# Abnormal Psychology

## November 20, 2012

* **Treatment: CBT**
  + **Why adjunctive treatments?**
    - Medications have little effect on negative symptoms
    - 25-50% still experience residual symptoms
    - 45-60% are non-compliant with medication
  + **Techniques**
    - Psychoeducation
    - Strong behavior focus on monitoring and cooing
    - Using behavioral experiments
      * Example: The patient who thought she was the therapist and Dr. Pinkham was the client.
    - Use role-plays
    - fCBT – Focus on how symptoms interfere with achieving goals, not symptom reduction
  + **Efficacy**
* **Treatment: Pscyhosocial**
  + **Insight Therapy:** Therapist challenges patients statements, expresses opinions, and provides guidance
  + **Family Therapy:** Therapist offers guidance, training, practical advice, psychoeducation about disorder, and emotional support and empathy
  + **Social Therapy:** Therapist offers practical advice and tries to improve individual’s problem solving, decision making, and social skills
* **Schizophreniform Disorder**
  + **Lasts 1-6 months**
  + **Same symptoms as schizophrenia, except decline in functioning is not necessary**
  + **Not likely to be the final diagnosis. Provisional Diagnosis.**
  + **You use specifiers:**
    - **With good prognostic indicators**
      * **Absence of wanted or flat affect, rapid onset of psychotic symptoms, confused at height of psychotic episode**
    - **Without good prognostic indicators**
  + **Nothing changes in DSM-V Criteria!**
* **Schizoaffective Disorder** 
  + **Symptoms that meet criteria for schizophrenia, concurrent with either:**
    - Major Depressive Episode
    - Manic Episode
    - Mixed Episode
  + **During the same time, there have been delusions or hallucinations without mood symptoms for 2 weeks (not a mood disorder with psychotic symptoms)**
  + **Must have psychotic symptoms for one month**
  + **DSM-V Changes**
    - In order to be diagnosed with this you must have mood disturbances for one third of the psychotic illness
  + **Specifiers**
    - Bipolar (Manic or Mixed)
    - Depressive (major Depressive Episode)
* **Schizoaffective vs Schizophrenia + Mood Disorder**
  + **Mood Disturbance for a substantial part of the psychotic illness for Schizoaffective**
* **Brief Psychotic Disorder**
  + **A psychotic disturbance lasting more than one day but less than a month**
  + **Normally have a full recovery**
  + **There are specifiers with why they’re having the psychotic symptom**
    - Without a marked stressor
    - With a marked stressor
    - With postpartum onset
* **Delusional Disorder**
  + **Nonbizarre Delusions (do occur in real life for some people) for at least 1 month**
    - CIA is watching you, Mafia is after you, Barack Obama is in love with you, etc
  + **Has never met criteria for schizophrenia**
  + **Apart from delusions, functioning is not impaired and behavior not odd or bizarre**
  + **Very late onset, between 40-55**
    - **You cannot hear as well, see as well, and they might try to explain these unusual perceptions they’re having. You may see this in early dimensia**
  + **More common in female**
  + **Types of Delusions**
    - Erotomanic
      * Person believes who is typically of a higher status is in love with them. Not normally a sexual interest.
    - Grandiose
      * Having a special (not romantic) with someone of higher interest. Hillary Clinton is your best bud.
    - Jealous
      * Believe your partner is unfaithful to you, unfounded beliefs
    - Persecutory
      * Related to paranoia
    - Somatic
      * Some bodily function is not working correctly. Body is misshapen or ugly. I think there’s a foul odor coming from my skin.
  + DSM-V Changes
    - This is now going to include bizarre delusions as well
    - Specifiers
      * Bizarre Delusions
      * Shared Delusions
* **Shared Delusional Disorder**
  + **A delusion develops in an individual in a context of a close relationship with another person who has an already established delusion**
  + **The delusion is similar in context to the other persons**
  + **If the pair is separated, the one with shared delusional disorder, typically gets better**
  + **DSM-V Changes**
    - **Nix Shared Delusional Disorder**
* **Others…**
  + **Psychotic Disorder Due to a General Medication Condition**
    - MS can induce psychotic symptoms. If they’re secondary to a medical condition they’re given this.
  + **Substance-Induced Psychotic Disorder**
    - If the psychotic symptoms are second to substance abuse, intoxication, or dependence. During intoxication or withdrawal. Hard to make a difference between this and Schizophrenia
  + **Psychosis NOS (not otherwise specified)**
    - If we don’t have enough information to make a specific diagnosis, symptoms do not meet full criteria for any particular disorder.
    - Examples
      * Someone who has only auditory hallucinations. They’d get Psychosis NOS.
      * Psychosis for less than a month but not remitted, Psychosis NOS. A fill in until Schizophreniform
      * If we know they have psychosis but we can’t come up with a cause