Review of Key Concepts and Terms (Unit 5A)

Clinical Psychology

Important but NOT TESTABLE vs. New this year (24-25), TESTABLE; add to your notes

Psychologists who study psychological disorders, along with practitioners who treat disorders, often utilize a particular theoretical perspective. Each perspective attempts to explain the origin of a disorder and/or determine the best method for treatment. These explanations and treatments build on the history, theories, and perspectives introduced in the first two units as well as on cognitive psychology in particular. Through observing behavior and engaging in discussion that illuminates a client's thought process, psychologists gather information and draw conclusions. For some psychologists, a single perspective cannot fully explain a disorder. This leads them to more integrated perspectives to understand and treat psychological disorders.

Topic 8.1: Introduction to Psychological Disorders

Learning Target 8A

Recognize the use of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association as the primary reference for making diagnostic judgments.

Four Basic Standards for Identifying Psychological Disorders

- **Atypical / Unusual:** occurs infrequently in a given population
- **Deviant (disturbing to others):** represents a serious departure from social and cultural norms of behavior, not normal.
- **Maladaptive:** dysfunctional behavior that interferes with a person's ability to function normally in one or more important areas of life.
- **Distressful:** behavior that prevents a person from thinking clearly or making rational decisions.

DSM-5: The book used for classifying psychological disorders by medical professionals.

- *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition
- Classifies over 300 specific psychological disorders
- Lists the criteria and specific symptoms for each mental disorder
- Is designed to generate reliable and valid diagnosis

ICD-10: *International Classification of Diseases, Tenth edition*, a manual put out by the World Health Organization of the United Nations to help mental professionals classify disorders.

Learning Target 8B

Describe contemporary and historical conceptions of what constitutes psychological disorders.

Throughout the history of psychology, different definitions have been used to describe psychological or mental disorders.

- Skulls from as far back as 5,000 years ago show **trephining** - holes drilled into a living person's skull in order to release demonic spirits thought to be causing the person's disordered behaviors (demonology)
- Ancient Greek civilization - Hippocrates suggested that mental illness stemmed not from demonic possession but from an imbalance in one or more of the **four humors** (i.e. bodily fluids including blood, black bile, yellow bile, and phlegm); laid the foundation for psychological disorders having a physical source
- Middle Ages in Europe - the cultural dominance of the Roman Catholic church led to a common belief that psychological disorders were caused by evil spirits (regression back to demonology; included the practice of exorcism)
- Age of Enlightenment - Philippe Pinel introduce **moral therapy** as more human treatment of the mentally ill in an effort to change the practice of locking away the insane in institutions with horrible conditions and no opportunities for recovery
- Early 20th century - the field of psychopathology embrace the use of a **lobotomy** to treat mental illness (a procedure to damage or remove the frontal lobe) as it was believed severe mental illness was a dysfunction of the brain; in 1949, Egas Moniz was the Nobel Prize in medicine after introducing lobotomy as a way to treat schizophrenia; results usually include severe emotional and intellectual deficits
- 1950s - the popularity of lobotomies declined as opposition became more widespread and **antipsychotic drugs** became available

Learning Target 8C

Discuss the intersection between psychology and the legal system.

Insanity

- A legal term used to determine whether an individual is to be held accountable or liable for criminal behavior
- Not a mental health or psychological term; not defined by the APA
- Refers to the inability to know right from wrong or the inability to control one's actions during a criminal event
- People found not guilty by reason of insanity are protected from full criminal punishment and will likely be sentenced to a treatment facility rather than prison
- Rarely used and even more rarely results in an acquittal (not guilty)

Mental Incompetence

- A legal term applied when criminal suspects are deemed mentally ill and unable to understand the criminal proceedings or aid in their own defense
- Usually placed in a mental health facility until they are deemed mental competent to stand trial

Confidentiality

- No matter what type of treatment they offer, psychotherapists and psychiatrists are required by law to protect the confidentiality of their clients.
- **HIPPA (Health Protection Portability and Accountability Act**
    - A federal law that sets national limits on the way patient or client information can be shared.
    - State laws are often stricter than HIPPA.
    - In general, information can be shared only with the consent of the person in treatment, usually for the

purpose of coordinating care or facilitating insurance coverage.
- A psychotherapist who does not follow these confidentiality laws may be subject to a fine.

EXCEPTIONS

- When people pose a threat to themselves or others
- When a court order the records be released
- When therapists are aware of ongoing domestic abuse or neglect of children, people with disabilities, and the elderly.

Topic 8.2: Psychological Perspectives and Etiology of Disorders

Learning Target 8D

Evaluate the strengths and limitations of various approaches to explaining psychological disorders.

- **The Psychoanalytic Perspective**
  - Views mental disorders as the product of intrapsychic conflicts among the id, the ego, and the superego.
  - In order to protect itself, the ego represses psychic conflicts into the unconscious. These conflicts result from unresolved traumatic experiences that took place in childhood.
  - ***For example,*** rejection can produce strong feelings of anger. The psychoanalytic perspective views depression as anger that is channeled into the unconscious

- **The Humanist Perspective**
  - Looks to a person's feelings, self-esteem, and self-concept for the causes of mental behavior.
  - Believe that behavior is a result of choices we make in struggling to find meaning in life.
  - ***For example,*** anxiety can result when an individual experiences a gap between his or her ideal self and his or her real self.

- **The Cognitive Perspective**
  - Focuses on faulty, illogical, and negative ways of thinking.
  - Maladaptive thoughts lead to misperceptions and misinterpretations of events and social interactions.
  - ***For example,*** unrealistically negative thoughts can lead to depression.

- **The Behavioral Perspective**
  - Stress that abnormal behavior is learned.
  - Behaviorists focus on how a behavior was reinforced and rewarded.
  - ***For example,*** during classical conditioning, a stimulus that was originally neutral (such as an elevator) becomes paired with a frightening event (the power going out) so that it becomes a conditioned stimulus that elicits anxiety.

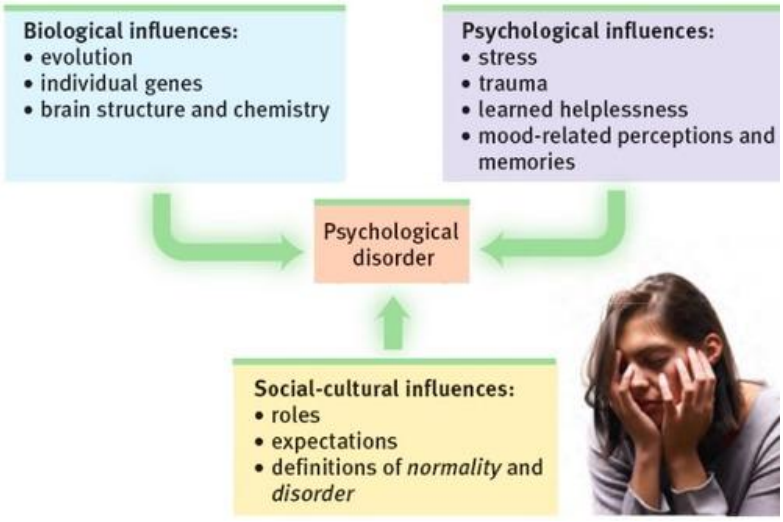
- **The Biological Perspective / Medical Model**
  - Argues that many psychological disorders are caused by hormonal or neurotransmitter imbalances, differences in brain structure, and inherited predispositions.
  - ***For example,*** an imbalance of a chemical that influences the nervous or endocrine system can cause anxiety.

