General Approaches to Psychopathology

* Define psychological disorder
  + A psychological disorder is a psychological dysfunction associated with distress or impairment in functioning that isn’t a typical or cultural response
* Distinguish between multidimensional vs. unidimensional models
  + A multidimensional model synthesizes information from many fields and sources to come to a conclusion, while a unidimensional model takes information from only one field
* Identify the main influences comprising the multidimensional model
  + Behavioral
  + Biological
  + Emotional
  + Social
  + Developmental
* Describe the various models of how genes interact with environmental factors to influence behavior
  + Diathesis-stress model—people are born with a predisposition towards developing a psychological disorder and the events of their life (social, environmental, psychological, developmental influences) help determine whether or not they develop the psychological disorder
  + The gene-environmental correlation model- genetic makeup gives somebody traits that cause then to be either more or less able to deal with the stress in their lives and therefore more or less likely to develop a disorder
  + Epigenetic and nongenomic inheritance of behavior—genetics exist. Epigenetics exist. They can influence disorders
* Explain the role of neurotransmitters and regions of the brain
  + Well there are like some soups in the brain that do certain things. Dopamine soup is like porridge with cinnamon in it. Norepinephrine soup is curry soup. Serotonin soup is butternut squash soup. Gaba soup is watermelon cucumber soup. Glutamate is this drink I had in prague of ginger and cucumber. Acetylcholine is black licorice soup.
* Compare the behavioral and cognitive theories of mental illness.
  + cognitive
    - Learned helplessness
    - Modeling/social learning
  + Behavioral
    - Action tendency—actions tend to relate to current emotional state
    - Emotion interacts with physiology
* Describe cultural, social, and developmental influences on behavior
  + Cultural factors
    - influence the form and expression of behavior
    - ex. If you’re supposed to cry when your spouse dies
  + social
    - gender is a good example of a social influence on behavior
      * poorly understood effect
* Describe the nature of clinical assessment and the concepts that determine the value of assessment
  + Clinical assessment- the systematic evaluation and measurement of psychological, biological and social factors in a person presenting with a possible psychological disorder
  + **Reliability**—amount results carried across multiple testings
  + **Validity**—The test tests what it’s supposed to test
  + Standardization—application of standards to ensure consistency across different measurements
* Describe the nature and purposes of each of the principal methods of clinical assessment
  + Clinical interview
    - Unstructured—chit chatting. Tell me whats-up
    - Structured—actual list of question
    - Semistructured
    - Mental status exam
      * Appearance and behavior
      * Thought processes
      * Mood and affect
      * Intellectual functioning
      * Sensorium-general awareness of surroundings
  + Physical exam—thyroid
  + Behavioral assessment—direct observation
    - Antecedents
    - Behavior
    - consequences
  + objective tests—depression inventories, personality tests
  + subjective/predictive tests—Rorschach tests
* Explain the nature and purposes of psychiatric diagnosis
  + To fit people into societys categories and remove individual differences
  + Fuuckthe man
  + Help people to receive proper treatment based on their psychological disorder
* Describe the DSM-5, including the benefits and criticisms of this edition
  + Characteristics:
    - Inclusion and exclusion criteria for disorders
    - Disorders are categorized under broad headings
    - Empirically-grounded, prototypic approach
  + criticisms:
    - comorbidity
    - unclear taxonicity of disorders
    - labeling issues and stigmatization
    - reliability over validity
    - inclusivity of diagnoses (Frances)
    - bereavement clause no more for depression (Frances)
  + benefits:
    - no multiaxial system
    - allows cross cutting dimensional symptom measures
      * have some things outside of general diagnosis
* Describe the benefits and limitations of a categorical system compared with variant nosologies
  + Nosology is classification of diseases: DSM V
  + Categorical system: RDoc
    - Starts at level of symptom
    - Dimensional
    - Assesses the full range of the dimension
    - Dimensional samples, not groups
    - Equal weight on behavior and neuro
    - Focus only on constructs with evidence
    - Research-not tied to clinical baggage
* Describe the basic components of research in psychopathology
  + Hypotheses
    - Testable
  + Such validity
    - Internal and external (hot. Sex. Go hav sex kev)
    - Confound
  + Placebo group
  + Double blind control
* Compare and contrast different research designs, including the types of questions that are appropriate for each
  + Individual methods
  + Research by correlation
  + Research by experiment
  + Single case experimental design
* Describe the major types of psychosocial treatment
  + Psychodynamic—resolving underlying conflicts but not the current manifestation
    - Often longterm
    - Freud
    - Reveawl unconscious thougts
    - Therapeutic alliance btwn therapistandpatient
  + Humanistic
    - Reaction to freud
    - Making people best they can be
    - Reach potential
    - Self exploration
    - Maslow
    - Rogers
    - Client centered therapy
      * So positive
      * Genuineness
      * Empathic understanding
  + Interpersonal
    - Group therapy
  + Cognitive
    - Id irrational and maladaptive thoughts
      * Id cognitive distortions in those thoughts
    - Replace bad thoughts with more adaptive, less distorted, thoughts
  + Behavioral
    - Id the antecedents of the negative behavior or emotional responses
      * Antecendent
      * Behavior
      * Consequences
    - Techniques
      * Homework
      * Aversion therapy
      * Relation exercises
      * Behavioral contracting
* Describe various classes of medication and biological treatments
  + SSRIs
    - Zoloft
    - prozac
  + benzos
  + MAOIs
  + Tricyclic
  + Tranquilizers
  + SNRI
    - Cymbalta
  + Ketamine
    - Don’t use it lots of memory probs associated
  + ECT
  + Transcranial magnetic stimulation
* Describe how research is conducted into treatment, and the benefits and limitations of different approaches
* Describe major issues in the ethics of treatment
  + Can you force someone to take drugs
  + Therapy bias?
