

Mental Health Unit

Defining normal

more a person has and extreme will
define abnormal

1. bizarre and extreme behavior
2. disturbance of others
3. inappropriate or excessive emotional display.
4. behavior interferes with daily functioning

Experiencing Psychology: Understanding Normal and Abnormal Behavior

- ▶ Behavior may be viewed on a continuum from normal to psychological disorder



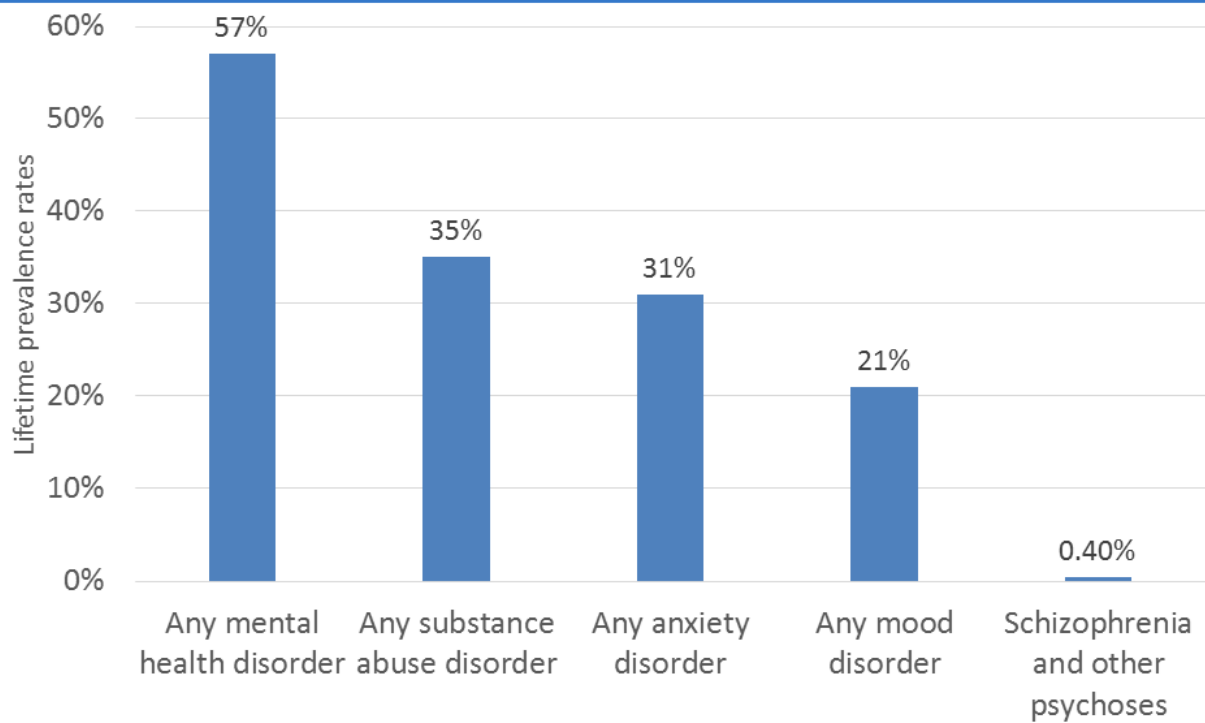
Models of abnormal behavior

1. Psychoanalytic model - unresolved conflict among the id, ego, superego
2. Humanistic model - caused by failure to fulfill one's personal potential
3. Biological model - can be traced to physical disorders
4. Learning model - abnormal behaviors are learned
5. Cognitive model - roots are in the way we think about and perceive the world