- **The Diathesis-Stress Model**
    - Developed by David Rosenthal in the 1960s; studying quadruplets who all developed schizophrenia
    - Recognizes a combination of biological and environmental causes of psychological disorders
        - DIATHESIS - the predisposition or biologically-based vulnerability to a particular mental illness
        - STRESSORS - those environmental events (family, relationships, social circumstances) that can trigger the onset of a biologically-based disorder
        - PROTECTIVE FACTORS - steps that can be taken to decrease the likelihood that a specific disorder will present itself

- **Sociocultural Model**
    - Culture is a significant factor in the development and structure of personality and also exerts a strong influence on the development of unique variations of defined psychological disorders
    - Emphasizes societal and cultural influences in the individual's environment
    - The DSM-5 reflects greater awareness and sensitivity to cultural influences
        - Cultural syndromes - psychological disorders specific to a particular culture (examples below)
            - Taijin Kyofusho - a social anxiety disorder specific to Japan
            - Susto - severe anxiety specific to areas of Latin America; caused by what is believed to be religious-magic traumatic event that separates the soul from the body
        - Cultural idioms of distress - shared ways of experiencing and expressing personal and social concerns within a culture
        - Cultural explanations of distress or perceived causes - culturally agreed upon meanings for and causes of symptoms, illness, or distress
    - **Cultural relativism** - the intersection between psychopathology and culture
        - The principle that states that an individual's beliefs and activities must be considered in terms of that person's own culture.
            - For instance, some people of Native American culture who practice traditional lifestyles have beliefs about life and its relationship to the supernatural that are very different from Anglo Americans. This doesn't mean that either one is necessarily right or wrong, just different and these different points of view must be taken into consideration and respected.

- **Biopsychosocial Model**
    - An integrated model that combines the biological (medical), psychological, and sociocultural models
    - Believed to be a more thorough approach to use when explaining, diagnosing, and treating psychological disorders

See also: APA ethical principles for therapists (e.g. non-maleficence, fidelity, integrity, respect for people's rights and dignity)



Learning Target 8E

Identify the positive and negative consequences of diagnostic labels.

Critics of the DSM-5 express concern that lowering the threshold of some disorders could result in an increase in "false positives" - people being diagnosed with mental illness, and treated, where no mental illness exists.

Another concern is that the criteria used to determine whether someone has a psychological disorder too often relies on subjective judgment rather than biological evidence.

While the DSM-5 provides convenient and efficient labels of more than 250 psychological disorders, those labels can be dangerous.

Positive Consequences of Labels	Negative Consequences of Labels
• Targeted treatment • Labels may be helpful for healthcare professionals when communicating with one another and establishing therapy • Greater understanding for patients and their families	• Once labeled, the label itself can determine not only how professionals perceive and react to a person but also how the labeled person themselves will begin to act differently (self-fulfilling prophecy)

Rosenhan Study (SOURCE: Lumen)

- The Rosenhan experiment was carried out by David Rosenhan, a Stanford University professor, and published by the journal *Science* in 1973 under the title "On Being Sane in Insane Places." It was an experiment conducted to determine the reliability and validity of psychiatric diagnosis. The experimenters feigned hallucinations to enter psychiatric hospitals, and acted normally afterwards. They were diagnosed with psychiatric disorders and were given antipsychotic drugs.

- The study was considered an important and influential criticism of psychiatric diagnosis. It has been argued that the experiment was fabricated; nonetheless, the study concluded, “it is clear that we cannot distinguish the sane from the insane in psychiatric hospitals,” and it also illustrated the dangers of dehumanization and labeling in psychiatric institutions. It suggested that the use of community mental health facilities that concentrated on specific problems and behaviors rather than psychiatric labels might be a solution, and recommended education to make psychiatric workers more aware of the social psychology of their facilities.

Stigma is a perceived negative attribute that causes someone to devalue or think less of a person. People living with a mental health issue can feel diminished, devalued, and fearful because of the negative attitudes society holds toward them. They may also not get the help they need for fear they’ll be discriminated against.

Topic 8.3: Neurodevelopmental and Schizophrenic Spectrum Disorders

Learning Target 8F

Discuss the major diagnostic categories, including neurodevelopmental disorders, neurocognitive disorders, schizophrenia spectrum, and other psychotic disorders, and their corresponding symptoms.

Schizophrenia: Means "split mind", it is characterized by delusional beliefs, hallucinations, disorganized speech & thoughts, and emotional & behavioral disturbances. Affects approximately 1% of the U.S. population. Approximately half of all people admitted to mental hospitals are diagnosed with schizophrenia. Typically begins in late adolescence or early adulthood; rarely emerges prior to adolescence or after age 45. Is equally prevalent in men and women.

- Characteristic Symptoms
  - **Delusional Beliefs**
    - A delusion is a bizarre or far-fetched belief that continues in spite of competing contradictory evidence.
    - People suffering from schizophrenia often experience delusions or persecution of grandeur.
      - In a delusion of persecution, people believe that spies, aliens, or even neighbors are plotting to harm them.
      - In a delusion of grandeur, people believe they are someone very powerful or important.
  - **Hallucinations**
    - A hallucination is a false or distorted perception that seems vividly real to the person experiencing it.
    - Although hallucination can be visual, or even olfactory, people with schizophrenia often report hearing voices that comment on their behavior or tell them what to do.
  - **Disorganized Speech and Thoughts**
    - Includes creating artificial words and jumbling words and phrases together (WORD SALAD)
    - A lack of contact with reality is the most common thought disturbance experienced by people with schizophrenia.
  - **Emotional and Behavioral Disturbances**
    - The emotions of people with schizophrenia range from exaggerated and inappropriate reactions to a flat affect, showing no emotional or facial expressions.
    - People with schizophrenia often exhibit unusual and wide-ranging behaviors, from shaking the head to remove unwanted thoughts to assuming an immobile stance for an extended period of time.

- **Positive symptoms:** characteristics of schizophrenia that are added to a person's personality, such as hallucinations, delusions, inappropriate emotions, and word salad.

- **Negative symptoms:** characteristics of schizophrenia that are taken away from a person's personality, such as flattening of the emotions and speech, apathy, a general disinterest in life and social withdrawal. People with the negative symptoms of schizophrenia will often neglect themselves and their appearance and alcohol and substance abuse is quite common.

- **Chronic (process) schizophrenia:** characterized by long periods of symptom development and negative symptoms of schizophrenia, such as flat affect. Does not appear to be related to life stressors.

- **Acute (reactive) schizophrenia:** may occur at any time during life, usually surfaces in response to stress or a major emotional event.
- **Genetic basis for schizophrenia:** the risk of developing schizophrenia increases if there is schizophrenia in the family. Adoption studies have consistently shown that if either biological parent has schizophrenia, the adopted individual is at a greater risk to develop it. If one identical twin develops schizophrenia, the risk rate for the other twin is 48%.
- **Dopamine hypothesis:** overactivity of certain dopamine neurons may cause some forms of schizophrenia, especially those that involve hallucinations and delusions. Antipsychotic medications block the excess dopamine activity to reduce the hallucinations and delusions.
- **Diathesis-stress model:** people inherit a predisposition or diathesis that increases their risk of schizophrenia; stressful life experiences then trigger schizophrenic episodes.
- **Viral effects:** mothers who catch certain viruses, such as the flu, while pregnant may increase the risk of brain abnormalities in babies leading to schizophrenia.