  + Informed consent in research trials
  + Confidentiality- can you talk about your patients (tarasoff)
* Know the difference between civil and criminal commitment
  + Civil commitment laws—legal proceeding that determines a person is mentally disordered and may be hospitalized even involuntarily
  + Criminal commitment laws- people fucked up.not guilty by reason of insanity
* Know the Tarasoff Decision and other landmark cases related to treatment
  + Therapist can break confidentiality if there’s a danger to someone
  + Duty to warn
* Differentiate between fear and anxiety
  + Fear – about current danger
    - Can’t be peak forever
    - Immediate
    - Immediate flight/flight
    - Sympathetic nervous system
  + Anxiety – apprehension about future danger
    - Somatic symptoms of tension
    - Negative affect
    - Can be chronic
* Describe the clinical symptoms of panic attacks, panic disorder, agoraphobia, specific phobia, social phobia, and generalized anxiety disorder
  + Panic attack- abrupt, less than 10 minutes of intense fear
    - Sweat
    - Heart palpitations
    - Shortness of breath
    - Nausea
    - Parathesias-numbness and tingling of extremities
    - Chills/hot flashes
    - Chest pain
  + Panic Disorder- recurrent, unexpected panic attacks
    - Must have one
      * Persistent concern about additional attacks
      * Worry about implications about attacks
      * Significant change in behavior due to attacks
    - Acute onset
  + Agoraphobia
    - Anxiety about two or more situations where escape might be difficult or embarrassing and avoiding those situations
    - Ex. Public transit, open spaces, enclosed spaces etc.
    - Afraid of people noticing your anxiety
  + Specific Phobia
    - Extreme irrational fear of an object or situation
    - Exposure🡪immediate anxiety
    - Phobic object is avoided or endured with intense distress
    - Patient recognized that the fear is unreasonable
    - Impairment of function
  + Social phobia
    - Marked fear or anxieties about 1 or more social situations in which the indivisual is exposedto possible scrutinization by others
      * Im afraid to eat in public
      * Public speaking
    - Social situations almost always provoke fear and anxiety
    - People know im nervous
    - Must endure situation or endure with great stress
    - Third most prevalent disorder
  + GAD
    - Excessive uncontrollable anxiety and worry for at least 6 months
    - 3 or more cognitive and somatic symptoms such as
      * muscle tension
      * trouble sleeping
      * trouble concentration
      * irritable
      * easily fatigues
      * restlessness
      * insidious onset- little things that slowly happen and then its there its not sudden
* Describe the clinical symptoms of obsessive-compulsive disorder, trichotillomania, excoriation, hoarding, and PTSD
  + OCD
    - Obsessions are intrusive ideas or thoughts or actions
    - Compulsions you have to do to get rid of obsessions. Thoughts or actions to neutralize thoughts
    - Recognize behavior is unreasonable
    - Thought action fusion—if I think of something it’s more likely to occur
  + Trichotillomania
    - Pulling out hair
  + Excoriation
    - Pick at skin until you bleed
  + PTSD
    - Etiological
    - Only disorder in the DSM that has etiology causation
    - One month post trauma
    - Acute is 1-3 monthspost trama
    - Chronic is 3 months after
    - Delayed onset is 6+ months
    - Intrusion symptoms
      * Recollections
      * Dreams
      * Flashbacks
    - Avoidance symptoms
      * Thoughts
      * Places
      * Peoples
      * Externalreminders
    - Negative alterations incogition and mood
      * Emotional numbing and interpersonal problems
      * Dissociative amnesion
      * Negative beliefs about self, others,world
      * Distorted cognition
        + Blames self fortrauma
      * Persistent negativeemotions
      * Anhedonia
      * Detatchment
      * Estragemet
      * Inability to experience positive emotins
    - Increased arousal
      * Hypervigilance
      * Incrased startle
      * Irritability
      * Sleep disturbance
      * Recklessness
* Describe the biological, psychological, and sociocultural contributions to the development of these disorders
  + Panic disorder and others
    - Biology
      * Genetics🡪heritable
      * Poorly regulated Ne
    - Psychological
      * Kindling model—panic attack🡪increased anxiety about panic attack🡪increased likelihood of panic attack
    - Sociocultural