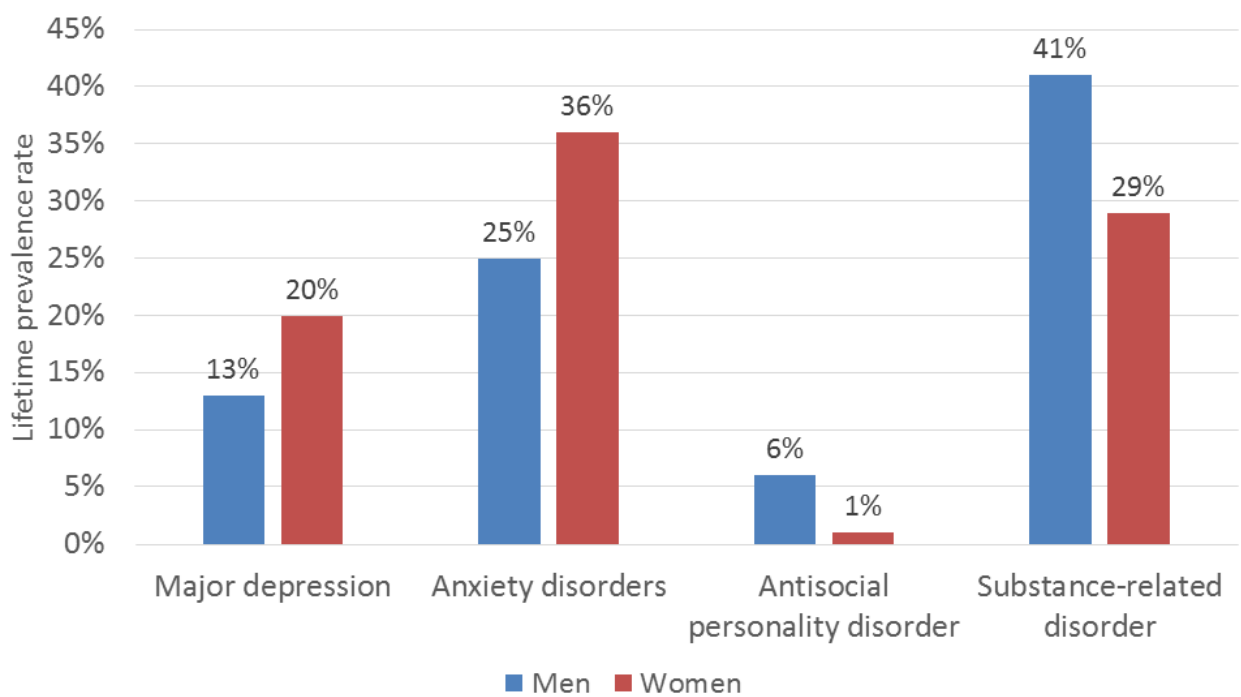
The Diagnostic and Statistical Manual

- ▶ DSM-5: published in 2013
 - Lists 20 categories of disorders
 - Covers more than 300 disorders
 - Takes an atheoretical approach
 - Continues to show improved reliability and validity over time
- ▶ Note that having standards does not guarantee a correct diagnosis

Overall Rates of Disorders



Rates of Disorders in Men and Women



Neurosis - severe anxiety that reduces a person's ability to deal effectively with reality

1. Anxiety Disorders
2. OCD
3. Depression
4. somatoform disorders
5. Dissociative disorders

Psychosis - disorder where a person is
unable to deal with reality at all and
withdraws into private world

1. schizophrenia
2. affective reactions

Neurosis

Anxiety Disorders - condition in which anxiety is the major symptoms

*anxiety - irrational fear

chest pains

shaking

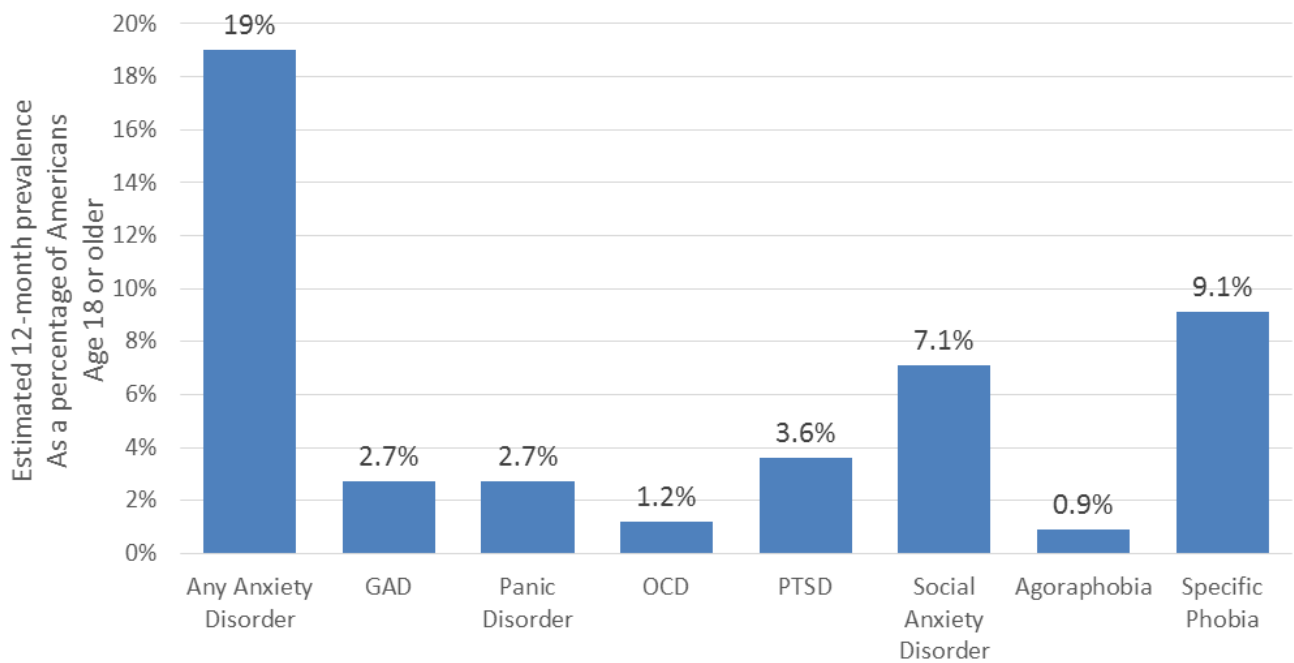
hot flashes

Anxiety Disorders, Trauma Disorders, and Obsessive-Compulsive and Related Disorders

- ▶ This section covers:
 - Generalized anxiety disorder
 - Panic disorder and agoraphobia
 - Specific phobias and social anxiety disorder
 - Obsessive-compulsive disorder
 - Hoarding disorder
 - Post-traumatic stress disorder

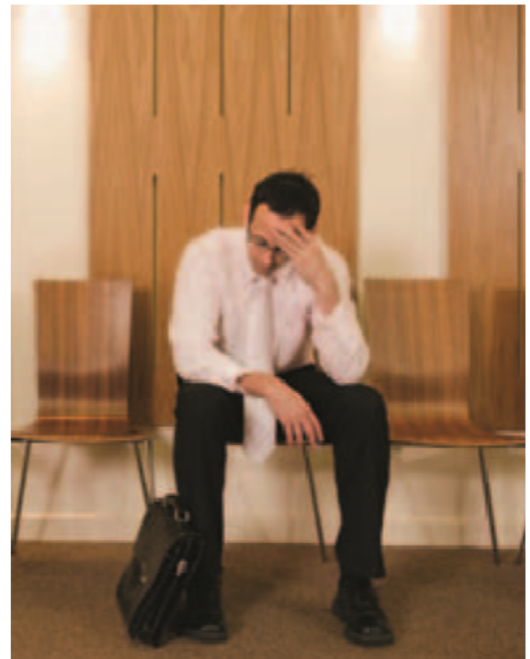


Prevalence of Anxiety Disorders



Generalized Anxiety Disorder

- ▶ Excessive worry about a number of events, often with no identifiable cause
- ▶ Lasts for at least 6 months



