# Abnormal Psychology

## November 8, 2012

What does was her son born? 8th

Paraphilias: Theory and Therapy

* **The Behavioral Perspective**
  + **Classical Conditioning**
    - You bring a prepubescent boy into a shoe store. He gets horny but not originally because of the shoes. Shoes are not by themselves arousing but if you pair them they can be.
  + **Operant Conditioning**
    - Being around certain things is then reinforced through the process of having an orgasm. Say someone accidentally saw a person in a window naked, then went home and later had an orgasm. This orgasm reinforced the idea of naked people in windows.
  + **Treatment – Counter Conditioning**
    - Covert Sensitization – Masturbate while fantasizing about fetish, right before climax and then right before climax think of something aversive. I.e. someone walks in and catches them. After enough repetitions the stimulus will be uncoupled with the response.
    - Masturbatory Satiation – Works on basic idea of physiology. Ask the person to masturbate to orgasm with an appropriate stimulus (wife). Immediately afterwards ask them to fantasize their fetish or situation and to try to have another orgasm while fantasizing about this other thing. This then becomes unpleasant.
    - Orgasmic Reorientation – Become aroused while fantasizing about the object. Become aroused and start masturbating, before climax think about an appropriate stimulus (wife, gf, etc).

Schizophrenia

* **Overview**
  + **Loss of contact with reality**
  + **Disorganized patterns of thinking**
    - Hard time keeping coherent and logical train of thought. Really weird connection between thoughts.
  + **Gross interferences with functioning**
  + **Includes all dimensions of functioning**
    - Thinking, emotions, behaviors, motor movements, etc
* **Common Misperceptions**
  + Schizophrenia is **not** Dissociative Identity Disorder (Multiple Personality Disorder)
  + Individuals with schizophrenics **do not** tend to be violent towards themselves or others
    - 10% have violence; more often than not it’s towards them.
  + Not all cases are chronic
    - 1/3 are chronic, 1/3 are variable course of illness, 1/3 will have one and recover
* **Schizophrenia Symptoms**
  + **Positive Symptoms**
    - The presence of something that is normally absent (e.g., hallucination, delusions)
      * Delusions
      * Disorganization of thought and speech
      * Hallucinations
      * Inappropriate affect
  + **Negative Symptoms**
    - The absence of something that is normally present (lack of affect, social withdrawal)
  + **Psychomotor Symptoms**
    - Disturbances in movements
* **Positive Schizophrenic Symptoms**
  + **Delusions**
    - Ideas that an individual believes whole-heartedly bit have no basis in fact.
      * Delusions of persecution – Someone is trying to harm you in some way.
      * Delusions of reference – Somebody thinks something relevant has personal meaning for them. Thinking that if someone coughs during class they’re trying to send you a message.
      * Delusions of grandeur – Being a messenger of god, angel, being god themselves
      * Delusions of control – Idea that someone else in controlling their behavior. Aliens, government, etc
  + **Disorganization of thought and speech**
    - Loose Associations
      * Ideas jump from one to another, with the result that the person wanders further and further away from the topic.
    - Neologisms
      * Made up words
    - Perseveration
      * Repetition of thoughts or statements
    - Clanging
      * Pattern of sounds seem to govern word choice rather than logical patterns.
  + **Hallucinations**
    - Heightened perceptions and hallucinations
      * Feeling that sensations are being flooded
      * Perceptions that occur in the absence of external stimuli
    - Vague perceptual disturbances (shadows), oal factory( smelling things), tactile (touch) feeling something is crawling on them, head or body is shaping in size
  + **Inappropriate affect**
    - Emotions that are unsuited to the situation
* **Negative Symptoms**
  + **Poverty of Speech (Alogia)**
    - Does not speak very much or the content lacks. Those with positive symptoms will be very talkative, those with negative symptoms will get nothing when you’re trying to engage with them (one or two word short answers)
  + **Blunted Affect (Flat Affect)**
    - Lack of an emotional response
    - No changes in facial expression, no indication they’re responding to you in any way or experiencing emotion.
  + **Loss of Volition (Apathy)**
    - Person loses their will to do things. It’s hard for them to get up and feel motivated to do things.
  + **Social Withdrawal ()**
    - They do not want to be around other people, not because they’re afraid but they just don’t want to be around them.
* **Psychomotor Symptoms**
  + **Catatonic Stupor**
    - Do not move. Unaware of the environment. You could throw balls at their head and they wouldn’t do anything.
  + **Catatonic Rigidity**
    - Will hold an upright posture for an incredibly long time. You cannot move them.
  + **Catatonic Posturing**
    - When somebody has a waxy type of flexibility. They stay in the position in which you put them.
  + **Catatonic Excitement**
    - When someone gets into an agitated space of physical motion. Jittery, unable to sit still, have feelings that they have to get up and move around.

# Abnormal Psychology

## November 13, 2012

* **Course of Disorder**
  + **Usually emerges between late teens and mid-30s**
    - Not normally seen in a child
    - For males, late teens to mid 20s.
    - For females, early 20s to early 30s.
      * More likely to have degree since they get degree before they are diagnosed
  + **Course varies, but generally 3 phrases**
    - Prodromal Phase
      * Before the person becomes fully psychotic. This is for example the day before you know you have a cold when you nose is itchy. Very long, between 2-3 years. Most people do not know they’re in it until it’s already passed into the active phase. Decline in function (school or occupational). Some may have little psychotic symptoms.
        + BIPS (Brief Intermittent Psychotic Symptoms)

Attenuated Positive Symptoms (delusions, hallucinations, etc) but they are at a minimum level.

They’ll hear voices for 2 minutes a day, but they can easily dismiss them.

* + - Active Phase
      * Continue to see decline in function
      * The duration depends on how long they’ve waited before they get help from a psychologist.
    - Residual Phase
      * A return to premorbid (before the illness) level. Often times it does not get back to that same level.
  + Recovery
    - A late and/or rapid onset and/or psychotic episode with a trigger (stress) are all good things for getting into recovery
* **Diagnostic Criteria for Schizophrenia**
  + **Two (or more) of the following for at least 6 months:**
    - Delusions
    - Hallucinations
    - Disorganized speech
    - Grossly disorganized or catatonic behavior
    - Negative symptoms
    - Dysfunctions – work, interpersonal relationships, self-care are markedly diminished
* **DSM-V Changes**
  + **No more subtypes under DSM-V except for “With Catatonic Features”**
* **Schizophrenia: Associated Features**
  + Dysphoric Mood – increased level of anxiety and depression
  + Anhedonia – Loss of pleasure
  + Disturbance in sleeping and eating patterns
  + Inability to concentrate
  + Lack of insight – Can fluctuate over the course of the illness
* Subtypes of Schizophrenia
  + Paranoid – Preoccupation with one or more delusions or frequent auditory hallucinations
  + Disorganized – Disorganized speech and behavior, flat or inappropriate affect
  + Catatonic – Primarily psychomotor disturbance, immobility or excessive motor activity
  + Undifferentiated – do not fully meet one category
  + Residual – Absence of prominent symptoms, continuation or attenuated/residual symptoms
* **Type I vs. Type II Schizophrenia**
  + **Type I**
    - Positive Symptoms
      * Delusions, hallucinations, etc.
    - Relatively good premorbid adjustment
    - A good responsiveness to traditional antipsychotic drugs
    - Fair outcome of disorder
    - Abnormal neurotransmitter activity
  + **Type II**
    - Negative Symptoms
      * Blunted and flat affect, social withdrawal, etc
    - Relatively poor premorbid adjustment
    - Poor responsiveness to traditional antipsychotic drugs
    - Poor outcome of disorder
    - Abnormal brain structures
* **Schizophrenia: Etiology**
  + **Diathesis-Stress Model**
    - Schizophrenia is due to…
      * *Genetically inherited diathesis* (biological predisposition) and *environmental stress* (Certain kinds of psychological events, personal stress, or societal expectations)
  + **Genetics**
    - Family Studies
      * The more closely one is related to individual with Schizophrenia, the more likely one is to develop the disorder
    - Twin Studies
      * Concordance rate for monozygotic twins: 46%
      * Concordance rate for dizygotic twins: 17%
    - Adoption Studies
      * Children of Schizophrenic parent who were adopted developed disorder at same rate as children of Schizophrenic parent who remained with biological parent