# Abnormal Psychology

## November 15, 2012

* **Etiology: Biological**
  + **Neurotransmitters**
    - Dopamine Hypothesis
      * Schizophrenia is connected to excess dopamine activity
      * **For:** Stems from research on phenothiazenes, a class of antipsychotic drugs that block the brain’s receptor sites for dopamine. Degree of improvement they show is based on the potency of the drug. They will show jerky movement if they’re treated with too much dopamine. Too much dopamine schizophrenia, too little it’s Parkinson’s. Amphetamine, which release dopamine, can release psychotic symptoms.
      * **Against:** Has no specificity. Is it because it’s too much dopamine or their dopamine receptors are more sensitive or do they have too many dopamine receptors. If it is fully related to dopamine then there shouldn’t be a delay between the treatment and actually getting better. Saying it’s just dopamine is too simplistic. In people who have schizophrenia you don’t see an excess of dopamine metabolites in their cerebral spinal fluid.
      * High degree of relevance with serotonin. Drugs that effect serotonin like LSD can cause psychotic symptoms.
  + **Brain Structure**
    - Ventricular Size – Increased
      * Open spaces in your brain that has cerebral spinal fluid.
    - Frontal Cortex – Reduced Volume
      * Higher level thinking; inhibition, etc. are reduced in size.
    - Temporal Lobes – Reduced Volume
      * Sensory area, auditory area
    - Amygdala – Reduced size in amygdala
  + **Prenatal Brain Injury**
    - Those with schizophrenia are more likely to have a prenatal brain insult (virus, birth complications,
    - Lack of vitamin D or sunlight exposure
    - More likely to have schizophrenia if born in winter months
* **Etiology: Sociocultural**
  + **Social Labeling**
    - The idea that once somebody becomes labeled with an illness, they then start acting in a way that fulfills that label and it becomes a self fulfilling prophecy
  + **Family Dysfunctioning**
    - Schizophrenogenic Families
      * Those with schizophrenia in their family have been high stress, not functional, etc
    - Expressed Emotion
      * Families with family members with schizophrenia have higher expressed emotion
      * Three components
        + Hostility – Blames the patient
        + Criticism – Highly critical of the individual
        + Over involvement
        + A relapse is 4x as higher for those in an overinvolved family
    - Bi-directional Interactions
      * Patient -> Family and Family -> Patient. They wil say they do not have family support.
* **Etiology: Neurodevelopmental**
  + **Weinberger’s Model – GOOGLE THIS SHIT!**
  + **Early Problems with Motor Skills**
    - Halting, jerking movements. They seem uncoordinated, whereas those that are healthy they look normal. Researcher looked at baby videos of the schizophrenic at age one and two.
  + **IQ**
    - Low(er) IQ
  + Obstetric Complications
    - For individuals with obstetric complications, lack of oxygen, high BP during third trimester, premature birth, etc they will have higher rates of illness.
* **Casual and Maintaining Factors**
  + **Social Factors**
    - Premorbid Functioning – Those with a low premorbid functionality have a higher relapse rate
    - Social Problem Solving – Tend to generate fewer solutions for a problem and are overconfident in the solutions they do provide.
    - Social Skills
    - Social Cognition – How you think about other people. Schizophrenics will say that they wanted to do XYZ to them.
    - Social Networks – Reduced social networks. Primarily family and limited.
  + Environmental Factors
    - EE – Rates of relapse for EE is 4x as high.
    - Life Events - ???
    - Social Class - When things start to get odd for someone, people tend to move into the cities. Once somebody gets there it’s easy for him or her to fall through the cracks. Then they get stuck there. Increased stress.
    - Season of Birth – Causal
* Treatment
  + Medication
    - Typical
      * Blocks the dopamine (D2) receptor
      * Side effects – extrapyramidal symptoms (Parkinson’s symptoms)
        + Tardive Dyskinesia – Involuntary movement of mouth and face. Once off medication it continues for life
    - Atypical
      * Blocks D2 receptors and the serotonin (5-HT2) receptor
      * Fewer side effects
  + CBT
    - Why adjunctive treatments?
      * Medications have little effect on negative symptoms
      * 25-50% still experience residual symptoms
      * 45-60% are noncompliant with medication
    - Techniques
      * Strong focus on monitoring and coping
      * Use behavioral experiments
      * Use role-plays
      * fCBT – Focus on how symptoms interfere with achieving goals, not symptom reduction