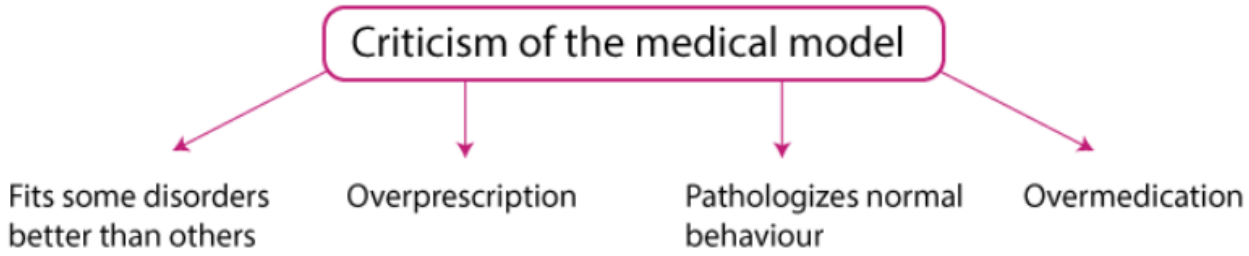
Medical Model

- Schizophrenia;
- Psychopathology: study of psych disorders
- Diagnosis: classifying of psych disorders
- Etiology; factors/causes for disorders
- Epidemiology: med discipling studying distribution of psych disorders in population
    - Eg; when do disorders first manifest (child/adulthood?), men or women more likely to be in substance abuse?
- Prevalence: the proportion of the population likely to manifest a psychological disorder
- Prognosis: Medical term forecasting the likely outcomes of a psychological disorder; whether or not various forms of treatment are likely to lead to improvement.

- ADHD(Attention Deficit and Hyperactivity Disorder)

Criticisms of medical model:

- Some disorders fit model much better (schizophrenia more than ADHD)
- Led to over-prescription of drugs and an overmedicated population
    - 11% of children in US diagnosed with ADHD, 6% received drugs to treat it



Mental Disorder

- 3 traits defining it:
    - **Deviance:** thoughts and feelings that are unusual in the population or a particular context (they are low frequency).
    - **Distressful:** Subjective feeling that something is wrong (causes the individual to suffer).
    - **Dysfunctional:** Individual's ability to work and live is clearly, often measurably impaired (interferes with social/occupational functioning).

Diagnostic and Statistical Manual of Mental Disorders (DSM)

- Latest edition DSM V published May 2013
- DSM V outlines 400 disorders categorized under 19 categories/ Syndromes
- Gender Identity Disorder was changed to Key TermGender Dysphoria

- 1 problem; it pathologizes to some extent normal behaviour. Mathematics Disorder for example (now captured under Key TermSpecific Learning Disorder)
- 1 problem: Diagnostic Labelling, misdiagnosis is common
    - Many syndromes overlap

Anxiety

- Increase in sympathetic nervous system activity

Anxiety Disorders

- Conditions where individuals experience excessive anxiety, or fear
- **three things define a disorder: disorders are deviant (unusual), disorders cause distress (suffering), and disorders cause dysfunction (interfere with one's ability to participate in family, work, or school)**
- Lifetime prevalence: 30%
- **Generealized Anxiety Disorder**
    - More likely in women
    - High anxiety to no precise threat
    - Condition builds slowly over several weeks
    - Has no identifiable cause
- **Panic Disorder:** sudden, unexpected attacks
    - No single stimulus responsible
- **Phobic Disorder**
    - Persistent, irrational fear of an object/ situation
    - Can be developed to any stimulus, most commonly real dangers in environment
    - We don't develop phobias to dangers like cars or electrical outlets though
        - Suggests humans are **biologically prepared by evolution to acquire some fears more readily than others** (snakes, deep waters, heights)
    - **How do they develop?**
        - **Classical Conditioning** to induce fear responses with stimuli
        - The phobic response is maintained by **Operant Conditioning** (retreating from the bunny leads to removal of aversive stimuli, reinforcing avoidance)
            - **Negative Reinforcement**
            - So the fear never distinguishes

Social Anxiety Disorder: fera of social performance situations, like speaking/performing/ meeting new people

- Typically these ppl realize the fear is excessive but it is experienced nevertheless
- Due to concern that they will embarrass themselves socially
- Anxiety can vary
- **OCD and PTSD changed in DSM V**

Obsessive Compulsive Disorder (2 elements): these repeat over and over

- **Obsessions:** are persistent, uncontrollable intrusions of unwanted thoughts that produce anxiety
    - Some are actual concerns like exposure to germs, threats to safety
    - Others are weird like symmetry
- **Compulsions:** ritual behaviors that relieve anxiety
    - Eg; washing hands to reduce germ anxiety
- **OCD is heterogeneous disorder -> the compulsions/obs can manifest in many ways**
- Hoarding (also OCD):
    - Anxiety of throwing items because they worry the item would be needed in the future

Post-Traumatic Stress Disorder

- Triggered following a traumatic event
- Delayed onset of PTSD can be **months or years after original event occurred**
- In form of **flashbacks/nightmares**
- Other **symptoms:**
    - Avoidance of cues related to event
    - Numbing of general responsiveness, less interest in family activities unrelated to traumatic event (to reduce emotions and leave social networks)
    - Increased arousal: insomnia, irritability

Abnormal anxiety

- Symptoms are normal experiences that are hyper-functioning (too strong)/ hypo-functioning (not strong enough)
    - Hypo: remembering past experiences, anticipation of future threats, apprehension
    - Hyper: PTSD, OCD, GAD/Fear/Phobias

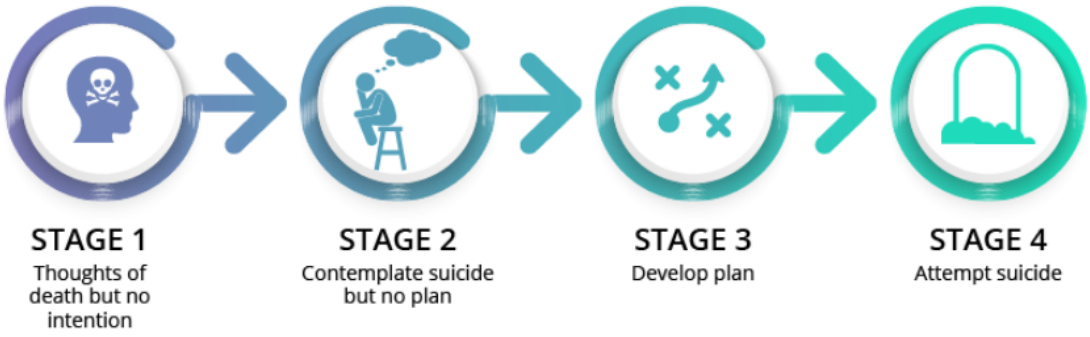
Low Mood

- Breakup, fired from job
- Creates emotional pain that helps us avoid further social injury

Depression: low mood

- Unipolar Mood Disorder: persistent reduced mood

- Major depressive episode: experience cognitive retardation (slower mental process and motor activity)
- **Symptoms:**
    - **Anhedonia:** absence of pleasure or inability to experience pleasure, tendency to think negatively
    - **Suicidal ideation (4 stages)**



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Drug Treatment

- Antidepressants: tend to increase activity of serotonin and norepinephrine (depression reduces their activity)
- Drugs
    - Clean: affects targeted neurotransmitter without affecting other systems
    - Dirty: affects multiple neurotransmitter systems
        - Cleanest: SSRI
        - Tricyclics inhibit reuptake of serotonin and norepinephrine
        - MAO: dirtiest of 3 drugs, affects all mono-animes like dopamine

Bipolar Disorder

- Shift between episodes of mania, depression, and normal mood
- Mania: hyper-functioning of mood
- Depression: hypo-functioning of mood

Schizophrenia

- **Prognosis:** likeliness that a patient responds to treatment
- Ratio of positive to negative symptoms is greater -> higher prognosis
- How does one get it?
    - Must carry genetic predisposition
    - Experience environmental stress
- Diathesis-Stress Model
- Drug Treatment
    - Antipsychotic drugs: domaine antagonists
    - Long-term use of antipsychotics leads to Tardive Dyskinesia