

Psych 101: Week 11

Season Finale of Psych 101 with Serafini

AGENDA

- Business/Housekeeping
 - **Reminder: SONA/REG participation ends soon!**
- Mental Illness and Psychological Disorders
- Treatment and Therapies

Final Test: Test #3

Tuesday, April 3rd

6:30pm - 8pm - No lecture afterwards

- Format: Multiple Choice
 - Approximately 75 questions
- Chapters 13, 15, 16
- Content: Social Psychology, Psychological Disorders, and Treatment/Therapies
- Textbook, lecture, and film content
- Materials needed: Pencil, Eraser, Student ID Card
- NO FINAL EXAM FOR THIS COURSE

Psychological Disorders

A decorative graphic consisting of several horizontal bars of varying lengths and shades of orange and white, located at the bottom of the slide.

Setting the stage ...

Thinking Critically About Mental Illness

- What have you heard about mental illness?
 - Facts vs. Myths? Stereotypes?
- Do people recover?
- Are they violent?
- Is it an “individual” issue?
- Let’s talk about STIGMA

STIGMA

- Dictionary.com

1. a mark of disgrace or infamy; a stain or reproach, as on one's reputation.

- Merriam-Webster dictionary

noun \ 'stig-mə\ : a set of negative and often unfair beliefs that a society or group of people have about something

Challenging the Stigma

([Huffington Post Article, if you're interested](#))





Mental Illness and “Abnormal” Behaviour

What Is “Abnormal Behaviour”?

From a psychological perspective, characterized as:

- Not typical
- Socially unacceptable
- Distressing to the person who exhibits it or to the person's friends and family
- Maladaptive
- Often a product of distorted cognitions
- Comprised of 3 criteria
 - Deviant
 - Maladaptive
 - Causing personal distress

Diagnosing Psychopathology: The *DSM*

- The American Psychiatric Association has devised a system for diagnosing maladjusted behaviour contained in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*
- Many versions of this Manual over time
 - DSM-I – 1952
 - DSM-II - 1968
 - DSM-III – 1980
 - DSM-IV - 1994
 - DSMIV-TR - 2000
 - DSM-5 - 2013

The History of Diagnosing Mental Illness

- Many changes over time
 - Mental illness as: the wrath of the gods, witches, demonic possession
 - e.g., Homosexuality was once considered a mental disorder, heavily reviewed in 1970's, replaced with an alternative diagnoses, and finally removed entirely from DSM in 1986
- What does the ongoing revising of the DSM over the years suggest?

Diversity, Culture, and Diagnoses

- *DSM* **instructs** clinicians to become more sensitive to issues of diversity and examples of syndromes specific to various cultures
- Research shows that diagnoses are related to ethnicity and culture – DSM IV attempts to integrate culture into diagnoses
- Culture-bound disorders illustrate diversity of “abnormal behaviour” and cultural influence (e.g., Koro, Wendingo, Anorexia, Amok, Susto)

DSM and the Function of Labels

The Impact of Labelling

How might a label (diagnosis) be helpful or positive?

What are the dangers associated with labelling?



An overview of some of the more
common diagnoses ...

Anxiety Disorders

Anxiety:

- Generalized feeling of fear and apprehension that may be related to a particular situation or object
- Three interrelated response systems
 - Physical system
 - Cognitive system
 - Behavioural system

Anxiety Disorders cont'd

Generalized Anxiety Disorder

- Persistent and excessive worry
- No specific focus (different from phobias)

Panic disorder and panic attacks

- Characterized by panic attacks and worry about having panic attacks
- Panic attacks associated with physical symptoms (e.g., difficulty breathing, pounding heart, chest pain, shortness of breath, dizziness)

Anxiety Disorders cont'd

Phobic Disorders

- Agoraphobia
- Social Phobia
- Specific Phobia

Anxiety Disorders cont'd

Obsessive-Compulsive Disorder

Comprised of: obsessions and compulsions

- **Obsessions** – recurring, unwanted, repetitive thoughts/ideas, images, or urges (e.g., fear of contamination/germs/illness, harm to loved ones, damage to home/belongings)
- **Compulsions** – actions/behaviours intended to reduce anxiety caused by obsessions; rituals (e.g. cleaning/washing, ordering things, checking things)
- [Clip](#)

