

Lecture Guide Chapter 12 Psychological Disorders Gen Psych F12
Based in part on PsychSmart (McGraw-Hill, 2013)

Introduction: A major part of psychology study and practice

Medical Model: It is useful to think of psychology disorders as medical diseases.

What criteria are used to determine whether a disorder is present? (include examples)

1. Deviance: Differs from accepted/expected social norms; nagging, hallucinations, delusions, hurting oneself, falling in love with inanimate objects.
2. Maladaptive Behavior: Everyday functioning impaired
3. Personal Distress: Report of internal experience

Do you need all 3?

No, but many disorders fit > one

Vocabulary

Diagnosis: Assigning a label to a cluster of symptoms; Distinguishing one disorder from another

Benefits of diagnosis: Treatment ideas/Access to services

Drawbacks? Prejudice/Discrimination/Out-group Homogeneity

Self-Fulfilling Prophecy

Classics exist but generally not that easy... Lots of overlaps; Many qualify for > 1 (at a time or over time)

Diagnostic and Statistical Manual of Mental Disorders:

Tells you the label for each cluster of symptoms (checklist)

Intern Syndrome (psychology student syndrome) **BEWARE!**

Treatment?

Over-Identify with disorders you learn about... (think you have them)

If in doubt - seek a consult (reassure/provide help)

Evaluating Psychotherapy

For most, therapy is effective.

~90% "feel very poor" say helped

~85% "feel fairly poor" say helped

Does not work for everyone

Certain types work best for certain issues

All share some basic elements. What are they?

1. Positive one-on-one relationship

2. Regardless of what type of therapy you go to, people usually receive an explanation for symptoms.

3. "Safe Place" to confront negative emotions.

Etiology: Cause

Current Beliefs: Bio-psycho-social model – Disorders (psychological and physical) are multi-determined; look for biological, psychological and social contributors to best understand and treat. Ex. Bio? Genetic Vulnerability, Brain injuries, Toxins, Infections. Psychological? Personality Traits, Thinking Patterns. Social? Poverty, Access to medical needs.

Prognosis: Probable outcome: (length, severity, Recurrence)

Prevalence: How Common? How many Any disorder?

How many a year (any disorder)? 22%

How many lifetime (any disorder)? 35-50%

Most Common Disorders? Mood, Anxiety, Substance Abuse

Psychological Disorders are Whole Body Disorders! Have emotional, cognitive and physical symptoms.

Review of Select Psychological Disorders

Anxiety disorders - Excessive or unrealistic Anxiety/fear

Can be general or focused..

As a group - most common and very costly!

Many Effective Treatments: With and Without Medication

Generalized anxiety disorder:

Worries constantly and excessive (past, now, future) (money, family, work, illness, even worrying)

Highly sensitive to criticism

Trouble making decisions

Effects of physical tension (aches, pains, tender)

Treatment: Medication, Various Therapies

Post Traumatic Stress Disorder:

Trauma reactions can be general or specific (now or delay)

PTSD is a specific set of symptoms

1. Re-experience

2. Avoidance symptoms: Numb

3. Hyper Arousal symptoms:

Treatment: Anti-depressant

Specific Phobia:

Irrational Fear of object or situation (excessive to risk, know it, but can't stop it!)

Leads to avoidance

Severity varies greatly - phobia vs. phobia disorder

Social phobia:

Fear of interacting/being evaluated negatively

Fear everyday social situations

Serious Phobia - Why? Affects all aspects of a person's life

Panic disorder:

Panic attacks interfere with everyday life

What percent women? 2/3

Panic attack - sudden onset intense dread and anxiety with multiple physical symptoms (often think/fear dying).

After first attack may develop:

1. Fear of fear; fear of another attack

2. Agoraphobia: fear of leaving familiar (home) (b/c might have a panic attack in public or without support)

Can you have agoraphobia without panic? Yes

Treatment: Often without medications (relaxation, exposure therapy)

Obsessive-compulsive disorder:

Obsessions create anxiety

Relieved by performing compulsions

Obsession (with examples): Intruding, unwanted recurrent thoughts, impulses, images

Ran over someone

Compulsion (with examples): Repetitive, ritualistic behaviors (prescription b/c decreases anxiety temporary)

Checking door over and over.

Symptoms can fluctuate over time

Treatment: Medications, exposure and response prevention, cognitive techniques, - hard work but effective

Mood Disorders

1. Extreme

2. In mood for longer than reason

3. Mood does not reflect reality

Depression: Persistent feelings of sadness, despair.

Lose interest in sources of pleasure (like food and sex)

Mania: Excessive excitement, energy; elation or irritability.

Major Depression:

- Emotional sx: sad, hopeless, despair, lose interest in old pleasures

- Cog sx: slow thought process, difficulty concentrating or making decisions

- Physical and Motor sx: Less active, problems sleeping, low sex drive, decrease appetite, physical pain

More info on depression: Generally episodic - episodes vary (typical 3-12 months) - if time limited, why treat? Bad things can possibly happen.

2 times women over men

Lifetime prevention rate 16-17%

Often sudden and no known cause

Good News! Effective treatment (therapy and/or medication)

Dysthymia: