# Abnormal Psychology

## October 18, 2012

* **Amphetamines-stimulant**
  + **Examples**
    - Speed, Crystal Meth, Diet Control Meds, etc
  + **Initial Effects**
    - Paranoia, apathy, irritability, depression, prolonged periods of sleep when coming off the drug
  + **Associated Problem**
    - On the axis – Amphetamine Substance Disorder
* **Cocaine (Stimulant)**
  + - **Demographics change over time**
      * Used to be a drug of the elite then crack came out (much cheaper in general and more addictive)
    - **Route of Administration**
      * + They start to feel high within ten minutes of administration. Crack cocaine (smoked), snorting, etc.
        + Short lived high
    - **Drug Effects**
      * + Feel euphoric, increased confidence, more powerful.
    - **Associated Problems**
      * + Tolerance does develop very quickly
        + Half to 2/3 of people who use Cocaine, psychotic symptoms (paranoia)
        + Effects dopamine
        + Lung damage, sinus damage
        + There is a psychological dependency with cocaine. Very apathetic or bored when not taking the drug. No physical withdrawal, only psychological withdrawal.
        + Can cause sudden heart failure
* **Opiates**
  + **Derivatives of opium**
    - Heroine, morphine, and codeine
  + **Drug Effects**
    - Make you feel very good and prevent the feeling of pain
    - Euphoria, relaxation
  + **Associated Problems**
    - Highly addictive psychologically and physically
    - Very strong withdrawal syndrome
    - Chills, fevers, nausea, vomiting, insomnia, and muscle aches
      * Lasts for 2-3 days
    - When used frequently there’s malnutrition because people don’t think about eating
    - Consequences due to needle sharing, etc
* **Hallucinogens**
  + **Examples**
    - LSD (acid) , PCP, (even Marijuana)
  + **Effects of hallucinogens**
    - Perception
      * Hallucinates
    - Mood
      * Laugh a lot even though not particularly happy
    - Behavior
      * Can get very enraged
    - Cognition
      * People acting in many different ways
      * Racing thoughts
    - Associated problems
      * Can cause psychosis
      * Tolerance develops very quickly and the tolerance then wears off really quickly
      * Bad trips (1/8 trips) and flashbacks (even when not using)
      * No withdrawal symptoms, it just wears off
* **Potential Causes**
  + **Integrative Model**
    - Psychological
      * Behavioral
      * Cognitive
    - Biological
    - Social
  + **Cognitive Behavioral Perspective**
    - Behavioral Explanations
      * Operant Conditioning Paradigm – There isn’t always reinforcement
        + Opponent process theory

People initially begin using drugs because of the positive effects. Over time once the positive effects go away there’s negative reinforcement to not have to go through the withdrawal and/or stressed family life, etc.

* + - * Classical Conditioning Paradigm
        + Cues that cause cravings for the drugs. Being in the room where you used to use drugs.
    - Cognitive Explanations
      * Expectancy effects
        + What caused them to originally start the drug?
      * Cravings
        + Intensified cravings for drugs by cues or seeing someone else
* CBT
  + Behavioral Treatments
    - Aversion Therapy
      * Pair with something aversive
      * Antabuse
      * You must be very committed in order to benefit from aversion therapy since you can stop at any time.
    - Teach alternative behaviors
      * If someone is using substances because they have a difficult time relaxing. They’ll be taught then how to relax through an alternative means.
      * Teaching assertiveness and social skills to deal with peer pressure
  + Cognitive-Behavioral Treatments
    - Relapse-prevention training
      * Goals here are to maintain period in recovery
      * Clarify their desire to quit
      * Help identify triggers (Stress, holidays, etc)
      * Found to be effective, but not foolproof
  + Biological Perspective
    - Genetic Predisposition
      * Concordance rate of alcoholism for monozygotic twins – 50%
      * Concordance rate of alcoholism for non-monozygotic twins – 28%
    - Biochemical Factors
      * Reward pathway
        + Ventral Striatum
        + Nucleus Accumbenus
        + Both areas show high levels of dopamine activity
        + Reward Deficiency Syndrome

More biological

* + Biological Tx
    - Biological Treatments
      * Detoxification
        + Controlled, medically assisted, withdrawal
        + Help replace the substance they were using
        + Methodone for heroine
      * Antagonist Drugs
        + As long as they keep taking this drug it will block the positive effects of the substance they were taking
        + Naltrexone for Heroin
      * Aversive Drugs
        + Antabuse
        + You introduce a negative consequence of the substance
      * Drug Maintenance Therapy / Agonist Substitution
        + Delivering the drug in a more acceptable (less harmful) way
  + Sociocultural Perspective
    - Sociocultural Explanations
      * Stressful economic donation
      * Value and acceptance of drug taking
      * Exposure and parental influence
        + An Irish family drinking is more acceptable
    - Sociocultural Treatments
      * Self-help programs (i.e., AA)
        + Some problems with AA is that they don’t know how effective they are actually
      * Community Prevention Programs
        + “Just Say No”
        + Aimed at youth, large scale