Mood Disorders

Major Depressive Disorder (MDD)

- Generally present with extreme and persistent sadness
- Usually begins before 40 years of age
- Symptoms last many days, weeks, or months
- Episodes may recur many times

Symptoms of Major Depressive Disorder

- Poor appetite
- Insomnia
- Weight loss
- Loss of energy
- Feelings of worthlessness and guilt
- Inability to concentrate

Mood Disorders cont'd

Bipolar Disorder

- Manic Phase
 - Involves rapid speech, inflated self-esteem, impulsiveness, euphoria, decreased need for sleep
- Depressed Phase
 - Involves symptoms of major depressive disorder, including feelings of hopelessness, pervasive sadness, and sometimes suicidal thoughts

Depression and Suicide: Violence Targeted to the Self

- Warning signs for suicide include:
 - Depression
 - Verbal statements such as “You’d be better off without me”
 - Expressions of hopelessness and helplessness
 - Daring and risk-taking behaviour that is atypical
 - Personality changes such as withdrawal, aggression, or moodiness
 - Giving away prized possessions
 - Lack of interest in the future

Violence Targeted to the Self cont'd

Steps to take if you know someone you think may be considering suicide:

- Remember the most important thing is to **listen**
- Talk with person about your concerns – show you care, want to help
- Do not act shocked or judge the person
- Ask direct questions re: suicidal thoughts and behaviour
 - **the more detailed the plan, the greater the immediate risk**
- **Do not leave the person alone**
- **Do not agree to secrecy**
- **Get professional help** even if the person resists

Schizophrenia

- Schizophrenia is NOT multiple personalities
- Symptoms:
 - Lack of reality testing
 - Deterioration of social and cognitive functioning
 - Disorganized thinking
 - Disturbed perceptions
 - Inappropriate emotions/actions

Characteristics of Schizophrenic Disorders

- Subtypes of Schizophrenia:
 - “positive” symptoms
 - “negative” symptoms

Schizophrenia: Thought Disturbances

- Difficulty maintaining logical thought and coherent conversation
- May show disordered thinking and impaired memory
- May also suffer *delusions* (incorrect beliefs)
 - Types of delusions

Schizophrenia: Perceptual Distortions

- *Hallucinations*
 - Compelling perceptual experiences without any actual physical stimulation
- Auditory (most common), visual, and olfactory hallucinations

Schizophrenia:

Distortions in Emotional Reactions

- Inappropriate Affect
 - Inappropriate affect is an emotional response not appropriate in the circumstances
- Constricted or Flat Affect
 - Showing no emotions
- Ambivalent Affect
 - Showing wide range of emotions in brief period

What Are Personality Disorders?

They are long-standing, inflexible, maladaptive behaviours causing stress & social or occupational difficulties

1. ***Anxiety Cluster*** (e.g., Avoidant Personality Disorder)
2. ***Eccentric Behaviour Cluster*** (e.g., Schizoid Personality Disorder)
3. ***Dramatic/Impulsive Behaviour Cluster*** (e.g., Histrionic Personality Disorder, Borderline Personality Disorder, Antisocial Personality Disorder)

Treatment: Therapies

- Therapy model/approach is grounded in theory
- For example:
 - Cognitive approaches
 - Behavioural approaches
 - Humanistic approaches

Cognitive-Behavioural Therapies

Behaviour Therapy

- Weaken connections between situations and habitual reactions
- Teaches how to calm mind and body so can think more clearly, make better decisions

Cognitive Therapy

- Teaches how certain thinking patterns may be causing 'symptoms'
- Thoughts may give distorted picture of what's going on
- Cognitive distortions or distorted thinking

Cognitive-Behavioural Therapy (CBT)

- Combination of behaviour and cognitive therapies



- Changes in thoughts/cognitions lead to changes in behaviour
- Changes in behaviour lead to changes in thoughts/cognitions