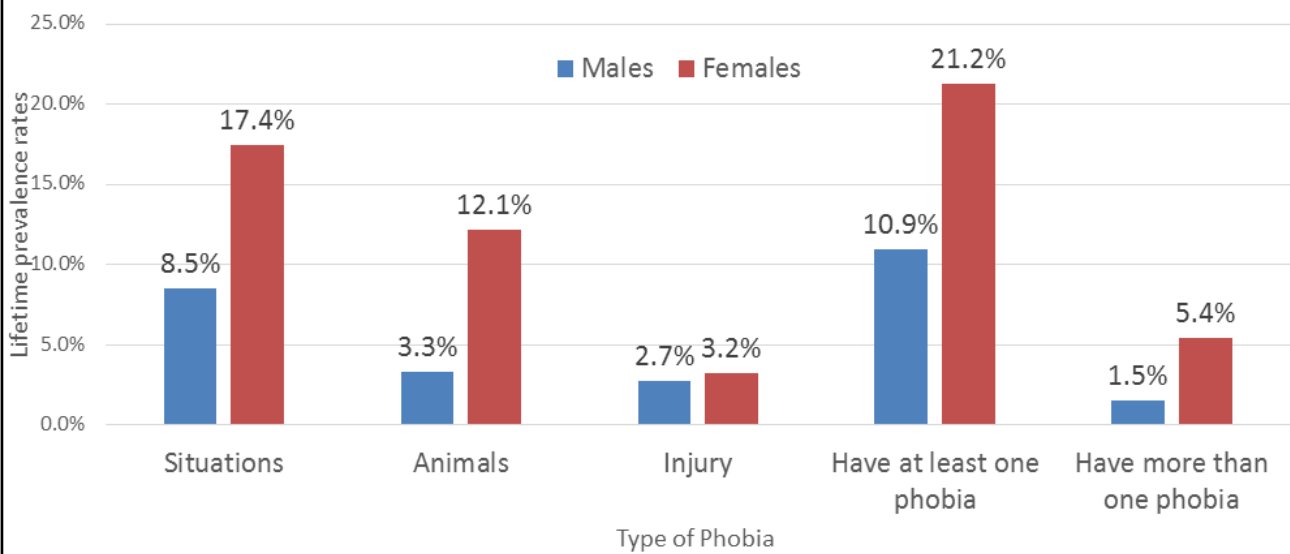
Panic Disorder and Agoraphobia

- ▶ Characterized by recurrent abrupt experiences of unexpected intense fear accompanied by physical symptoms



Specific Phobias and Social Anxiety Disorder

- ▶ Persistent fear that is excessive and unreasonable
- ▶ Lasts for 6 months or more



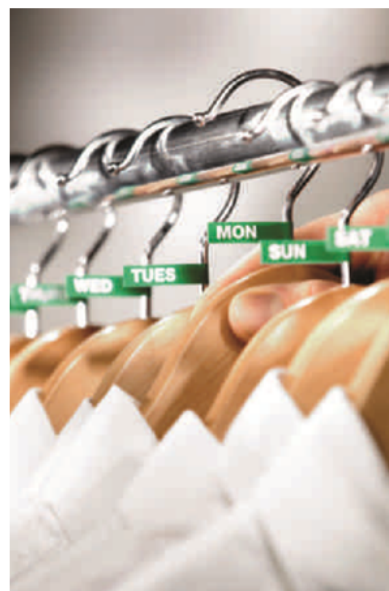
Post-Traumatic Stress Disorder

- ▶ Results from exposure to a traumatic event during which one feels helplessness or fear



Obsessive-Compulsive Disorder

- ▶ The presence of recurrent, persistent, intrusive thoughts or images (obsessions), and/or repetitive behaviors or mental acts that a person feels driven to perform (compulsions)



Hoarding Disorder

- ▶ Characterized by persistent difficulty discarding possessions such that they accumulate and clutter living areas causing significant distress and impairment in functioning



Anxiety Disorders....cont.

1. Phobia - irrational fear of a particular event or object
2. Generalized Anxiety Disorder - same discomfort as phobia, but not linked to an object, free-floating anxiety
3. Panic disorder - panic attacks which are unpredictable

4. Obsessive- Compulsive Disorder

obsessions - thoughts that are repeated against
one's will

compulsions - acts or rituals that are repeated
against one's will

**consume at least 1 hour a day

Cleaners/Germs

Organizers

Hoarders

Counters

Checkers

Neurological Disorders

Tourette's syndrome - genetic condition

✓ inherited involving tics

✓ Tics are sudden, repetitive movements or sounds that some people make, seemingly without realizing

Childhood disease and usually (not always) reduces in adulthood

✓ believed caused by defective neurotransmitters in the brain
many times accompanies OCD

dopamine
serotonin
OCD
dopamine

| Some of the more common tics seen in Tourette syndrome | |
|--|--------------------------------------|
| Motor tics | |
| Simple tics | Complex tics |
| Eye blinking | Touching the nose |
| Head jerking | Touching other people |
| Eye darting | Smelling objects |
| Finger flexing | Obscene gestures |
| Sticking tongue out | Flapping the arms |
| Vocal tics | |
| Simple tics | Complex tics |
| Hiccuping | Using different voice intonations |
| Yelling | Repeating one's own words or phrases |
| Throat clearing | Repeating others' words or phrases |
| Barking | Obscene language |

Causes

Neurotransmitters

Symptoms

Echolalia - Repeating words

Coprolalia - swearing

Treatments

Disorders of Childhood and Adolescence

- ▶ This section covers:
 - Autism spectrum disorder
 - Attention deficit hyperactivity disorder



Autism Spectrum Disorder

- ▶ Characterized by impairment in social communication and social interaction; and restricted, repetitive patterns of behavior, interests, or activities



Autism - spectrum disorder, neurological disorder,
developmental disorder

Social interaction and relationships

problems with nonverbal communication

i.e. facial expressions and body posture

difficulty developing friendships with same age kids

lack of interest in sharing activities with others

difficulty with empathy

Language

delay in speech or nonverbal

difficulty in starting or continuing conversations

echolalia

problem with understanding other's perspective

i.e. when people use humor

Limited interests

unusual focus on one object

unusual focus on parts rather than whole

i.e. wheels rather than car

preoccupation with specific topics

i.e. video games, cards

Need for routine

Causes : believed to be genetic and linked to abnormal levels of serotonin

Early diagnosis can begin as early as 1 year...looks at symptoms discussed above

Attention Deficit Hyperactivity Disorder

- ▶ Characterized by inattention, hyperactivity, and impulsivity



Impulse Control disorders

Trichotillomania

Kleptomania

Pyromania

Pathological gambling

Somatic Symptom and Related Disorders

- ▶ Involve physical complaints for which there is no apparent physical cause

| Disorder | Identifiable Medical Condition? | Voluntarily Produced? | Cognitive Distortions Regarding Illness? |
|--------------------------|------------------------------------|-----------------------|--|
| Somatic symptom disorder | Sometimes | No | Yes |
| Illness anxiety disorder | Sometimes | No | Yes |
| Conversion disorder | No, but involves physical symptoms | No | No |
| Factitious disorder | Possibly, but self-induced | Yes | No |

Fictitious Disorders

Munchausen Syndrome - person purposely makes them self ill for attention

Munchausen Syndrome by proxy - a person purposely makes another person ill for attention

video

Somatoform Disorder - physical symptoms without a cause

1. Conversion reaction - loss of a physical function due to emotional stress

 Video  Video

2. Hypochondria - obsessed with having an illnesses
ex. AIDS, cancer

Dissociative Disorders

- ▶ Involve a loss of connection with some part of our consciousness, identity, or memory.



Dissociative Disorders - temporary changes in consciousness, activity, or identity

1. Amnesia - partial or total loss of memory
2. Fugue - amnesia accompanied by an active flight to a new environment.
 - *Escape from painful memory
 - *Cope without depression

- https://www.youtube.com/results?search_query=dissociative+fugue+disorder+ **Video**
3. Somnambulism - sleepwalking

4. Dissociative Identity Disorder (MPD)

Cause - severe and repeated
sexual/physical abuse

Effects

1. Children cope by dissociation
2. Survival technique

Characteristics

1. Blackouts - loss of time
2. Irrational behaviors - temper tantrum
3. Repression

Depressive Disorders

- ▶ May involve depressed mood or loss of interest or pleasure in one's usual activities; changes in sleep patterns, appetite, and motor functioning; and loss of energy



Affective Disorders - individual expresses emotions excessively, inappropriately or inadequately

Depression

1. Reactive depression - reaction to stressful events

*common in teenagers

(sit.)

