use of incentives adapted to our population, culture and ideology. Features of clinical evaluation. Finally, we would like to point out that clinical evaluation has its own characteristics, taking into account the characteristics of subjects which of them are directed. It is carried out in the most ancient, both psychiatric patients, and other specialties: obstetrics, neurology, internal medicine, etc.; in order to provide the most effective psychotherapeutic guidance or treatment. Also, the assessment is carried out in social offenders, mentally disabled, subjects with sensory and motor disorders, malnourished children, with behavioral disorders, etc. But it is not limited only to groups of patients, but also to those who are observed to be able to carry out an assessment, i.e. healthy subjects for research purposes and preventive purposes. The clinical diagnosis, which is usually made, is individual; but, it can be extended to couples and family and other human groups that require evaluation and diagnosis with the pressure that cases require. Psychosocial aspects of diagnosis. Thus, we see that the diagnosis, which was made only at the secondary level of health prevention (diagnosis of the disease for the treatment of the patient), was extended to the primary and tertiary levels of health prevention (diagnosis and evaluation to facilitate overall health promotion and social and labor rehabilitation of the patient). 1.5.5. Diagnostic areas and activities according to the professional profile of the psychologist. As can be seen from the list of certain activities that correspond to our professional profile, diagnostics is the main task in our work. For example: 1. Psychological assistance in maternal childcare plans, especially in gynecology- obstetrics, contributing to better evolution of pregnancy, childbirth and lactation, as well as psychological assistance within the interdisciplinary group of newborns and children born underweight, pathological and malnourished. 2. Psychological care, patients with the most common chronic diseases and which include psychological changes and participation together with other health professionals in targeting patients with psychological problems that hinder the development of the case. 3. Individual and group psychological assessment and diagnosis in children and adults with mental changes. 4. Assessment, diagnosis and guidance for children who have learning difficulties due to mental, sensory or motor deficits. 5. Diagnosis of changes in cortical functions and other diseases of the nervous system, through neuropsychological and pathopsychological procedures, as well as participation in the rehabilitation of these patients. 6. I work with patients in the rehabilitation process, such as physical trauma, psychiatric patients and others, to achieve their rapid and most appropriate social and labour reintegration according to their capabilities. 7. Participation in the assessment prevention work and re-target social offenders. 8. Management and participation in basic research, personality changes and mental processes and other technical aspects of the profession. 9. Health, genesis, prevention and treatment of the most common psychological disorders. 10. Advising, together with other professionals, heads of institutions and companies to investigate psychosocial factors that affect productive work and their best development to improve and maintain the health of the employee; and in terms of improving the quality of services and explaining the psychological and social factors associated with health problems. The bibliography of Luza Reilly, Gustavo Renato (2006). Second edition, PERSONALITY PSYCHOLOGY. MILLENNIUM EDITIONS. Jarufe Galdo, Jose Miguel. Psychotherapy. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS DSM IV - T.R. (BARCELONA - 2002). Baron, Robert (1996) Psychology, Prentice. Mexico. 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