

PSY 4101 - CLINICAL PSYCHOLOGY

1) General Overview

Clinical psychology is a course that is concerned with the scientific study of behaviours that are often considered abnormal. Psychologically, a behaviour is considered abnormal if it

- i) deviates from societal norms
- ii) deviates from statistical frequency
- iii) causes pain to the individual (distress)

Clinical psychology is concerned with the etiology (cause), manifestation (course) and management (treatment) of psychologically-based distress or dysfunction and to promote subjective well-being and personal development. Clinical psychologists provide psychological testing, diagnosis of mental illness and psychotherapy.

Core theoretical orientations of clinical psychology

- Psychodynamics
- Humanistic theories
- Cognitive-behavioral theories
- System/Family therapy

Activities of clinical psychologists

- ① Assessment / Diagnosis
- ② Therapy / Intervention
- ③ Teaching
- ④ Research "as scientist-practitioner"
- ⑤ Clinical Supervision "training other clinicians"
- ⑥ Consultation "to individuals, organizations & other clinicians"

2) Biopsychosocial Model

The biopsychosocial model was formulated by George L. Engel in 1977. He highlighted the inadequacies of the traditional "biomedical model" and posited that psychosocial factors may also operate to facilitate, sustain or modify the course of illness.

According to the "biopsychosocial" model illness and health are a result of biological (medical), psychological (individual) and social (environmental) factors.

→ Biological factors: Inherited/genetic conditions and traits

→ Psychological factors: Individual's emotion and behaviour

→ Social factors: Family relationships, cultural beliefs, social support systems.

Application of biopsychosocial model

in clinical psychology

The biopsychosocial model holds that in the understanding and provision of intervention for clients with psychological disorders all three components must be handled together.

This calls for the involvement and integration of different professionals and professional services through multi-disciplinary team approach to provide better care and address the patient's needs at all three levels.

③ Personality Disorder.

Personality is a complex pattern of deeply imbedded characteristics that are largely non-conscious and not easily altered, which expresses themselves automatically in almost every area of functioning.

Personality disorder is an enduring pattern of inner experience and behavior that is extremely inflexible, deviates markedly from the expectation of a person's culture and causes personal distress or behavioural impairment.

(Ego-syntonic)
Personality disorders are "ego-syntonic" i.e those who display them tend to experience them as a natural parts of themselves

Causes of personality disorder.

- Childhood experiences
- Heredity
- Neglect and abuse
- Substance abuse

Clusters of personality disorder.

Ⓐ Odd/Eccentric personality disorders

- Paranoid P.D
- Schizoid P.D
- Schizotypal P.D

Ⓑ Dramatic/Eratic Personality disorders

- Antisocial P.D
- Borderline P.D
- Histrionic P.D
- Narcissistic P.D

Ⓒ Anxious/Fearful Personality disorders

- Avoidant P.D
- Dependent P.D
- Obsessive - Compulsive P.D

Psychological treatments

Talk Therapies

- Schema therapy ; focused on changing one's faulty schema
- Dialectical behaviour therapy (DBT)
- Mentalization
- Cognitive analytical therapy (CAT)

Medications (These don't cure P.D)

- Anti-depressants
- Mood stabilizers
- Anti-psychotic medication.

④ Sexual dysfunction

Sexual dysfunction is the persistent impairment of the normal patterns of sexual interest or response.

Types of Sexual dysfunctions

- Sexual desire disorders i.e. lack of sexual motivation
- Sexual arousal disorders i.e. erectile dysfunction / lack of vaginal lubrication
- Orgasmic disorders i.e. premature ejaculation or retarded ejaculation

Causes of Sexual dysfunctions

(A) Physical and health factors

- General health e.g. high blood pressure, diabetes, heart disease, multiple sclerosis, trauma or fractures to the pelvic area or spinal cord, smoking or alcohol abuse, ageing etc.
- Hormonal and endocrine factors e.g. high prolactin level and low androgen or oestrogen levels.
- Medication; Certain medications that act on the neurotransmitter systems involving dopamine and serotonin are associated with sexual dysfunction.

(B) Psychological factors

- The willingness to have intercourse, the ability to relax, mood, anger, hostility or resentment, experience of childhood abuse, trauma, cultural or religious belief all have an influence on the process of intercourse.

(C) Relationship factors

- Poor communication, inability to resolve conflicts, boundary issues and cultural differences between partners are relationship difficulties that can impair couple's sexual performances and in turn worsen the relationship.

Treatments for sexual dysfunction

The following are possible treatments for sexual dysfunction;

(A) Medical/Physical treatments

- Change in medication
- Hormone therapy
- Drugs that improve sexual functions e.g. Viagra, Flibanserin
- Treat underlying medical conditions.
- Use of devices or surgery

(B) Psychological Treatments

- Sex therapy (performance anxiety, guilt, trauma etc.)
- Cognitive-behavioral therapy
- Mindfulness and relaxation

(C) Relationship or behavioral treatments

- Couples therapy and communication training.
- Sensation-focused exercises (to rebuild comfort, intimacy)
- Sex education
- Lifestyle modifications.