2. Psychotic depression - unable to control mind

*constant stress for long time

*common with nervous breakdown

3. Endogenous depression - chemical imbalance

- *caused by drug/alcohol abuse Or
- *inherited

4. Bipolar depression - extreme highs/lows
mania
hypomania
depressed

Bipolar Disorders

- ▶ Involve shifts in mood between two states: depressed and manic



Why Do Women Have Higher Rates of Depression than Men?



Biological: Women are genetically at risk for depression, and ovarian hormones may influence serotonin levels.

Psychological: Women tend to ruminate about problems, and relationships are a key part of a woman's self worth.

Sociocultural: Women's lower social status is a risk factor for stressors, and the female gender role encourages dependence and passivity.

Seasonal affective disorder - depressed feelings during the winter months (human hibernation)

- *gain weight

- *increased need for sleep

Cause: believed to be caused by a hormone (melatonin) produced at greater rate by humans who don't receive much sun

Treatment:

- *increase amount of time in the sun

- *special lighting

Vit. D

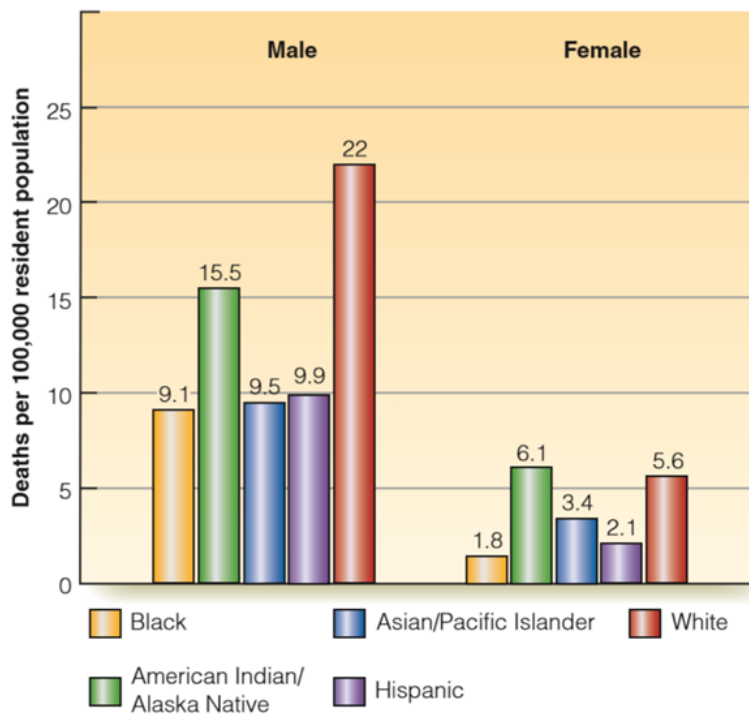
Causes of Depression

1. death
2. divorce
3. pressure to succeed
4. peer pressure
5. violence at home
6. chemical imbalance

Symptoms:

1. lack of interest
2. loss/change of friends
3. drug/alcohol abuse
4. talk of suicide

What Do Psychologists Know About Suicide?



Effects:

Suicide - 3rd cause of death by 15-24 year olds

Causes:

1. Escape from hopelessness
2. Get revenge
3. Join friend or relative

Warning signs

1. constant talk of suicide
2. giving away possessions - saying goodbye
3. suicide tools
4. sudden happy mood

Prevention

1. begin treatment
2. don't leave them alone

Schizophrenia

- ▶ This section covers:
 - The epidemiology of schizophrenia
 - Positive symptoms
 - Negative symptoms



Schizophrenia: Epidemiology

- ▶ Typically diagnosed in adolescence or early adulthood
 - Men generally diagnosed earlier than women
- ▶ Rates differ by race and ethnicity



Positive Symptoms of Schizophrenia

- ▶ Delusions
- ▶ Hallucinations
- ▶ Disorganized speech
- ▶ Disordered behavior



Psychosis

Schizophrenia - "split mind" NOT "split personality"

1 of the most severe disorders

tends to develop in adolescence or early adulthood

Symptoms

1. delusions - false beliefs
ex. I am God
2. hallucinations - false sensations
ex. hearing voices

