# Abnormal Psychology

## November 27, 2012

* **Disorders of Childhood**
  + **Disruptive Disorders**
    - ADHD
      * 3 Primary Characteristics of ADHD
        + Inattention, Hyperactivity, and Impulsivity
    - ODD
      * Oppositional Defiant Disorder
    - CD
      * Conduct Disorder
  + **Emotional Disorders**
    - Depression, separation anxiety, other anxiety disorders
    - Depression
      * Disturbed sleep, irritability,
  + **Developmental Disorders**
    - Autism (axis 1), mental retardation (axis 2), disorders of learning
  + **DSM-IV Pervasive Developmental Disorders**
    - Autistic Disorder
      * Social impairment
      * Communication impairment
      * Restricted repetitive/stereotyped behaviors, interests, or activities
    - Asperger’s Disorder
      * Higher functioning form of autism
      * Normal language with single word by age 2 – phrases by age 3
    - Rett’s Disorder
      * Exclusive female neurodevelopmental disorder with genetic link
      * Progressive delays from 6 months through adulthood-apraxia (impaired motor function)
    - Childhood Disintegrative
      * “Heller’s Syndrome” Normal development up to age 2 but then loss of skills to age 10
      * Causes by lipid storage diseases, subacute sclerosing panencephalitis, tuberous sclerosis
    - PDD Not Otherwise Specified
      * Diagnosis for those that do not meet full criteria for other disorders
* **A Brief History of Autism**
  + **Leo Kanner, 1943: “Autistic Disturbances of Affective Contact”**
    - “Fundamental disorder in the children’s ***inability to relate themselves*** in the ordinary way of people and situations from the beginning of life.”
  + **Hans Asperger, 1944: “Autistic Psychopathy in Childhood”**
    - “Little professors”
    - “Severe and characteristic difficulties of social integration”
  + **Both shared ideas of social difficulties. Both use the word Autism as well.**
* **Autism as a Diagnosis**
  + **“Autism” coined to characterize the “relative and absolute predominance of the inner life” observed in patients with schizophrenia (Bleuler, 1911)**
  + **DSM I (1952) and DSM II (1968) only list “childhood schizophrenia”, with autism as a characteristic**
  + **Autism, as a distinct disorder, appeared in DSM III (1980)** 
    - Research during the 1970s key for differentiating autism and schizophrenia
      * Developmental timelines very differently
      * SCZ and autism do not co-occur in families
        + A child with autism has no higher chance in getting diagnosed with schizophrenia later on in life
  + **If they don’t have language and communication deficits/delays then they’re given a diagnosis of Asperger’s**
  + **Other associated characteristics:**
    - Abnormal sensory issues
    - Hyperactivity
    - Self injury
    - Abnormal sleeping habits
    - Gastro intestinal issues (more likely in lower functioning individuals)
  + **The lead author falsified data to say that autism was caused by vaccines**
* **Autism Today: Basic Characteristics**
  + **Affects all ethnic and socioeconomic groups**
  + **3-4 times more prevalent in males**
  + **Familial transmission (Genetic component)**
  + **Soaring Prevalence Rate:**
    - Autism has always been there
    - Increase in parental age
    - The expanding definition of autism
    - Better diagnosis at both ends
      * Differentiating at the lower end
      * Identification at the higher end
    - Increased awareness by practitioners and families
    - Social factors: Parental age / Assortative Mating
      * Like minded individuals are finding each other and procreating
      * Broader Autism Phenotype: Most family members of those with autism show subclinical rates of autism (social awkwardness, etc)
        + They may find each other and have a kid. If two positive people have a kid they’re going to have a higher possibility of having the kid
        + Highest rates of autism are in silicon valley and North Carolina
    - Other yet unexplained contributions?
      * No empirical support for infant vaccines as a cause
      * Cannot yet rule out other environmental factors (mercury, etc)
    - Is it an epidemic?
      * Probably not, it’s rather just higher public awareness.
* **DSM-V Changes**
  + **One unified label: *Autism Spectrum Disorder***
    - Subsumes Asperger’s syndrome, PDD-NOS, and Childhood Disintegrative Disorder
    - Rett’s Disorder will not be included since it has a chromosomal link (chromosomal disorder)
  + **Reduced to four criteria:**
    - Persistent deficits in social communication and social interaction
    - Restricted, repetitive patterns of behavior, interests, or activities
    - Symptoms must be present in early childhood
    - Symptoms together limit and impair everyday functioning
  + **3 Specifiers by amount of support required for functioning**
    - Requiring Very Substantial Support
      * Institutionalized, cannot function on their own
    - Requiring Substantial Support
    - Requiring Support
* Why these changes?
  + Why combine all of these diagnoses?
    - Research does not support distinction between disorders
    - Mirrors the broader movement within psychiatry to view disorders dimensionally rather than categorically
  + Why only two primary syndrome categories?
    - Social and communication deficits are inseparable
    - Removal of language delay from criteria
      * Not “Unique or universal” to ASD
    - Fixated interest and certain repetitive behaviors are distinctive
      * There is an overlap with autism and OCD, but people with autism do not have the obsessions only the compulsions. They just don’t have the fear that something bad is going to happen, they just like their schedule.
  + Controversy
    - Elimination of Asperger’s Syndrome
      * Less stigmatizing diagnosis is now gone.
    - More restrictive criterion
* DSM-V: Restricted and Repetitive Behavior (RRBs) Criteria
  + Restricted, repetitive patterns of behavior, interests, and activities, as manifested by at least TWO of the following
    - Stereotyped motor or verbal behaviors
      * Motor stereotypes, echolalia, repetitive use of objects
  + The theory is that the moving of the hands is a calming effect since they know how their hands are going to move, etc.