

Important concepts-Psych 238 review for midterm exam

**Chapter 1: The Examples of Definitions of Abnormal Behavior**

Ways of defining abnormal behavior:

- personal distress
- statistical deviance
- social non-conformity

General DSM-IV criteria (inclusion and exclusion criteria):

- distress
- impairment
- risk of harm

Role of culture in the diagnosis of disorders:

- Etic Perspective; emphasis on universals among human being from a position outside the culture
- Emic Perspective; examines behavior within a culture

Epidemiology: the scientific study of the frequency of disorders within a population

Incidence: the number of new cases of a disorder that appear in a population during a specific period of time

Prevalence: an epidemiological term that refers to the total number of cases that are present within a given population during a particular period of time

Lifetime Prevalence: lifetime diagnoses

Comorbidity: the simultaneous manifestation of more than one disorder

**Chapter 2: Causes of Abnormal Behavior**

Paradigm: a set of assumptions both about the substance of a theory and about how scientists should collect data and test theoretical propositions. The term was applied to the progress of science by Thomas Kuhn, an influential historian and philosopher.

1. Biological Paradigm: looks for the biological abnormalities that causes abnormalities in behavior
2. Psychodynamic Paradigm: divides the mind into three parts
  - Id: present at birth and houses biological drives like hunger, sex, aggression
    - pleasure principle (immediate)
  - ego: operates on the reality principle
    - conscious awareness
  - superego: conscience efforts to govern the id's impulse with the ego mediating between the two
3. Cognitive-Behavioral Paradigm: views abnormal behavior as a product of learning
  - Classical conditioning: learning through association
  - Operant conditioning: asserts that behavior is a function of its consequences increase if its reward decreases is punished
4. Humanistic Paradigm: product of free will
  - Positive view of human nature

Behavior genetics

- Genotype: is an individual's actual genetic structure
- Phenotype: expression of a given genotype
- Probands: index cases
- Family studies: ask whether diseases are hereditary
- Twin Studies: provides strong evidence about genetic and environmental contributions
  - MZ twins- identical
  - DZ twins- fraternal
- Adoption studies: compared with biological versus adopted parents
- Make sure you know the tables from lecture and how to interpret them

Diathesis stress model: mental disorders develop only when a stress is added on top of predispositions

Gene X Environment interactions:

Systems theory: an integrative approach to science that embraces multiple influences on behavior including the best elements of each of the four paradigms

Biopsychosocial model: biological, psychological, social

#### **Chapter 4: Classification of Abnormal Behavior**

Classification System: used to subdivide a set of objects

- Benefits: able to follow a procedure
- Disadvantages: Many ways to subdivide

Rosenhan study: put sane people in a mental institution

Categorical approach to classification: assumes that distinctions among members of different categories are qualitative (DSM)

Dimensional approach to classification: describes the objects of classification in terms of continuous dimensions (how much of a characteristic)

Reliability: the consistency of measurements

Validity: meaning of the importance of a measurement

- Concurrent validity: present time and correlation between the disorder and other symptoms, circumstances, and test procedures
- Etiological validity: factors that contribute to the onset of a disorder
- Predictive validity: future stability of the problem over time

Multiaxial DSM-IV system:

1. Axis I: clinical disorders
  - a. Episodic periods of psychological turmoil
2. Axis II: Personality disorders and Mental retardation
  - a. Stable, longstanding problems
3. Axis III: General Medical Conditions
  - a. Relevant to etiology
4. Axis IV: Psychosocial and Environmental problems
  - a. Factors that may affect treatment
5. Axis V: Global assessment of functioning
  - a. Only axis that is dimensional

#### **Chapter 5: Mood Disorders and Suicide (don't forget to read the suicide section)**

Unipolar mood disorders: person experiences only episodes of depression

- Major depressive disorder: (32 yrs) one major depressive episode lasting at least two weeks
- Dysthymia: depressed mood for most of the day and on more days than not, at least two years
- Double depression:

Bipolar mood disorders: (18-22 yrs) person experiences episodes of mania and in some cases depression

- Bipolar I disorder: at least one manic episode, and not required but could also have a major depressive episode

- Bipolar II disorder: at least one hypomanic episode and one major depressive episode
- Cyclothymia: at least two years of hypomanic and depressed symptoms
- Mania: must interfere with social or occupational functioning, lasting 1 week
- Hypomania: must be noticeable to others, but not severe enough to impair, lasting 4 days
- Rapid cycling Bipolar

Postpartum onset: denotes a major depressive episode beginning within 4 weeks after childbirth

Epidemiology: mood disorders are less common among the elderly

Gender differences: Women are more likely to have a mood disorder (2-3 times more likely)

Age differences: those born after WWII are more likely to develop a mood disorder and have an earlier age of onset

Coyne study: Depression and relationships

- People are more likely to be more hostile after talking to a depressed person on the phone

Cross-cultural comparisons of Depression: communication between different cultures

The reformulated learned helplessness theory: Depressogenic Attributional Styles

- Passive behavior in the face of negative situations

Caspi study: stress-gene interactions:

- The effect of life events on depression symptoms at age 26 was significantly stronger among those with the genetic vulnerability
- Stressful life events predicted major depressive disorder as well as suicidal ideation/attempts only among those with the genetic vulnerability

Concordance rates (heritability) of bipolar and unipolar mood disorders

Treatment of Mood Disorders

- Cognitive therapy
- Interpersonal therapy
- Findings from the "Treatment of Depression Collaborative Research Program" (TDCRP) Study
- Antidepressants:
  - SSRIs- inhibit the uptake of serotonin into presynaptic nerve ending, promote pathways

Suicide: Egotic (detached from society) / Anomic (following breakdown of social order)

- Epidemiology: psychological and biological factors
- prevention/intervention:
  - o psychotherapy:
    - reduces lethality
    - negotiate agreements
    - provide support
    - replace tunnel vision

## **Chapter 6: Anxiety Disorders**

For each of the following disorders you should know their symptoms/criteria, etiology (if discussed), epidemiology and treatment:

Anxiety: anticipation of future negative events (worry)

- adaptive considered to its context

Fear: when a person is faced with real immediate danger

Depression: both anxiety and depression are defined in terms of negative emotional experience and are both triggered by stressful life events

Clark and Watson's Tripartite Model : comorbidity of anxiety and depression

- Pure Anxiety- increase in somatic arousal
- Pure Depression- decrease in positive affect
- General Distress- increase in negative affect

Panic Disorder: a person must experience reoccurring, unexpected panic attacks

Agoraphobia: anxious apprehension about being in places in which escape might be difficult or embarrassing, and help may not be available if panic attack occurs

- Panic attacks: a sudden overwhelming experience of terror, or fright
  - o Situational bound (cued)- panic only when you are exposed to what you fear (seeing a spider)
  - o Unexpected (uncued)- out of the blue
  - o Situationally predisposed- a person is more likely to have a panic attack where that person has already experienced one, but having one isn't inevitable
- False alarms for the future and constant worry for another panic attack
- Catastrophic Misinterpretation:
  - o Step 1- A person misinterprets bodily sensations associated with anxiety (e.g., rapid heart rate) as dangerous