Types

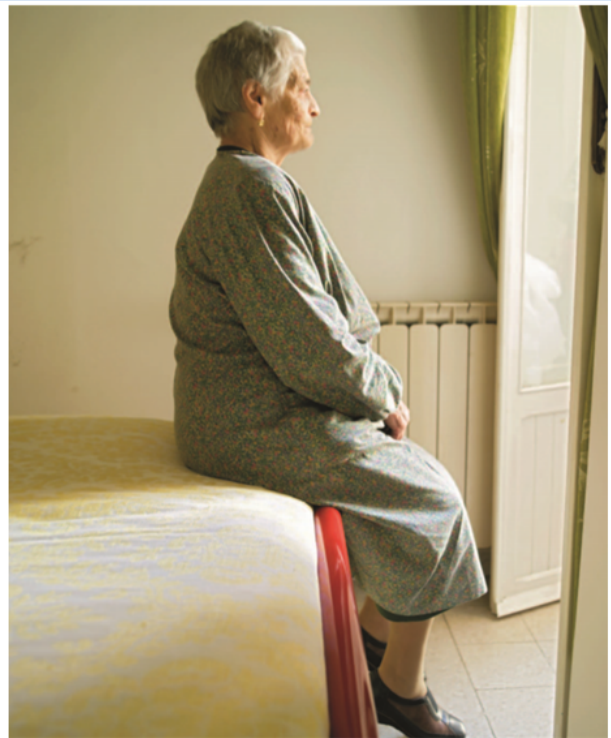
1. Simple - lack of severe symptoms
2. Paranoid - delusions of grandeur or persecution
3. Hebephrenic - severe personality disintegration, inappropriate silliness, giggling, babbling
4. Catatonic - motor in nature along with previous symptoms
5. residual - people who have had episodes of schizophrenia but don't currently have symptoms

Possible Causes:

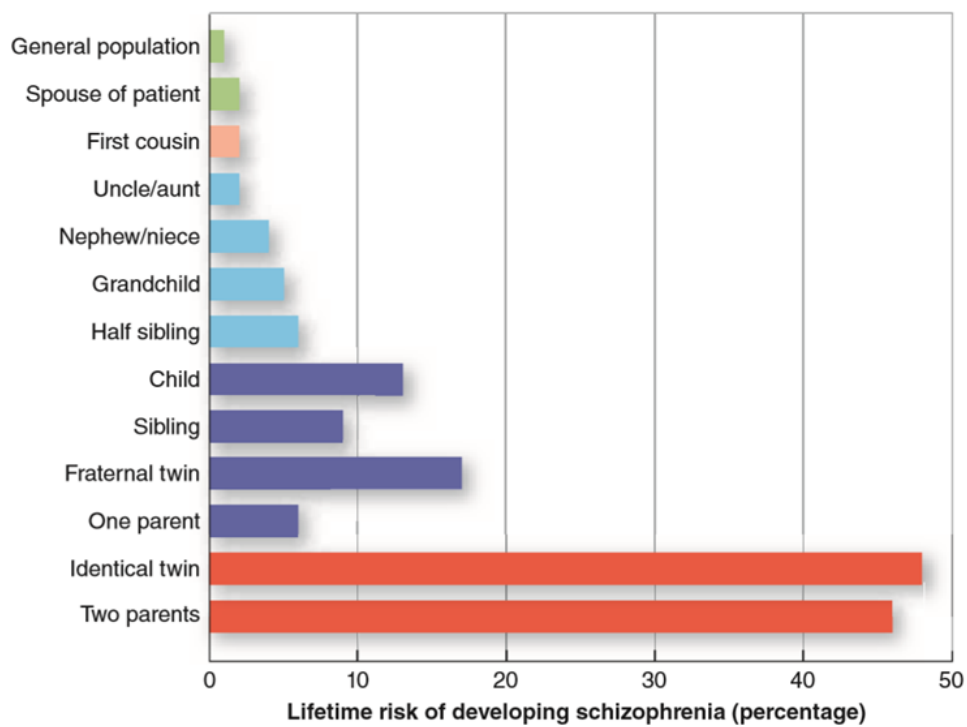
1. Biological - genetics, abnormalities in the brain, abnormal dopamine

