

## Exam 2 Study Guide - = in textbook

General scope: The exam will consist of multiple-choice questions. Lecture materials, class discussions, and assigned textbook reading will be included in the exam. Below is a guide for lectures and the list of assigned readings pages (same as syllabus). Even if not assigned, there are pages in each chapter that may be helpful as a reference for class material.

\*\*NOTE: Gender Dysphoria & Sexual Abuse was listed on your syllabus for this Unit, but it will NOT be on this exam because we did not cover it.

### Depression, Suicide, Non-Injurious Behaviors (continued)

Ch. 5: 128-135, 138-139

- **Risk factors for mood disorders**
  - **Social factors**
    - 42-67% report a stressful life event in year prior to depression onset (e.g., romantic breakup, loss of job, death of loved one)
      - Replicated in 12 studies across 6 countries (Brown & Harris, 1989b)
      - But, most people still do not develop depression. So, who does?
    - Individuals are more at risk if they have feelings of humiliation, entrapment, defeat
  - **Psychological factors**
    - **Cognitive vulnerability**
      - Cognitive triad (Beck)
        - Negative view: Self, world & future
      - Cognitive errors
        - Catastrophizing, Generalizing, Negative Filter
    - **Interpersonal factors**
      - Stressful social relationships
      - Response styles
      - Ruminative – reflect on past
      - Homework, interpret, realize behavior, alter negative views of self, world, future
      - Poor communication styles – poor relationships
      - Hopelessness Theory (related to helplessness theory with dogs being shocked)
      - Hopelessness - expectation that desirable outcomes will not occur or that aversive outcomes will occur and that one cannot change this
        - Negative inferences about events
          - Stable, global causes
          - Negative consequences
          - Negative self-characteristics
  - **Biological factors**
    - Heritability – moderate for depression, strong for bipolar
    - Genetics – try to identify specific genes involved; 5-HT serotonin transporter; thousands of genes play a role

## Exam 2 Study Guide - = in textbook

- 5-HT - coding serotonin transporter necessary; more transporters, more serotonin (long allele); less serotonin (short allele); not exposed to much stress, doesn't matter your genetic makeup; more stress, more different respond depending on genes
- drugs we use (SSRIs) it was a backwards discovery, saw helpful, what are they helpful for; lower levels involved in depression
- Serotonin 5-HT: Malfunction in 5-HT pathways seem to be involved in etiology of depression; Norepinephrine (NE), Dopamine (DA)
- Brain imaging studies - bigger picture - brain structure/regions - depression different in structure and activity levels
- Neuroendocrine system - HPA Axis and the role of cortisol - how respond to stress and fluctuating hormones; hippocampus reduced in depressed; correlational studies
- Individuals with depression respond more strongly to stress
- HPA axis - cortisol = stress hormone, before exam = fight and flight; depressed produce more cortisol; treat someone and HPA axis changes, decrease stress responses leads to predict if get better
- Integrative model nowadays

### • How can we treat mood disorders?

#### - **Biological Treatment Depression**

##### 1. Selective Serotonin Reuptake Inhibitors (SSRI)\*

- Most commonly used anti-depressant
- Most successful and accessible
- Primary care doc: good, access; bad, not trained in psych
- Prozac, Zoloft, increase serotonin; still don't know why works

##### 2. Monoamine Oxidase Inhibitors (MOAIs)

- Also used in tx of anxiety disorders

##### 3. Tricyclics

- Equal in success rate to SSRIs

- Who should take antidepressants?
- Medication vs. psychotherapy? - trial and error

#### - **Biological Treatment Bipolar** - some medications can trigger manic episodes

##### 1. Lithium\*

- Effective in alleviating manic symptoms
- Large proportion of people have at least temporary side effects, but the side effects usually subside
- Strengthen cell connections/regulate mood; can affect thyroid and kidneys - upkeep

##### 2. Anticonvulsant Medications (e.g., Lamictal, Tegretol and Depakene)\*

- More than 50% of patients responds to these drugs
- Used to treat rapid cycling
- Meds for epilepsy too; treat hyperactivity in brain

## Exam 2 Study Guide - = in textbook

- **Psychotherapies for Depression**

1. Interpersonal Psychotherapy (IPT)
  - Focus on current relationships
2. Cognitive-Behavioral Therapy (CBT)
  - *Cognitive shifts*
  - *Behavioral activation*
3. Mindfulness based cognitive therapy (MBCT)
  - Strategies, including meditation, to prevent relapse
  - Not religious
  - Combine with cognitive-based sometimes
  - Physiologically relax – let go
4. Brief Behavioral Therapy for Insomnia (BBTI)?
  - Tentative treatment, still up in air, helps depression too

### Light Therapy

- Shown to be best treatment for seasonal affective disorder, when used appropriately
  - I.e., regularly, at the prescribed time, etc.
- Face the light at a distance of 1 to 3 feet away

- **Other Treatments**

- Crisis Centers & Hotlines
- Hospitalization to maintain safety (involuntary & voluntary)

- **Antidepressants: understand SSRIs, lithium, anticonvulsants. You will not be expected to know the others covered in the book.**

Antidepressants are NOT:

- dangerous to mix with other medication (not always)
- addictive
- will change my personality
- something that I'll have to take for life if I start taking them
- quick fixes that don't get at the root of the real problem

- **Suicide: predictors**

- Threat of suicide = best indicator
- Previous attempts
- Family history
- Possession of firearms (~50% of all suicides)
- Hopelessness/negative expectations
- Perfectionism/ extremely high standards for self
- Age
- Socioeconomic class
- Sex differences
  - twice as many women try it
  - twice as many men "successful" (4x higher completion rate for males in US)