      * Acceptance in the world
  + Phobias
    - Three pathways
      * Observational learning
      * Conditioning
        + True alarm
        + False alarm-parasympathetic nervous system jumps into gear without reason
      * Information transmission—some asshole told you a horror story about clowns so now you hate clowns damn
  + GAD
    - Biology
      * Not heritable
      * Difficienncy in GABA
      * Core beliefs
        + I must always be approved of by anyone
      * Automatic thoughts
        + I cant do this
        + Im gonna fail and die
      * Information processing
        + Selective attending to threats
      * Rumination
        + Worrying without problem solving
      * Avoid vivid imagery
  + OCD
    - Biology
      * Heritable
      * More likely post strep throat
      * Serotonin
  + PTSD
    - Experienced, witnessed or confronted with events that involved threat to self or other
    - Fear helpless ness horror
    - Extreme stress 🡪boo
    - Social support
    - Coping strategies
      * Making sense ofthetrauma
    - Diathetic stress
* Describe psychological and biological treatments that have been successful in treating these disorders
  + Panic disorder
    - SSRIs
    - Benzos too addictive
    - High relapse rate for alldrugs
    - CBT yay v effective
    - Exposure to interoceptive (internal negative states)
  + Phobias
    - CBT
    - Benzos
    - Group therapy for social phobias
  + Treatment
    - Benzos
    - SSRIs and tricyclics
    - CBTTTTTTTTTTTTTTTTTTT
      * Challenging thoughts and beliefs
      * Exposure to anxious imagery
      * Better longtermprognosis than meds
  + OCD
    - Clomipramine
    - SSRIs
    - Exposure and response prevention
    - Psychosurgery very rare
      * Fuck up the cingulate cortex
  + PTSD
    - CBT
* Discuss the relationship between anxiety and mood disorders
  + Strongrelationship
  + Mostdepressed people also anxious
  + Not all peoplewith anxiety depressed
  + Overlapping symptoms
    - Fatigue
    - Concentration
    - Sleep
    - Irritability
    - Somatization
    - Ruminatization
    - Heritability
* Differentiate depressive, manic, and hypomanic episodes
  + Hypomanic is not super manic but sort of manic
    - Less severe than mania
  + Mania—period with abnormally excessive elation or euphoria associated with some mood disorders
  + Major depressive episodes—two weeks of either or both
    - Extreme depressed mood
    - Anhedonia- kevin doesn’t want to have sex
    - Cognitive symptoms
      * Feelings of worthlessness
      * Diminished ability to concentrated
      * Suicide
    - Somatic symptoms
      * Changein somnia
      * Weight change
      * Change I apetite
      * Psychomotor retardation
      * Fatige or loss of energy
* Describe the clinical symptoms of major depression
  + Major depression
    - At least one major depressive episode
    - mid, moderate, severe or with psychosis
    - single or recurrent episode
* Differentiate major depression from dysthymic disorder
  + Persistent depressive disorder (dysthyma)
    - Milder symptoms but lasts over two years no more than two months symptom free
    - Same depression symptoms just less bad
  + Double depression
    - PDP + major depressive disorder
* Describe the differences in prevalence of mood disorders and theories regarding these differences
  + Depression more in women cuz of like hormones and shit
  + Societal differences
  + Dysthymia lower prevalence than major depression
* Describe the biological, psychological, and sociocultural contributions to the development of mood disorders
  + Stress
  + Context and interpretation of events
    - I suck
  + Diathesis stress
  + Reciprocal gene environment model
  + Cognitive factors
    - Learned helplessness theory –lack of perceived control over life events
    - Depressive attributional style leads from helpless to hopeless
    - Internal
    - Global
    - Stable
  + Depressive cognitive triad
    - Self
    - World
    - Future
    - “I suck, the world sucks, and therefore the future sucks”
  + negative schemas—shortcuuts you take in your mindwhen processing info when you overgeneralize and its bad in this case
  + cognitive errors
    - emphasizing errors
* Describe psychological and biological treatments that have been successful in treating mood disorders
  + CBT
  + Social support
  + SSRIs
    - Prozac
    - Zolaft
  + Tricyclics
    - Imipramine
  + MAOIs
    - Nardil
    - Marplan
    - Parnate
  + ECT
  + SNRIs
    - efflexor