CBT Processes

- Resembles education, teaching, tutoring
- Treatment plan – clear structure and focus
- Homework assignments
- Mechanisms of Change
 1. altering ways of thinking
 2. calm, clear mind to meet challenges
 3. taking action

Example: “Angel / Devil” Exercise

- Jess is a 15 yr. old teen, on probation for (assault)
- Lives at home with mom, dad, and younger sister
- Focused on: process of rebuilding trust and relationships
- Process is very slow (*not yet earned parents’ full trust back*)

Jess is invited to a party at the home of a popular kid from school.

- No adults around to supervise.
- Both alcohol and drugs will be ‘available’ at the party.
- Jess has a history of “low self-control” with drugs/alcohol (getting into trouble when they’re around)

Consider the THOUGHTS that may influence Jess’ BEHAVIOURS

What thoughts = GO to the party?

What thoughts = DON’T GO to the party?

What Do Humanistic Therapies Emphasize?

- The ability to reflect on conscious experience
- That humans have free will

Person/Client Centred Therapy

- Founder (Carl Rogers)
- Theoretical Assumptions:
 - Image of the person: good, trustworthy, individual uniqueness
- Motivating Force: Actualization (self-actualization)

Person-Centred Therapy

- Genuineness
- Empathy
- Unconditional Positive Regard
- Pathology: Conditional regard
 - Acquisition of psychological disturbance:
 - overwhelming demands and expectations for approval
 - Perpetuation of psychological disturbance:
 - continual dependence on others



How about therapy with multiple people and/or groups?

Relational Therapy:

Couples Therapy, Family Therapy, Sex Therapy

- Consider a systems approach to relationships
 - All elements in the system are interconnected and interdependent
 - What happens to one element (member) of the system impacts all other elements
- Couples Therapy – focused on the relationship
- Family Therapy – role of family unit (all members) in the difficulty/issue
- Sex Therapy – an additional level of specialization

How Does Therapy in A Group Work?

- Several people (4/6 to 12/15) meet together with a therapist to engage in a treatment process
- Techniques: depend on type of group and orientation of therapist
- Format of group therapy sessions varies
 - Generally each members describes their problems to other members
 - Members relate to one another – support, identify, challenge, etc.

Therapies

- Various models/approaches grounded in specific theory or world view
- How does a therapist “choose” a model or approach?
- Is one model or type of therapy BETTER than another? More effective? Best suited to a particular problem?

What's the “best” form of therapy?

- Some research suggests that the therapeutic model is not as important as the client-therapist relationship that is formed
- The qualities of the relationship serve a healing function
- Consider the power of feeling heard, not judged, and validated

The Common Curative Factors

(Miller, Duncan, & Hubble, 1997)

Four factors that influence outcomes in therapy
(across models/approaches):

- 1. Extratherapeutic factors (40%)**
- 2. Therapy relationship factors (30%)**
- 3. Expectancy, hope and placebo factors (15%)**
- 4. Model and technique factors (15%)**

Mental Illness, Therapy, and YOU

- Consider your beliefs, assumptions, and the stereotypes you hold about _____.
- How do those thoughts/cognitions impact your feelings and behaviours?
- Identity and illness: Is a person more than their illness?
- Language, humour, and stigma: What role do you play in perpetuating stigma?

Ask yourself:
Am I the “I” in STIGMA?

Are you up for the language challenge?

- Do an inventory of your vocabulary
- How often does it contain the use of words/expressions connected to mental health?

The Psych 101 Language Challenge

Recognize stigmatizing language

- “That’s crazy”
- “That’s insane”
- “That’s nuts”
- “Cuckoo”



The Psych 101 Language Challenge

Stigmatizing Language:

Recognize



Then replace

- “That’s crazy”
- “That’s insane”
- “That’s nuts”
- “Cuckoo”

- “That’s outrageous!”
- “Ridiculous”
- “Out-of-control”
- “That drives me up a wall”
- “Drives me bananas”