Neurocognitive Disorders: conditions associated with central nervous system functioning; begin in early childhood; usually include developmental deficits that affect social, intellectual, academic, and/or personal functioning

- **Intellectual Development Disorder**: deficits of general mental abilities such as *intellectual functioning* (learning ability, problem-solving, and reasoning) and *adaptive behaviors* (social, practical, and conceptual skills such as the ability to follow rules and/or avoid being victimized; upkeep of personal hygiene and use of money, and the ability to apply literacy, number concepts, and self-direction)
- **Autism Spectrum Disorder (ASD)**: a developmental disorder that centers on repetitive behaviors and impairments of social communication and interaction; may exhibit extreme sensitivity to sensory stimulation from the environment; symptoms range from mild to profound
- **Attention Deficit Hyperactivity Disorder (ADHD)**: a neurodevelopmental disorder marked by persistent inattention and/or persistent display of impulsive behavior that interferes with basic functioning and development; disproportionately affects boys; behavioral symptoms must manifest themselves across various situations such as school, home, and other settings

Topic 8.4: Bipolar, Depressive, Anxiety, and Obsessive-Compulsive and Related Disorders

Learning Target 8G

Discuss the major diagnostic categories, including anxiety disorders, bipolar and related disorders, depressive disorders, obsessive-compulsive and related disorders, and their corresponding symptoms.

Anxiety disorders: Tension, apprehension, and worry that occurs during a personal crisis or from the pressures of everyday life. They all involve extreme levels of fear and anxiety which negatively impact behavior and cognitive processes.

Anxiety is a normal human response to stress. In contrast, pathological anxiety is…

- ***Irrational*** because it is provoked by nonexistent or exaggerated threats.
- ***Uncontrollable*** because the person cannot control or stop anxiety attacks.
- ***Disruptive*** because it impairs relationships and everyday activities.

    - **Generalized Anxiety Disorder (GAD):** characterized by persistent, uncontrollable, and ongoing apprehension about a wide range of life situations. The cause of the anxiety cannot be pinpointed. GAD can cause chronic fatigue and irritability. It affects twice as many women as men.

    - **Panic Disorder:** characterized by sudden episodes of extreme anxiety and panic attacks. The attacks can last from 30 seconds to 1 hour and involve a pounding heart, rapid breathing, sudden dizziness, a feeling of lightheadedness, choking, sweating, vomiting, and diarrhea.

    - **Specific Phobia Disorder:** characterized by a strong, irrational fear of specific objects or situations that are normally considered harmless. Some of the more common phobias are:
        1. **Mysophobia:** fear of germs
        2. **Agoraphobia:** fear of public places and open places
        3. **Claustrophobia:** fear of closed spaces
        4. **Hemophobia:** fear of blood

See also: ataque de nervios

Depressive / Affective (Mood) Disorders: Serious, persistent disturbances in a person's emotions that can cause psychological discomfort and impair a person's ability to function.

- **Major Depressive Disorder (Unipolar):** characterized by a lasting and continuous depressed mood. People suffering from major depression often feel lethargic and deeply discouraged leading some to have suicidal thoughts; runs in families; high degree of comorbidity

- **Persistent Depressive Disorder:** a depressed mood that has lasted for at least two years; is considered a milder form of depression with no suicidal thoughts

- **Disruptive Mood Dysregulation Disorder (DMDD)**: a childhood psychological condition characterized by extreme irritability, anger, and intense and sometimes frequent outbursts; new addition to the DSM-5 because many children under the age of 10 were being diagnosed with bipolar disorder; behavior far exceeds normal temper tantrums

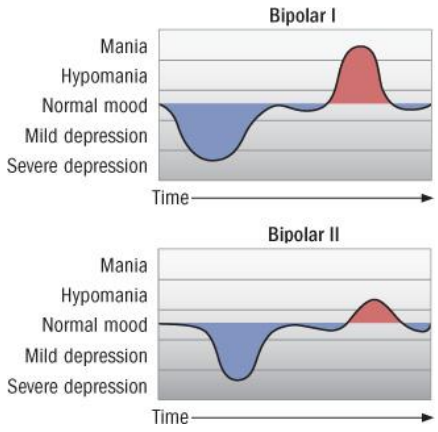
- **Seasonal Affective Disorder (SAD):** characterized by loss of energy, sadness, and increased sleep due to lack of light in the winter.

Bipolar Disorder (formerly known as Manic Depression): characterized by periods of both depression and mania.

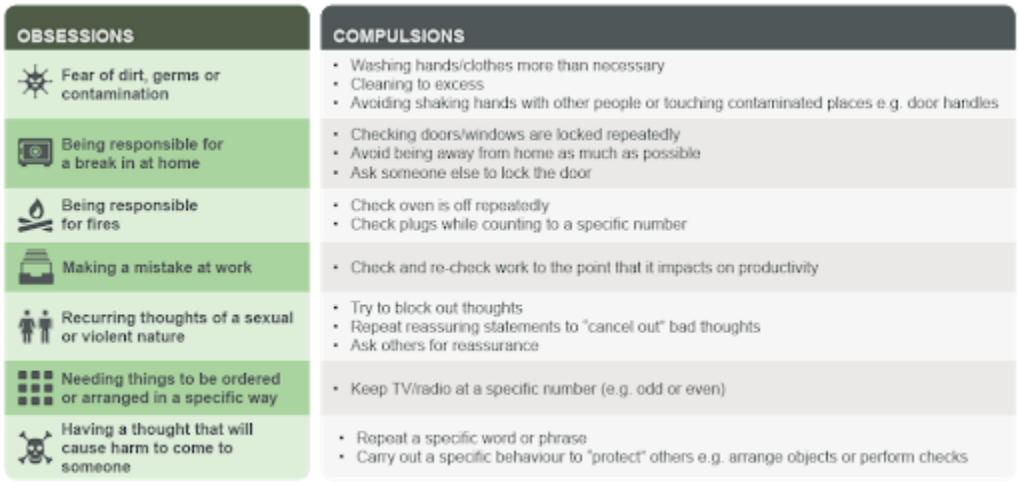
Symptoms of mania may include:	Symptoms of depression may include:
• Elated mood	• Sadness
• Profound irritability	• Lack of interest in things that were once enjoyable
• Racing thoughts	• Disinterest in interacting with others
• Difficulty concentrating	• Frequent crying episodes
• Feelings of undue power	• Feelings of guilt or worthlessness
• Feelings of self-importance	• Changes in appetite or weight
• Reckless spending of money	• Problems with money or concentration
• Alcohol and/or drug abuse	• Headaches, backaches, or digestive problems
• Insomnia	• Difficulty sleeping or excessive sleeping
• Engaging in unsafe sex	• Thoughts about death or suicide

Types of Bipolar:

Bipolar I disorder	In bipolar I disorder, one experiences repeated episodes of both mania and depression.
Bipolar II disorder	With bipolar II disorder, one never develops severe mania, but instead experiences *hypomania* — mild to moderate mania that doesn't usually lead to as much disruptive behavior as severe mania. Bipolar II disorder occurs when episodes of hypomania alternate with depression.
Rapid-cycling bipolar disorder	Rapid-cycling bipolar disorder leads to especially frequent episodes of mania, hypomania or depression — at least four episodes in a given year.
Cyclothymia	In cyclothymia, hypomania alternates with episodes of mild depression over at least a two-year period.



