

**SCREENING FOR BRAIN DYSFUNCTION
IN PSYCHIATRIC PATIENTS**

TITLE PAGE

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*To my family and colleagues
To Jordin, Geri, Jo and Meg
To Chris, Nick, Dave and Phil*

PREFACE

As a clinician, I have worked in a variety of settings: a state hospital, a mental health center, a private psychiatric clinic, and private practice. The longer I worked as a clinician, the less comfortable I became with the fact that I knew an insignificant amount about the brain, the organ that controls nearly everything we do (there are spinal reflexes). To address this deficiency I turned to training in neuropsychology. As a professor of psychology and a researcher, I daily focus on empirical evidence and critical thinking. All of these have combined to generate my interest in the misdiagnosis of medical diseases as psychiatric disorders. In my clinical work I have seen over and over again how medical diseases can present with what appear to be classic psychological symptoms. The client is not only misdiagnosed, but is then denied the medical treatment he or she needs. The research cited in this book, dating back to the 1890s, establishes beyond a doubt that such misdiagnoses are more common than most clinicians would guess.

This book focuses on one type of medical condition that is likely to be misdiagnosed: brain injuries and illnesses. Disturbances of brain function can create, quite literally, every psychological symptom known to clinicians. After all, since the brain produces everything we do why should it not produce “psychological” problems? The psychological consequences of *known* brain injuries and illnesses have been adequately addressed in the literature, and will not be a part of this book. Rather, this book examines the situation in which a person comes for psychiatric help but in reality has an as yet *unknown* brain problem. Clearly, the consequences of a misdiagnosed brain disorder can range from at best improper treatment to at worst a life-threatening situation.

The basic premise of this book is that clinicians without extensive training in the neurosciences can do a competent job of screening psychiatric clients for possible brain disorders. Not only can clinicians do a competent job, they *must* do so. It is not the task of the mental health

clinician to diagnose brain disorders; this would be a formidable requirement entailing considerable medical training. It would be unfair to expect clinicians to diagnose such problems; this is not their area of interest or expertise. It is the task of the clinician to *screen* for brain problems, and, when sufficient concern is warranted, refer the client to a specialist for further evaluation. The specialist will decide if there is a brain problem. Learning to effectively screen for brain disorders is not an especially daunting task. As clinicians, mental health professionals already possess some of the basic screening skills, e.g., interviewing. All that is needed is knowledge of the signs that suggest the possibility of brain dysfunction, signs that are available to clinicians in the course of their usual work with clients. This book presents and discusses those signs.

CBH

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