Introduction to the disorders:

1. Useful to think of psychological disorders as diseases: called the medical model
2. Some valid criticisms BUT still seems to be the best we have, and does lead to many successful treatments
3. Before use of medical model, severe disorders were seen as demon possession and victims were subjected to torture and often death (before 19th / 20th century). Medical model has encouraged more humane treatment
4. In addition, medications for the most severe disorders have allowed many to live outside of institutions and have improved the lives of countless others

What criteria are used to determine whether a disorder is present?
What is normal? What is healthy? What are the criteria for a disorder?

1. Deviance – does behavior deviate from accepted/expected social norms? (Fetishes – sexual arousal to an inanimate object) (Harming self or others)

2. Maladaptive behavior – everyday functioning impaired (social, emotional, occupational, personal). (Substance abuse vs. substance use; ADHD)

3. Personal distress – based on a person's report of internal experience

Do you need all three? NO. Just one, but many disorders fit more than one.

Vocabulary

Diagnosis – assign a label to a cluster of symptoms; distinguish one disorder from another

The Truth about Real Life Diagnosis: textbooks make it look simple – if you're… sad: depressed; nervous: anxiety; delusional: schizophrenic; abusing alcohol: substance abuse. *But in reality: disorders often overlap.*

- Classics do exist
- Lots of overlapping symptoms and differential diagnosis's can be very difficult (easier to see that something is wrong with a person, than to diagnose them – even with psychotic symptoms)
- Many symptoms just extremes of common feelings or behaviors – but how much is too much?
- Many qualify for multiple disorders (especially over time)

Pros and Cons of Psychological Diagnosis: (similar to IQ)

Advantages:
- Communication – efficiency
- Access to services (insurance and schools)
- Different treatment plans
- Improved research for improvements

Disadvantages:
- Stereotypes, self fulfill prophecy, prejudice, discrimination
- Decreased appreciation of individuality (out group homogeneity)

Diagnosis: DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders – fourth edition, text revision) (Published by the American Psychiatric Association, 2000)

A manual of psychological disorders and their symptoms (Standardized – accepted disorder system in the U.S. for mental disorders) *More than 250 disorders!* (Everyone uses the same criteria – if they have 10 or more of these symptoms classify them with this disorder)

Sample of the DSM-IV diagnostic categories and the diagnoses they contain…. (see also figure 14.2)

Disorders usually present in childhood	ADHD, oppositional defiant disorder, and mental retardation
Delirium, dementia, **amnesia** and other cog disorders	Alzheimer's, Parkinson's
Substance Related disorders	Alcoholism, drug addictions
Schizophrenia and other psychotic disorders	**Schizophrenia,** delusional disorder, paranoid psychosis
Mood Disorders	**Major depression, dysthymia, mania, bipolar disorder**
Anxiety Disorders	**Panic Disorder, OCD, phobias, generalized anxiety, PTSD**
Somatoform disorders	Hypochondriasis, conversion disorder
Factitious disorders	Pathological lying, Munchausen syndrome
Dissociative disorders	Dissociative identity disorder (MPD), amnesia

And more… sexual and gender identity disorders, eating disorders, sleeping disorders, impulse control disorders, etc.

Intern Syndrome (psychology student syndrome) – thinking that you have what you read about.

Etiology – cause and development of the disorder
Why is this important? Same symptoms but different reasons may need different treatment

Current Beliefs:

Bio-psycho social model – disorders (physical and psychological) are multi-determined – need to look for the biological, the psychological and the social contributors to best understand and treat them.

Prognosis – probable course of the disorder (How long do you expect the disorder to last? If it goes away, might it come back? What moderators might shorten/lengthen the disorder?)

Prevalence – how common the disorder is (Percent of population that exhibits a disorder over a certain time period – annually; during a lifetime)

Any given year 22% of adults qualify for at least one (1/5 or 44 million adults)
Lifetime rates? 30 – 45% qualify
Most common disorders? Anxiety, depression, substance abuse (alcohol)

Anxiety Disorders – main symptom is excessive or unrealistic anxiety and fearfulness. Can be general or focused. *As a group anxiety disorders are the most commonly diagnosed.* Note: there are cognitive, emotional and physical symptoms to anxiety (this is true in depression too).

Phobia – an **irrational, persistent** fear of an object, situation, or social activity (avoidance). *The most commonly given anxiety disorder diagnosis.*

Specific Phobia – irrational, persistent fear of objects or specific situations

Claustrophobia – fear of being in a small, enclosed space.
Acrophobia – fear of heights.
Glossophobia – fear of public speaking
Pyrophobia – fear of fire

Social Phobia (social anxiety disorder) – fear of interacting with others or being in social situations that might lead to a negative *evaluation* (Specific phobia more common– but not necessarily as disruptive)

Treatment of anxiety disorders: often successful (even without medication).
Two techniques: flooding and systematic desensitization

Panic Disorder – when panic attacks occur frequently enough to cause difficulty to adjusting to daily life. (2/3 are women)

Panic Attack – sudden, intense dread; an anxiety with multiple physical symptoms (often think/dear dying) (sweating, racing heart, chest pain, shortness of breath, dizziness, nausea, hot flashes, chills, trembling)

After first attack may develop:

1. Fear of fear: fear of another attack
2. **Agoraphobia** – fear of leaving familiar place (home) because might have a panic attack in public (Is it possible to have agoraphobia without panic attacks? **Yes.** About 25% with the phobia do not have concurrent attacks) (*Treatment*: often without medication: relaxation, persistence)

Obsessive-compulsive disorder (OCD) – obsessions create anxiety that is relieved (temporarily) by performing compulsions.

Obsessions: intruding, recurrent thoughts, impulses, images (Ex: fear of contamination, germs, did I?)

Compulsions: repetitive, ritualistic behaviors (reinforcing because it does decrease anxiety temporarily)

Often obsessive and compulsive behaviors go together.

Most common compulsions? Washing, checking, need for symmetry
Symptoms can fluctuate in severity over time.

Treatment: medications, exposure and response prevention, cognitive techniques.