Obsessive-Compulsive Disorder (OCD): characterized by persistent, repetitive, and unwanted thoughts (obsessions) and behaviors (compulsions). In order to relieve the anxiety-provoking thoughts, one performs behaviors, or rituals. These can include repeatedly checking things, cleaning things, straightening things, etc.



- **Related Obsessive-Compulsive Disorders:** body dysmorphic disorder (obsessive focus on a perceived flaw in appearance), hoarding (persistent difficulty and distress giving up possessions), and trichotillomania (hair-pulling disorder)

Topic 8.5: Trauma- and Stressor-Related, Dissociative, and Somatic Symptom and Related Disorders

Learning Target 8H

Discuss the major diagnostic categories, including dissociative disorders, somatic symptom and related disorders, and trauma- and stressor related disorders and their corresponding symptoms.

Trauma- and stressor-related disorders: Result from exposure to traumatic events; characterized by symptoms such as *anhedonia* (the inability to experience pleasure), *dysphoria* (an intense state of unease), externalized anger, and aggression

- **Acute Stress Disorder (ASD)**: characterized by symptoms that begin to develop shortly after people experience or witness a traumatic event; symptoms may include uncontrollable flashback memories and nightmares, dissociative symptoms, sleep disturbances, hypervigilance, and problems processing traumatic events; traumatic events are often violent
- **Posttraumatic Stress Disorder (PTSD):** when ASD symptoms persist for more than a month or develop six or more months after the traumatic event; characterized by intense feelings of anxiety, horror, and helplessness after experiencing a traumatic event such as a violent crime, military combat, or natural disaster. People who suffer from PTSD can experience flashbacks, nightmares, depression, uncontrollable crying, irritability, and an inability to concentrate and maintain relationships.

Somatoform disorders: Characterized by physical complaints or conditions which are caused by psychological factors, there are no physical causes for the pain.

- **Somatic Symptom Disorder (aka: Hypochondriasis):** characterized by extreme anxiety about physical symptoms that are interpreted as evidence of illness. A person suffering from hypochondriasis

frequently meets with doctors and constantly reads about health symptoms. The physical symptoms are real (a person with chest pains from acid reflux will be consumed with worry that it is a life-threatening condition)

- **Illness Anxiety Disorder (IAD)**: a severe obsession with having or getting a serious illness despite no indication of illness following a medical exam; response is either care-seeking or care-avoiding

- **Conversion disorder:** characterized by paralysis, blindness, deafness, or other loss of sensation, but with no discernable physical cause.

Dissociative Disorders: Disorders of consciousness in which a person appears to experience a sudden loss of memory or a change of identity. Individuals who experience dissociative disorders have a compelling need to escape from anxiety and stress.

- **Dissociative identity disorder (DID; formerly known as multiple personality disorder):** characterized by the presence of two or more distinct personalities in the same individual. Each personality has its own name, unique memories, behaviors, and self-image. DID usually occurs from a traumatic childhood event.

- **Depersonalization disorder:** characterized by a person feeling detached from his/her body.

- **Dissociative amnesia:** characterized by a partial or total inability to recall past experiences and important information. This is typically in response to a traumatic event or stressful situation, such as military combat or marital problems.

- **Dissociative fugue:** characterized by suddenly and inexplicably leaving home and taking on a completely new identity with no memory of a former life. While in the fugue state, the person experiences amnesia, but can otherwise function normally.

Topic 8.6: Feeding and Eating, Substance and Addictive, and Personality Disorders

Learning Target 8I

Discuss the major diagnostic categories, including feeding and eating disorders, personality disorders, and their corresponding symptoms.

Feeding and Eating Disorders: maladaptive behaviors centered on food intake or avoidance

- **Anorexia Nervosa**: a life-threatening eating disorder that involves intense fear of weight gain or becoming overweight, a distorted perception of one's weight or body shape, and persistent restriction of caloric intake leading to extreme weight loss and increasing damage to physical health; affects more females than males and occurs more frequently in young adults; poses the greatest risk of death of all the mental disorders (risk of suicide is significantly higher than the general population)
- **Bulimia Nervosa**: a potentially life-threatening eating disorder that involved secretive binging (eating large or excessive amounts of food in a short period of time) followed by some form of compensatory behavior such as purging (self-induced vomiting, misuse of laxatives, and fasting or excessive exercise)

- **Binge Eating Disorder**: the most common eating disorder and involves recurrent episodes of eating excessive amounts of food in a short period of time accompanied by an intense sense of lack of control over eating behavior; does not involve purging behavior; many people with the disorder are overweight; binge episode is often associated with emotional distress

Substance and Addictive Disorders: encompasses 10 separate classes of drugs; all drugs that are taken in excess have in common direct activation of the brain reward system, which is involved in the reinforcement of behaviors and the production of memories; they produce such an intense activation of the reward system that normal activities may be neglected

- **Substance Use Disorder**: A complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day-to-day life becomes impaired. People keep using the substance even when they know it is causing or will cause problems. The most severe SUDs are sometimes called addictions.
    - People with a substance use disorder may have distorted thinking and behaviors. Changes in the brain's structure and function are what cause people to have intense cravings, changes in personality, abnormal movements, and other behaviors. Brain imaging studies show changes in the areas of the brain that relate to judgment, decision making, learning, memory, and behavioral control.

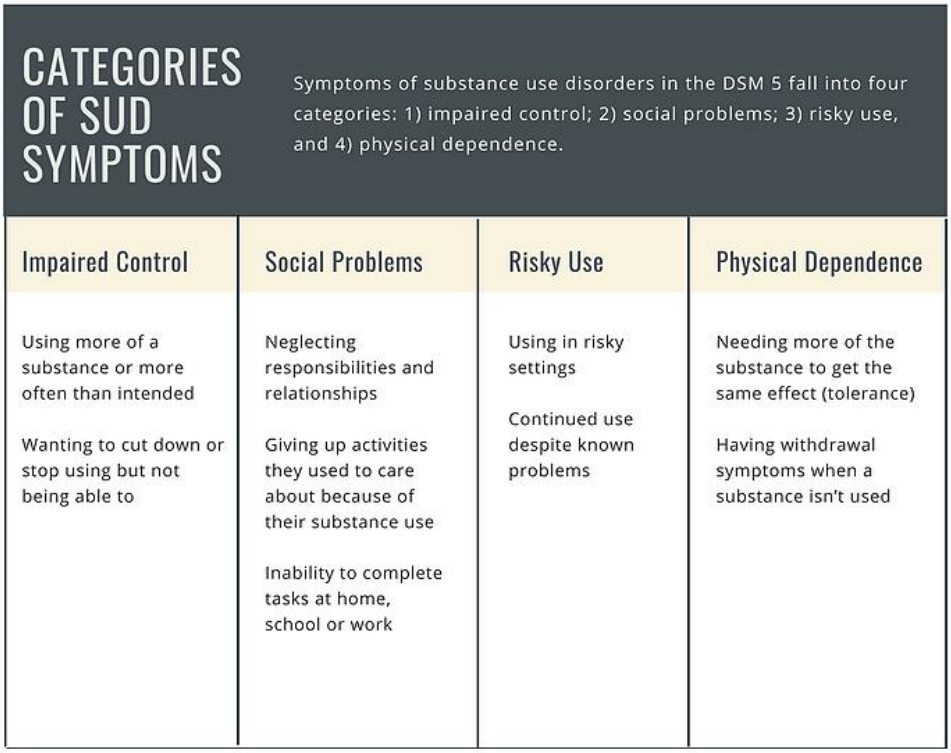
Three Levels of Severity

The DSM-5 includes guidelines for clinicians to determine how severe a substance use disorder is depending on the number of symptoms.