(D) Combination Approach

- Combining medical, psychological and relationship treatments tailored to address each individual or couples.

5) Post-traumatic Stress Disorder (PTSD)

PTSD is a mental illness that some people develop after experiencing traumatic or life-threatening events - e.g. war, rape/sexual assault, violent physical attacks, torture, child abuse, disasters, terrorism, kidnapping etc.

The DSM-V proposes four diagnostic clusters for eligible traumas capable of producing PTSD.

- Persistent re-experiencing (Intrusion) i.e. flashbacks
- Avoidant/Numbness Responses (also inability to recall important aspect of the trauma; feeling of detachment)
- Increased Arousal (exaggerated responses, outburst of anger etc.)
- Persistent Negative cognitions & Mood.

Signs & Symptoms of PTSD

PTSD is diagnosed only when any or all of the following symptoms last more than a month.

- Persistent frightening thoughts and memories of event
- Flashbacks (images, sounds, smells or feelings)
- Avoiding people, places, situations that are associated with event
- Emotional numbness or detachment
- Inability to feel affectionate
- Nightmares
- Sleep problems
- Depression
- Being easily startled
- Loss of interest in thing once enjoyed
- Irritability
- Aggressive or violent behavior
- Feeling of guilt.
- Difficulty concentrating
- Constant worrying (especially about death)
- Regressive behavior
- Physical problems.

Co-morbidities of PTSD

The following are likely comorbidities of PTSD

- Ⓐ Anxiety disorders; generalized, panic and social anxiety disorders
- Ⓑ Depressive disorders
- Ⓒ Substance use disorders
- Ⓓ Personality disorders
- Ⓔ Sleep disorders
- Ⓕ Somatic and pain disorders
- Ⓖ Other psychiatric and Medical conditions

Treatments of PTSD

To treat PTSD, the stage of recovery is important because interventions that are useful immediately after a trauma may not be appropriate years later. The following are possible treatments for PTSD patients;

- Support and compassion immediately after the traumatic event
- Medications to reduce intensity of symptoms
- Avoidance of use of substance
- Psychotherapy with structured intervention and support
- Cognitive behavior therapy (CBT) e.g desensitization
- Exposure therapy e.g desensitization and EMDR - eye movement desensitization and reprocessing
- Group therapy with other trauma survivors

D) Marital distress

Individuals in distressed marriages or relationships persistently feel unhappy and dissatisfied with their relationships. Partners may fight frequently or feel disconnected to themselves.

Factors that may lead to marital distress.

- Poor communication: Communication skills include verbal, non-verbal and listening skills. Some individuals might feel that their partners are making excessive demands or that their partners are too withdrawn or do not share or open up enough. Poor communication can increase the likelihood of other marital problems. This is the most common cause of marital distress.
- Arguing: Experts believe that the topic of arguments is not as important as how the argument is handled. People who are not able to compromise, negotiate differences and listen to others are most likely to face marital difficulties. It is proven that money is the number one thing couples argue about followed by issues relating to their children. Other conflicts include problems with in-laws, cultural clashes and differences in values and priorities and also parenting philosophies.
- Lack of intimacy: Lack of emotional or physical intimacy may lead to marital distress. It is natural for strong emotions experienced during courtship to decline over time and some people may see this decline as a loss of loving feelings and this can lead to reduced intimacy. Work stress, emotional stress and sexual difficulties can reduce intimacy as well.
- Sexual difficulties: e.g erectile dysfunction or menopause may also

lead to marital distress

- Infidelity: This is extra-marital affairs and this can lead to feelings of jealousy, mistrust and a lack of intimacy.
- Major life transitions: during major transitions like child-birth or moving. Some couples may experience distress. Other changes that affect a spouse's role in the relationship e.g. retirement, employment success or unemployment may lead to stress and distress in a relationship.
- Negative life events: such as death of a loved one, diagnosis with a chronic or terminal illness, bankruptcy, impotency and suchs may lead to marital distress.

Co-morbidities of marital distress

- Anxiety
- Depression
- Behavioral/emotional problems in children.
- Decreased work productivity.
- Infidelity
- Violence

Treatment for marital dysfunction

⇒ Emotion-focused couple therapy (EFT): EFT aims to specify vicious interactional cycle and problematic attachment traumas as well as to rebuild fundamental attachment emotions so that interactional cycles are changed and rebuilt.

D) Anxiety

Anxiety is defined as nervousness, apprehension and self-doubt that may or may not be associated with real-life stressors. When feeling of dread and worry are unfocused, overwhelming, recurring and not directly linked to stressful events, anxiety can severely impair a person's life, occupational and social functioning.

Symptoms, signs and related conditions of anxiety

Signs and symptoms of anxiety are as follows; obsessiveness, worries, thoughts, confusion, concentration difficulties, restlessness, frustration, despair,

trembling, difficult breathing, racing heart beat, headaches, insomnia, digestive problem, nausea etc. and the severe and sudden onset of such symptoms is often indicative of a panic attack.

Certain health conditions are related to anxiety e.g. panic attack and phobias, post-traumatic stress, depression, obsession and compulsion etc.

Causes/development of anxiety:

A person's predisposition can either be inherited (biology), learnt (environment) or both. It can also be caused by modelling a person's tendencies from parents; it can also be as a result of unresolved traumas leaving a person in a heightened physiological state of arousal.

Treatment/Therapy for anxiety:

- (A) Psychotherapy (mostly cognitive-behavioural therapy (CBT))
- (B) Medication for anxiety (used alongside therapies in some cases)
 - chemotherapy → Anti-depressants; Celexa, Lexapro, Prozac and Zoloft.
 - Anti-anxiety; Ativan, Xanax and Klonopin.

8) Depression (The common cold of psychological disorders)

Depression (according to the Oxford dictionary of psychology) refers to a state of sadness, gloom and pessimistic ideation with loss of interest of pleasure in normally enjoyable activities.

Women are more vulnerable to disorders involving internalized state like depression. Depression can be diagnosed using the DSM criteria or a valid and reliable psychological instrument like Beck's Depression Inventory (BDI). The following are the criteria for major depressive episodes:

- (A) Five or more of the following symptoms have been present during the same two-week period and represent a change from previous functioning (Depressed mood, diminished interest, weight loss/gain, insomnia/hypersomnia, retardation/psychomotor agitation, Fatigue, inappropriate guilt, indecisiveness, recurrent thought of death.)
- (B) The symptoms do not meet the criteria for a mixed episode i.e. no sign of mania.

- (C) The symptoms cause clinically significant distress or impairment in important areas of functioning.
- (D) The symptoms are not due to the direct effect of a substance.
- (E) The symptoms can not be accounted for by bereavement and it persists for longer than two months.

Types of depression

- Sub-threshold depressive symptoms
- Mild depression (minor impairment)
- Moderate depression
- Severe depression

Depression can be caused by genetic, neurotransmitters and environmental factors.

Treatment / Interventions of depression.

Non-medical treatment

- Taking of balanced diet and fluids
- Exercising
- Avoiding alcohol
- Family support / Social support
- Optimistic mindset
- Promoting autonomy (independence)
- Promoting creativity
- Alternate therapy (e.g. pet therapy - emotional support animals)
- Appropriate Pacing
- Be informed about depression
- Avoiding Stressors

Medical interventions/treatment.

- Medications e.g. Fluoxetine, Dopaminergic, Paroxetine etc
- Psychotherapy
- Electro-convulsive therapy
- Vagal nerve stimulation
- Combination therapy (using medical and non-medical methods)

9) Substance Abuse

Substance abuse can be defined as a pattern of harmful use of any substances for mood-altering purposes. Substance or drug abuse is a patterned use of a substance in which the user consumes the substance in amounts or with method neither approved nor advised by medical professionals.

In clinical psychology, substance abuse is the wrong use of psychoactive substances (substances which can affect the CNS and alter mood). Substance abuse leads to addiction with dependence and tolerance as the outcome.

Dependence: The person becomes physically or psychologically dependent and feels uncomfortable in the absence of the drug.

Tolerance: This is a condition where the user need more and more of the drug to experience the same effect.

Withdrawal symptoms: Withdrawal symptoms are experienced when drug usage is stopped. The intensity of the withdrawal symptoms depends on the physical condition of the user, type of drug abused, amount of drug abused and the duration of the abuse.

Classification of psychoactive drugs,

- Narcotic analgesics (pain killers)
- Stimulants (excites CNS)
- Depressants (slows down the CNS)
- Hallucinogens (causing hallucinations)
- Cannabis (acts both as stimulants & depressants)
- Volatile solvent
- Others ---

Substance abuse treatment

- Chemotherapy (drug treatments)
- Psychotherapy
- Institutionalization

10) Schizophrenia

Schizophrenia is a chronic, more or less debilitating illness characterized by disturbances (perturbations) in cognition, affect and behavior.

The original name of the illness was "dementia praecox", and this was coined by Emil Kraepelin (a german psychiatrist). Schizophrenia can also be defined as a serious brain disorder that affects a person's ability to think clearly, manage emotions, distinguish reality from unreality, make decisions and relate to others.

⇒ The early stage of Schizophrenia can start at any age. The onset of symptoms can be sudden (acute) or slow (insidious). Sometimes there may be Prodromes (warning signs) like introversion/unusual interests, irritability & Seclusiveness or suspiciousness before the main symptoms appear.

Symptoms of Schizophrenia

(A) Positive Symptoms: These are the manifestations of symptoms that deviate from normal experiences (presence of abnormal experiences). These includes Hallucinations and delusions.

(B) Negative Symptoms: These refers to the absence or reduction of normal experiences or behaviour. This is the lack of characteristics that should be there. These symptoms includes the following;

- Emotional flatness (lack of expression)
- Lack of interest
- Brief speech that lacks content
- Inability to be logical.

(C) Cognitive Symptoms: These are the difficulties or impairments in mental processes (thinking processes). The symptoms includes

- Confused thinking or speech
- Slower movement
- Repeating gestures rhythmically
- Trouble communicating in coherent sentences

Causes of Schizophrenia

Schizophrenia can be caused by a complex interplay of the following factors;

- Brain Chemistry & Structure
- Genetic Vulnerability (Predispositions)

- Environmental factors during development
- Substance abuse

Treatment of Schizophrenia

Schizophrenia has no cure; although it can be treated (managed and reduced in terms of intensity) using the following methods;

(A) Medication: The use of anti-psychotic drugs to correct chemical imbalance in the brain. These anti-psychotic drugs can be conventional (the usual earlier ones) or atypical (newer ones with lesser side effects).

(B) Psychotherapy: e.g. \Rightarrow Assertive Community Treatment (ACT)

\Rightarrow Cognitive behavioural Therapy (CBT) to prevent relapse and develop coping measures.

\Rightarrow Adherence therapy to manage medications

\Rightarrow Rehabilitation to learn skills for proper re-integration into the society.

\Rightarrow Arts therapy e.g. music, painting, dance, drama

(C) Hospitalization: Short-term stay for severe symptoms and it is followed by outpatient services after discharge.

In helping a schizophrenic patient support is crucial, focusing on understanding the situation, patience and encouragement to stick with treatment is important.

ID Clinical Assessment

Psychological assessment is a comprehensive process that uses various techniques to understand a person's behavior, personality and capabilities. It is always performed by a licenced psychologist or a psychology trainee (intern). Clinical assessment involves the following

(A) Norm-referenced tests: These are standardized tests that compare an individual's performance to a larger group (norm group). They are faster, easier to administer and more accurately definitive of overall behaviour.

(B) Interviews: Those are formal open-ended conversations with the individual (or along with other close ones) to gather information. It is more open and less structured than testing.

② Observations: This involves watching an individual in their natural settings to gain insight into their behaviour.

③ Informal Assessment: These are non-standardized tests such as projective tests or language samples to gather information (additional).

Note: Psychological tests is never focused on a single test score or number. The goal is to create a complete picture of the person, highlighting strengths and weaknesses and informing treatment recommendations.

Psychological Assessment Report Guidelines

A psychological assessment report typically include;

1) Client information: Name, date of birth, address and contact details.

2) Referral information: Person/organisation that referred client and the reason.

3) Informed Consent: Documentation of the assessment process and confidentiality limits.

4) Assessment Methods: File review, clinical interviews, psychometric tests, and standardized interviews.

5) Background information: Personal history, medical history, psychological and psychiatric history and family history.

6) Current Mental Status / Behavioural Observations: Description of appearance, behavior, mood and cognitive function.

7) Assessment Validity: Evaluation of the assessment result's validity and coherence.

8) Presenting Problem: Description of symptoms, onset, nature, frequency and if it's intensity.

9) Psychological symptoms: Impact of symptoms on daily life, relationships and occupational functioning.

10) Cognitive functions: Summary of cognitive elements e.g. memory, attention etc.

11) Risk assessment: Evaluation of suicide or homicidal risks.

12) Conclusion and Treatment Recommendations: Prognosis, diagnosis and treatment plan.

B) Clinical conceptualization: Diagnostic impression based on DSM-V axes.

The report is concluded with the examiner's details; Signature, professional title and registration details.

12) Case formulation

Case formulation is a way of summarizing diverse information about a client in a brief, coherent manner for the purpose of better understanding and treating of the client.

A formal clinical case is an oral/written presentation that communicates the treatment plan along with the rationale and justification for that plan. It combines different theories to provide unique approach.

Benefits of Case formulation

- Enhanced clinical benefits.
- Increased confidence and reduced anxiety for therapists.
- A coherent strategy for applying to client's work.
- It's a framework for developing treatment plans.
- It provides tools for trouble-shooting when interventions fail.

Treatment planning

To create a formulation you can either choose an orientation (i.e perspective/theory) and follow it's rules OR develop a unique, integrative formulation for each client.

While choosing an orientation provides structure, consistency and easy approval from other clinician in such orientation it may limit flexibility and effectiveness if the orientation doesn't fit the client's needs.

THE END.