

# Module: Psychological Foundations of Mental Health

## Week 3

### Introduction to emotion and emotional processing

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#### Topic in Action

#### Maladaptive styles of emotion processing and regulation, and mental health – Part 4 of 4

**Dr Victoria Pile**

Department of Psychology, King's College London

#### Lecture transcript

##### Slide 2

Now, let's think about conduct disorder and begin with a case study.

##### Slide 3

Dylan is 10 years old. He's frequently fighting, shouting, and swearing.

##### Slide 4

He went into foster care when he was 6 because his parents were physically abusive towards him. Dylan's attendance record at school is very poor. He has run away from his foster home several times, often staying away for a few days at a time.

##### Slide 5

Recently, there was an incident where Dylan took a baseball bat into school. When a teacher confiscated the bat, he became very angry, shouting and threatening the teacher, "I'm going to get you."

##### Slide 6

During this episode, he smashed up a classroom, breaking several tables. He became distressed, shouting that he needs the bat for protection.

##### Slide 7

When he had calmed down, he was asked what he meant about needing to protect himself. He said that people were out to get him and that people had been giving him funny looks over the last week. When talking about this, he became increasingly agitated and refused to say anything else about what happened or to apologise.

##### Slide 8

So firstly, let's look at the diagnostic criteria for conduct disorder. DSM V defines conduct disorder as a repetitive, persistent pattern in which the basic rights of others or major age appropriate social norms or rules are violated. To receive a diagnosis, three or more from the list below should have been present in the last 12 months. And at least one should be present in the last six months.

The list are broken up into-- aggression to people or animals, destruction of property, deceitfulness or theft, and serious violation of rules. Have a read through these.

Similar to the previous diagnoses we have discussed, the symptoms must cause clinically significant impairment in important areas of functioning. And like the previous examples, the diagnosis of conduct disorder is only given if the criteria for anti-social personality disorder are not met when the individual is over age 18.

#### **Slide 9**

So which of the criteria is Dylan meeting?

#### **Slide 10**

So from the vignette, it sounds like Dylan has threatened people, initiated physical fights, destroyed property, run away from home, and truant from school. Obviously a full clinical assessment with a detailed history would be needed to establish whether this represents repetitive, persistent pattern of behaviour and whether it is functionally impairing. However, it appears that Dylan is distressed, and it is having a significant impact on his education.

#### **Slide 11**

So from your previous lectures, what biases do you think might be helpful to think about for Dylan?

#### **Slide 12**

Two possible information processing biases that might be playing a role are attention to threat and hostile attribution of intent. Work on social cognition and aggressive behaviour has mostly been based on Dodge's influential model of social information processing, which was further formulated by Crick and Dodge in 1994.

#### **Slide 13**

This proposes that social information has to be processed in a number of steps in order for the person to react appropriately. The model proposes that individuals will approach specific social situations with their own social knowledge, acquired rules and schemas, so for example, scripts about how to make a new friend, as well as a database of memories of their past experience, so for example, when they failed to make friends in the past.

In the social situation, they receive information as an input of social cues, so for example, people looking at them and their body language. And their behavioural response is a function of how they process those cues. Dodge and Crick identified six information processing steps.

First, the person must accurately encode the social cues in the immediate environment. Then, they must interpret the meaning of those cues and identify their own personal goals or outcomes in this situation. They then generate possible behavioural responses to the interpreted cues. They need to decide on a response and evaluate its potential outcome. And finally, they need to engage in the selected behaviour.

Although they proposed six steps, Crick and Dodge do not view the steps as strictly linear. Instead, each processing step may influence the others through a series of feedback loops. In addition, all these stages are influenced by and in turn influence the person's memories, acquired rules, social schemas, and social knowledge.

So attention to threat plays a role in step 1, as the person may be more likely to encode threatening cues. Hostile attribution of intent plays a role in step 2 when they must interpret the meaning of the cues. These biases may also influence other steps, for example, when the person is evaluating the outcome of their behaviour.

#### **Slide 14**

As we've covered attention to threat quite a bit already, let's focus on hostile attribution of intent. The hostile attribution of intent is typically assessed by presenting participants with a number of social

situations in which another person hinders them and the participant is asked why this happened. If the young person attributes hostile intent to the other, so for example, they believed that they did it on purpose to annoy them, then they are more likely to react aggressively than if they think the person did it by accident, or if they attribute benign intent.

#### **Slide 15**

A meta-analysis found a robust and significant association between hostile attribution of intent and aggressive behaviour.

#### **Slide 16**

It has been suggested that risk factors known to be important for the development of aggressive behaviour may contribute to the development of hostile attribution of intent. For example, rejection by peers or harsh parenting may mean that children are more likely to assume hostile intent, perhaps, especially if the child is not able to process the experiences.

Similarly, hostile attribution of intent is thought to lead to aggressive behaviour, as well as more difficult social interactions and so also reduce opportunities for positive social interaction and the learning of prosocial behaviours. This would then mean that they are perhaps more likely to have unpleasant social experiences such as being rejected by peers.

Can you think about how we might apply these ideas to Dylan?

#### **Slide 17**

So Dylan experienced physical abuse by his parents. This may have led him to develop a hostile attribution bias. So when other children, for example, knock into him in the corridor, he believes that these people are trying to hurt him intentionally.

Or when his bat is confiscated, he believes that the teacher is on their side and wants Dylan to get hurt, therefore, starts fight in response to children knocking him and smashes up the classroom when his bat is removed. This behaviour means that Dylan is punished both at home and at school. Also, it probably means that his peers will avoid him.

So Dylan is rejected by his peers. And his hostile attribution bias is reinforced, setting up a vicious cycle. This highlights the importance of giving the person opportunities for positive reinforcement, as well as addressing and modifying the attribution bias.

#### **Slide 18**

So in this topic, we have thought about how information processing biases might be at play in four mental health problems, PTSD, psychosis, depression, and conduct disorder. We have looked at how identifying these biases can help us understand these problems, as well as develop interventions.