- Two or three symptoms indicate a mild substance use disorder
- Four or five symptoms indicate a moderate substance use disorder
- Six or more symptoms indicate a severe substance use disorder. ***A severe SUD is also known as having an addiction.***

Doctors determine the severity level of the substance use disorder to help develop the best treatment plan. The higher the severity, the more intensive the level of treatment needed.

Categories of Symptoms



Personality disorders: characterized by inflexibility & maladaptive behaviors across a range of situations, usually become evident during adolescence or early adulthood.; differ from other disorders in their absence of delusions or depression; four defining features:

- Distorted thinking
- Interpersonal difficulties
- Problems with impulse control
- Problems with emotional responses

CLUSTER A: "Odd, Suspicious, and Eccentric" - patterns of paranoia, social isolation, cognitive or perceptual distortions, and eccentric behaviors

- **Paranoid personality disorder:** characterized by high levels of suspiciousness of the motives and intentions of others but w/out the outright paranoid delusions associated with paranoid schizophrenia. (More common in males)
- **Schizoid personality disorder:** characterized by being aloof and distant from others, with shallow or blunted emotions; considered "cold" (more common in males)
- **Schizotypal:** characterized by odd thinking, often being suspicious and hostile, and having difficulties in establishing close social relationships.

CLUSTER B: "Dramatic, Emotional, Erratic" - cause significant disruption and even harm to self and others

- **Antisocial personality disorder:** characterized by violating other people's rights without guilt or remorse, being manipulative, exploitive, self-indulgent, and irresponsible (more common in males)
    - Serial killers are often seen as the classic example of people with antisocial personality disorder.
    - Can also be seen in ruthless politicians and mercenary businesspeople
- **Histrionic personality disorder:** characterized by being excessively dramatic, egocentric, and seeking attention and tending to overreact (more common in females)
- **Narcissistic personality disorder:** characterized by being unrealistically self-important, manipulative, lacking empathy, and not being able to take criticism (more common in males)
- **Borderline personality disorder:** characterized by being emotionally unstable, impulsive, unpredictable, irritable, and prone to boredom (more common in females)

CLUSTER C: "Anxious and Fearful" - include symptoms of inadequacy, submission, clinginess, hypersensitivity, and orderliness

- **Avoidant personality disorder:** characterized by being excessively sensitive to potential rejection and humiliation. Also characterizes individuals who have excessive levels of social inhibition.
- **Dependent personality disorder:** characterized by excessively lacking in self-confidence, subordinating one's own needs, and allowing others to make all decisions (more common in females)
- **Obsessive-compulsive personality disorder:** characterized by usually being preoccupied with rules, schedules, and details, being extremely conventional, serious, and emotionally insensitive.

Topic 8.7: Introduction to Treatment of Psychological Disorders

Learning Target 8J

Describe the central characteristics of psychotherapeutic intervention.

Psychotherapeutic intervention (psychotherapy) is a general term for the treatment of mental health problems through interaction between trained psychologists and those seeking help.

Many mental health professionals use an **eclectic approach**, taking ideas from a variety of approaches to best serve the client. These approaches include both psychological and biomedical models.

Learning Target 8K

Identify the contributions of major figures in psychological treatment

Aaron Beck

- Known as the father of cognitive therapy as he pioneered several cognitive theories and treatments through working with the schemas or the cognitive frameworks of his clients.
- His new approach, **cognitive behavioral therapy (CBT)** opened doors for related treatments and researches. In fact, The American Psychologist, the official journal of the American Psychological Association (APA) named Beck as one of the "five most influential psychotherapists of all time" as well as one of the "Americans in history who shaped the face of American psychiatry".
- Beck believed that a person's behavior, thoughts, and feelings are interrelated and that his core beliefs influence how he sees himself, others, and the future. It is then helpful to challenge pessimistic thoughts and replace them with healthier ones.
    - Specifically, Beck believed that there are three dysfunctional belief systems:
        - 1. "I am defective or inadequate"
        - 2. "All of my experiences result in defeats or failure"
        - 3. "The future is hopeless"

Albert Ellis

- **Rational Emotive Therapy**, also called Rational Emotive Behavioral Therapy (REBT), was established by Albert Ellis, the father of Cognitive Behavioral Therapy (CBT).
    - It is a comprehensive method that is both philosophically and empirically focused on resolving patient problems and disturbances, both emotional and behavioral and attempts to enable those patients to lead happier and more fulfilled lives.
    - The fundamental premise of REBT is that humans do not get as emotionally disturbed by unfortunate circumstances as by how they construct their views and perspective of these circumstances through language, evaluative beliefs, meanings and philosophies about the world, themselves and others. This type of therapy is very personalized to help an individual tailor their own emotional responses to situations.

See also: dialectical behavior therapy

Sigmund Freud

- Known as the Father of **Psychoanalysis**, a method for treating psychological pathology by means of dialogue between the patient and the psychoanalyst.
    - During psychoanalysis, the patient talks about whatever thoughts come to mind, a process called "free association." The patient is also encouraged to talk about his wishes, fears, and dreams. The role of the analyst is to help the patient gain access to the unconscious conflicts that lie at the root of the psychological problem, and help him gain insight that will lead to resolution.

Mary Cover Jones

- An American developmental psychologist who is known for her contribution to the development of the **desensitization technique**. She is also described as a female pioneer in behavior therapy with her work on the “Little Peter” experiment.

Carl Rogers

- One of the most influential psychologists of modern times, and is well known for the creation of **Client-Centered Therapy**, also known as Person-Centered Therapy or Rogerian Psychotherapy.
    - As the name implies, this method of therapy emphasizes the person as the subject, rather than an object. The client-therapist relationship is not one where the therapist's role is to cure or change the person. Rather, the therapist's role is to create a positive relationship that the client may use as a means of personal growth.
    - Rogers believed that the work of the therapist is to create a relationship with the client where he is able to experience Unconditional Positive Regard so that he may be able to grow and become a fully-functioning person.

B.F. Skinner

- Best known for developing the theory of Operant Conditioning, which uses reinforcers or consequences to change behavior. Behavior therapists use these principles for **behavior modification** - learning (or unlearning) voluntary behaviors results from positive or negative reinforcement or punishment
    - Token economies are one example of behavior modification

Joseph Wolpe

- A South African psychiatrist who worked as an army doctor helping patients who had been diagnosed with "war neurosis" (now called PTSD). His experience caused him to question the validity and usefulness of Freud's theories. Throughout the remainder of his career, he researched a treatment that he called "**reciprocal inhibition**."
    - The primary thrust of this was assertiveness training as a means of controlling anxiety. This research led to his development and use of "**systematic desensitization**". This is a process of slowly exposing a patient to the object that they are afraid of as a means of decreasing anxiety.

Topic 8.8: Psychological Perspectives and Treatment of Disorders

Learning Target 8L

Describe major treatment orientations used in therapy and how those orientations influence therapeutic planning.

Insight therapies: designed to help clients understand the causes of their problems. This understanding or insight will then help clients gain greater control over their thoughts, feelings, and behaviors. All three of the approaches (psychoanalytic/psychodynamic, cognitive, and humanistic) are based upon a personal relationship between the client and therapist. A variety of group therapies based upon insight are also available for families and married couples.

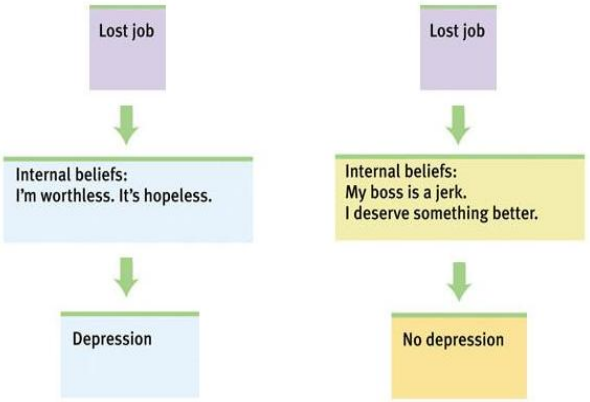
- ***Psychoanalytic/Psychodynamic therapy:*** based on Freud's premise that unconscious conflicts and repressed memories are the underlying cause of anxiety and abnormal behavior. During psychoanalysis, the analyst helps the patient gain insight into how childhood conditions during the psychosexual stages created unconscious conflicts. Insight does not occur easily or quickly. During psychoanalysis, the therapist is removed from view of the patient as the patient lies on a couch and partakes in free association. The following can occur during psychoanalysis:

    1. **Free association:** the patient spontaneously reports thoughts, feelings, and mental images that come to mind. The psychoanalyst asks questions to encourage the flow of associations in order to provide clues as to what the patient's unconscious wants to hide.
    2. **Dream interpretation:** Freud believed that dreams are symbolic representations of unconscious conflicts and repressed impulses. He also believed that dream interpretation is a means of interpreting their unconscious conflicts, motives, and desires. Psychoanalysts look at the **latent** (underlying) content as opposed to the **manifest** (storyline) content.
    3. **Resistance:** the patient's conscious or unconscious attempt to block disturbing memories, motives, and experiences. To overcome one's resistance, the analyst may use the Rorschach inkblot test or Thematic Apperception Test to help alleviate the blocking.
    4. **Transference:** the process by which a patient projects or transfers unresolved conflicts and feelings onto the therapist. Freud believed that transference helps patients gain insight by reliving painful past relationships.
    5. **Psychodynamic therapy:** less expensive and extensive therapy. The analyst is face-to-face with the patient, instead of being removed from the patient's line of sight. Therapy focuses on childhood conflicts but not so much unconscious conflicts.

    - ***EVALUATION:*** Psychoanalysis seems to work best for articulate, highly motivated patients who suffer from anxiety disorders. It is both time-consuming and expensive.

- ***Cognitive therapy:*** believes that faulty thoughts, such as negative self-talk and irrational beliefs, cause psychological problems.

1. **Rational emotive (Behavioral) therapy (RET/REBT):** developed by Albert Ellis who said that our feelings are actually produced by the irrational beliefs we use to interpret events. To help clients recognize and change their self-defeating thoughts, Ellis developed the ABCs or RET:



   - **A**ctivating event: identify the event that affected your mental process or behavior.
   - **B**elief systems: identify the irrational beliefs and negative self-talk.
   - **C**onsequence: irrational beliefs lead to self-defeating behaviors, anxiety disorders, and depression. During this final step, the therapist vigorously disputes the client's faulty logic and self-defeating beliefs. This requires time and patience.

2. **Cognitive Triad therapy:** developed by Aaron Beck to help clients come to grips with negative beliefs about the following…
   - His/herself
   - His/her world
   - His/her future

   Beck argues that depression-prone people are particularly susceptible to focusing selectively on negative events while ignoring positive events. In addition, depression-prone people typically engage in all-or-nothing thinking by believing that everything is either totally good or totally bad.

3. **Modeling:** exhibiting the way a person should think about things in a certain situation.

4. **Role playing:** assuming a role of a different person or situation to act out how someone is feeling or thinking.

- ***EVALUATION:*** Cognitive therapy has proven to be a highly effective treatment for anxiety disorders, depression, addiction, anger management, and bulimia nervosa. It has been criticized for relying too heavily on rationality while ignoring the client's unconscious drives.

- ***Humanistic therapy:*** believing that people are innately good and motivated to achieve their highest potential instead of viewing human nature as irrational or self-destructive. Humanistic therapy believes that when people are raised in an accepting atmosphere, they will develop healthy self-concepts and strive to find meaning in life.

  1. **Insight therapy:** attempting to reduce the inner conflicts that are impeding natural development by increasing the awareness of underlying motives. Focuses more on the present and future than on the past and focuses more on the conscious than the unconscious.
  2. **Existential analysis:** looking at the philosophical questions of a person's thoughts: What is the meaning of life? Where am I going in life?

3. **Gestalt therapy:** developed by Fritz Perls, therapy aimed to emphasize the need for clients to fully acknowledge and experience their feelings, thoughts, and to become more self-aware and self-accepting. Focus more on how one feels instead of why one feels, uses the **empty-chair technique** in which a patient sits in front of an empty chair and imagines that the person to whom s/he needs to express his/her feelings is in the chair. The person then expresses his/her feelings to the person as if s/he were there.

- **Client-centered (person-centered) therapy (Carl Rogers):** one of the most widely used models in psychotherapy today. It involves creating a comfortable, non-judgmental environment by demonstrating empathy, genuineness, and unconditional positive regard toward the patients. Rogers believed that the term patient implied that the individual was sick and seeking a cure from a therapist. By using the term client instead, Rogers emphasized the importance of the individual in seeking assistance, controlling their destiny and overcoming their difficulties. Client-centered therapy uses the following:
    1. **Non-directive approach:** clients are encouraged to freely find solutions to their problems instead of the therapist telling them what they should do.
    2. **Active listening:** echoing, restating and seeking clarification of what the client is expressing.

    - ***EVALUATION:*** Humanistic therapy emphasizes the positive and constructive role each individual can play in controlling and determining their mental health. As a result, humanistic psychology has helped remove some of the stigma attached to therapy. Client-centered therapy is unstructured and very subjective. As a result, it is difficult to objectively measure such basic humanistic concepts as self-actualization and self-awareness.

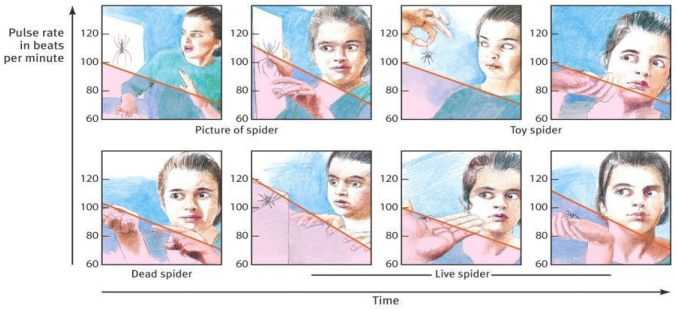
Behavior therapy: focuses on the problem of behavior itself, rather than on the insights into the behavior's underlying cause.

- **Conditioning:** a process of behavior modification by which a subject comes to associate a desired behavior
- **Counterconditioning:** undoing a learned behavior.

1. **Exposure therapy:** exposing patients to things they fear and avoid. Through repeated exposures, anxiety lessens because the patients **habituate** (are no longer stimulated) to the things they feared.

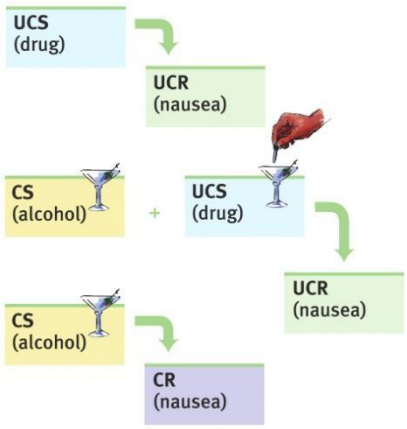
2. **Flooding:** exposing the patient to the thing he fears or avoids by immediately facing it instead of gradually facing it, like *Fear Factor*.

3. **Systematic desensitization:** developed by Joseph Wolpe, an exposure technique that uses principles of classical conditioning to reduce anxiety by first exposing a client to a very low level of the anxiety-producing stimulus. Once anxiety is no longer present, the client is gradually exposed to stronger and stronger versions of the anxiety-producing stimulus. This continues until the client no longer feels any anxiety toward the stimulus. **Virtual reality exposure therapy:** Exposure therapy involves exposing people to fear in virtual environments.



4. **Aversion therapy:** uses principles of classical conditioning to create anxiety (opposite of systematic desensitization that uses conditioning to reduce anxiety). The therapist deliberately pairs an unpleasant (aversive) stimulus with a maladaptive behavior.

5. **Token economy:** getting something for good behavior, such as tickets, that can be turned in at a later time for a reward.



- ***EVALUATION:*** Behavior therapy has proven to be an effective way to treat phobias, eating disorders, and obsessive-compulsive disorders. Critics point out that the newly acquired behaviors may disappear if they are not consistently reinforced. Critics also question the ethics of using rewards and punishments to control a client's behavior.

Group, family, and marital therapies: working with small groups of clients.

- **Group therapy:** a number of people meet and work toward therapeutic goals. Although group therapists can and do draw upon a variety of therapeutic approaches, they often base their sessions on the principles of humanistic therapy developed by Carl Rogers. Self-help groups offer a popular variation on group therapy. One of the best-known self-help groups is Alcoholics Anonymous.

- **Family and marital therapies:** strive to identify and change maladaptive family interactions.

- ***EVALUATION:*** Group, family, and marital therapies are less expensive than traditional one-on-one therapies. In addition, group members gain valuable insights by sharing experiences with others who face similar problems. Group, family, and marital therapies have successfully dealt with alcoholism, drug problems, teenage delinquency, and marital infidelity.

See also: hypnosis in therapy (e.g. pain and anxiety reduction + does not recover repressed memories or allow for regression in age)

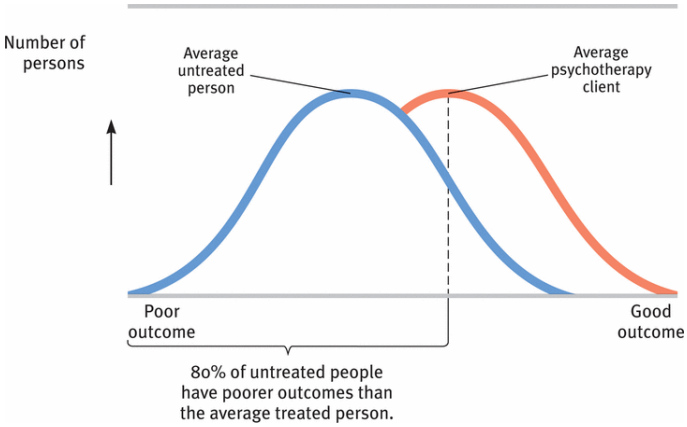
Learning Target 8M

Summarize effectiveness of specific treatments used to address specific problems.

What has been determined through meta-analysis is that most psychotherapeutic approaches seem to show effectiveness because they all share what are called common factors.

- **Therapeutic Alliance**: A relationship between client and therapist that is caring, genuine, understanding, and empathetic. This bond must be established first.
- **Positive Expectations**: The client begins to believe that the therapeutic process will result in positive outcomes. The client and therapist agree on goals and the tasks needed to achieve them

- **Specific Action Plan**: The therapist prescribes a plan of action and the client uses it and begins to form a sense of self-efficacy based on new coping behaviors



- Using *meta-analyses* to statistically combine the results of hundreds of randomized psychotherapy outcome studies, researchers have found that those not undergoing treatment often improve, but those undergoing psychotherapy are more likely to improve more quickly, and with less chance of relapse.
- No one type of psychotherapy is generally superior to all others. Therapy is most effective for those with clear-cut, specific problems.
- Some therapies—such as behavior conditioning for treating phobias and compulsions—are more effective for specific disorders.
- Psychodynamic therapy helped treat depression and anxiety, and cognitive and cognitive-behavioral therapies have been effective in coping with anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, and depression.
- *Evidence-based practice* integrates the best available research with clinicians' expertise and patients' characteristics, preferences, and circumstances.

Learning Target 8N

Discuss how cultural and ethnic context influence choice and success of treatment (e.g., factors that lead to premature termination of treatment).

Cultural Competence: the ability to provide effective treatment by recognizing the influence of cultural factors in the context of the individual and striving for outcomes that honor the client's cultural needs.

- Requires a good therapist to honor cultural differences, adapt the therapeutic process accordingly, and advocate for cultural diversity.

Even though society is becoming more culturally diverse, ethnic and racial groups that represent that diversity do not benefit equally from mental health services. Reasons:

- Barriers to access
- Cultural bias in the psychotherapeutic approaches (widely rooted in a Western Eurocentric cultural perspective)
- Ethnic and racial minorities avoid therapy or end treatment too early, frustrated by the lack of cultural competence on the part of the psychotherapist and mental health organizations

Recognizing that therapists and clients may differ in their values, communication styles, and language, American Psychological Association–accredited therapy training programs now provide training in cultural sensitivity and recruit members of underrepresented cultural groups.

Learning Target 8O

Describe prevention strategies that build resilience and promote competence.

- Prevention in mental health aims to reduce the incidence, prevalence, and recurrence of mental health disorders and their associated disability. Preventive interventions are based on modifying risk exposure and strengthening the coping mechanisms of the individual.
- Resilience refers to the ability of individuals or communities to absorb the trauma associated with an event or crisis and essentially bounce back. Preventive approaches for mental illness recognize the importance of resilience in coping with events that could otherwise lead to mental illness (crisis centers and crisis hotlines)
- If social and environmental factors can be effectively addressed, many mental health problems can be not only resolved but also prevented in the future (community preventive programs)
- Fluoride in water and mandatory immunizations against certain diseases have proven effective along with educating children about health risks such as smoking.
- Preventive programs are most effective when they address high-risk populations as early as possible (parenting classes for young parents, Head Start for preschool-aged children from poor families, and anti-bullying policies in schools)

Topic 8.9: Treatment of Disorders from the Biological Perspective

Learning Target 8P

Summarize effectiveness of specific treatments used to address specific problems from a biological perspective

Biomedical therapy: based on the premise that the symptoms of many psychological disorders involve biological factors, such as chemical imbalances disturbed nervous system functions, and abnormal brain chemistry. In order to treat disorders, biomedical therapy uses drugs or brain stimulation.

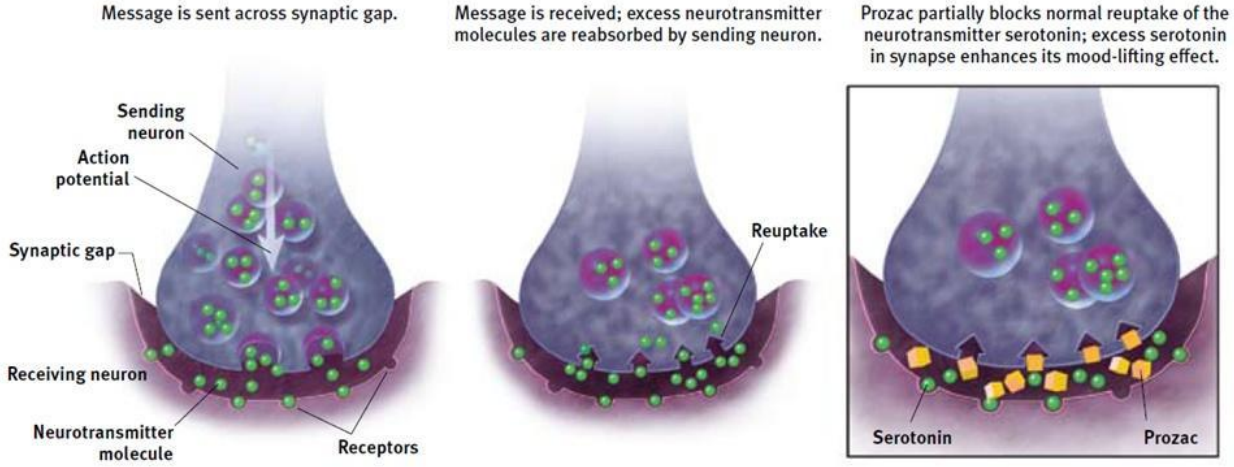
- ***Psychopharmacology:*** the study of how drugs affect mental processes and behavior.

    1. **Antianxiety drugs (psychotropics):** designed to reduce anxiety and produce relaxation by lowering sympathetic activity in the brain. Valium and Xanax (Zan-ax) are the best-known antianxiety drugs.

    2. **Antipsychotic drugs (neuroleptics/major tranquilizers):** designed to diminish or eliminate positive symptoms of schizophrenia, such as hallucinations, delusions, and other symptoms of schizophrenia. They work by decreasing activity at the dopamine receptors in the brain. Haldol and Thorazine are the best-known antipsychotic drugs. Atypical antipsychotic drugs, such as Clozaril, work to reduce the negative symptoms of schizophrenia. Long-term use of antipsychotic drugs can produce **tardive dyskinesia** (a movement disorder characterized by involuntary movements of the tongue, facial muscles, and limbs).

    3. **Mood-stabilizing drugs:** designed to treat the combination of manic episodes and depression characteristic of bipolar disorder. Lithium is the best-known drug for treating bipolar disorders.

4. **Antidepressant drugs:** designed to treat depression by inhibiting the reuptake of the serotonin. Prozac is the best-known and most widely used SSRI (selective serotonin reuptake inhibitor – blocks the reuptake of serotonin).



- ***Brain stimulation:*** a method of stimulating the brain through electrical currents.

    1. **Electroconvulsive therapy (ECT):** used to treat serious cases of depression. Because it works faster than antidepressant drugs, ECT is often used to treat suicidal patients. It involves placing two electrodes on the outside of the patient's head and passing a moderate (100 volts) amount of electrical current through the brain.

    2. **Repetitive transcranial magnetic stimulation (rTMS):** an alternative to ECT that involves placing a pulsating magnetic coil over the prefrontal regions of the brain, treats depression with minimal side effects.

- **Psychosurgery:** the most dramatic and least used biomedical intervention for changing behaviors, involves removing or lesioning brain tissue, a process is irreversible.

o ***EVALUATION:*** Biomedical therapies can be very effective treatments for bipolar disorders and depression. The availability of new drugs has enabled mental hospitals to implement a policy of deinstitutionalizing or releasing patients. Although biomedical drugs relieve many symptoms, they do not cure the underlying disorder and can have many negative side effects. In addition, some patients become physically dependent on the drugs.

Topic 8.10: Evaluating Strengths, Weaknesses, and Empirical Support for Treatments of Disorders

Learning Target 8P

Compare and contrast different treatment methods.

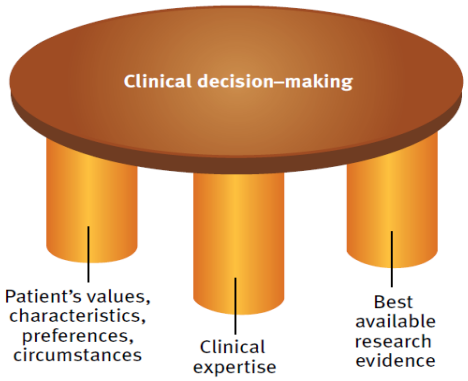
- Most of this was completed in the descriptions of the various treatment methods.

Comparison of a Sample of Major Psychotherapies

Therapy	Assumed Problem	Therapy Aims	Method
Psychodynamic	Unconscious forces and childhood experiences	Reduced anxiety through self-insight	Analysis and interpretation
Client-centered	Barriers to self-understanding and self-acceptance	Personal growth through self-insight	Active listening and unconditional positive regard
Behavior	Maladaptive behaviors	Extinction of maladaptive behaviors, and relearning of more adaptive behaviors	Counterconditioning, exposure, desensitization, aversive conditioning, and operant conditioning
Cognitive	Negative, self-defeating thinking	Healthier thinking and self-talk	Reveal and reverse self-blaming
Family	Stressful relationships	Relationship healing	Understanding family social system; exploring roles; improving communication

A few additional terms related to treatment:

- **Regression toward the mean:** the tendency of unusual events or emotions to turn to their average state. Thus, feeling low, for example, tends to be followed by a return to normal.
- **Meta-analysis:** a procedure for statistically combing the results of many different research studies.
- **Evidence-based practice:** the ideal clinical decision-making technique upheld by research evidence, clinical expertise, and knowledge of the patient.
- **Touch therapy:** energy therapy which claims to promote healing and to reduce pain and anxiety. The therapist places his hand on or near a patient and detects and manipulates the patient's energy field.
- **Eye movement desensitization and reprocessing (EMDR):** rapidly moving one's eyes while recalling traumatic events that were previously frozen.
- **Light exposure therapy**: treatment that is used to primarily treat seasonal affective disorder, therapy is given with a specialized box that emits light of greater intensity than is produced by outside light or indoor fixtures.



Biological considerations:
Biomedical techniques, including drug therapy, ECT, and rTMS (and on very rare occasion, psychosurgery) may be used to correct malfunctioning brain circuitry. *For example, a patient diagnosed with bipolar disorder (with moods swinging from depression to mania) might be given a prescription for drugs that would reduce her dramatic mood swings.*

Psychological considerations:
Therapy may help clients gain insight into patterns of thinking and behaving that are causing them distress and leading to dysfunction. *The client with bipolar disorder might be helped to recognize the patterns of relationship damage caused by her mood swings and to develop ways to improve her relationships with family and friends.*

Successful intervention

Social-cultural considerations:
Therapy can help people relearn more adaptive responses to the social and cultural influences in their environment. To be effective, all types of psychotherapy need to be sensitive to cultural differences in the clients being treated. *The client with bipolar disorder might be trained to recognize the settings and symptoms of her mood swings and to respond in ways that help her retain a healthier balance.*