Negative Symptoms of Schizophrenia

- ▶ Blunted affect
- ▶ Alogia
- ▶ Avolition



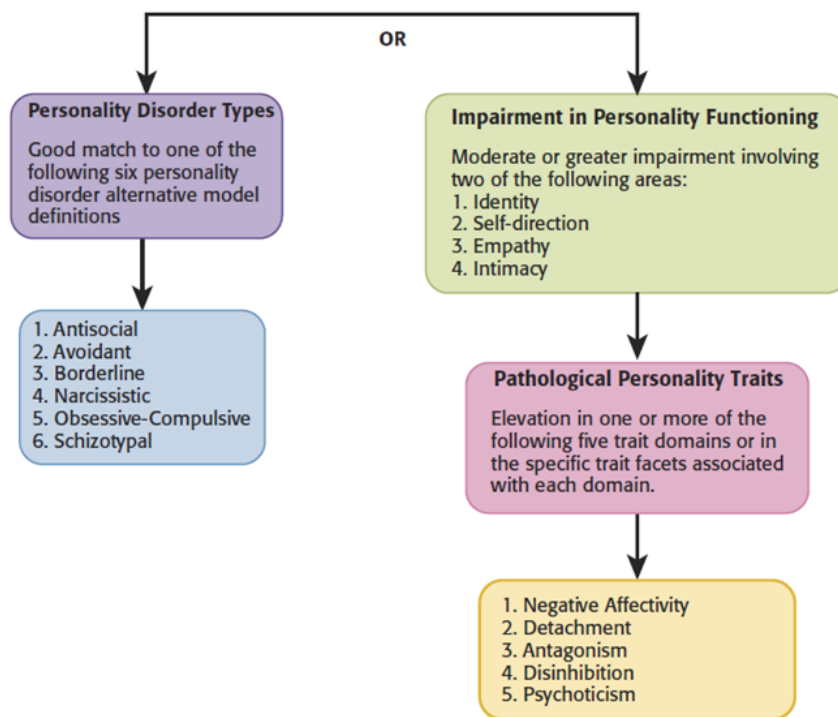
Schizophrenia: Genetics and Environmental Factors



Schizophrenia: Neural and Developmental Factors

- ▶ Abnormalities in brain structure and neurotransmitter function are associated with schizophrenia.
- ▶ These abnormalities may have origins in prenatal and early childhood development.

The DSM-5 Alternative Model: Two Paths to Diagnosis



Personality Disorders: Cluster A

Disorders Characterized by Odd or Eccentric Behaviors

Paranoid personality disorder^a • Pervasive pattern of mistrust and suspiciousness regarding others' motives

Schizoid personality disorder^a • Socially isolated, emotionally cold, indifferent to others

Schizotypal personality disorder • Peculiar thoughts and behaviors; poor interpersonal relationships

Personality Disorders: Cluster B

Disorders Characterized by Dramatic, Emotional, or Erratic Behaviors

- | | |
|--|---|
| Antisocial personality disorder | <ul style="list-style-type: none">• Failure to conform to social or legal codes; lack of anxiety and guilt; irresponsible behaviors |
| Borderline personality disorder | <ul style="list-style-type: none">• Intense fluctuations in mood, self-image, and interpersonal relationships |
| Histrionic personality disorder^a | <ul style="list-style-type: none">• Self-dramatization, exaggerated emotional expression, and seductive, provocative or attention-seeking behaviors |
| Narcissistic personality disorder | <ul style="list-style-type: none">• Exaggerated sense of self-importance; exploitative behavior; lack of empathy |

Personality Disorders: Cluster C

Disorders Characterized by Anxious or Fearful Behaviors

| | |
|---|--|
| Avoidant personality disorder | <ul style="list-style-type: none"> • Pervasive social inhibition; fear of rejection and humiliation |
| Dependent personality disorder^a | <ul style="list-style-type: none"> • Excessive dependence on others; inability to assume responsibilities; submissive |
| Obsessive-compulsive personality disorder | <ul style="list-style-type: none"> • Perfectionism; controlling interpersonal behavior; devotion to details; rigidity |

Antisocial Personality Disorder

- ▶ Demonstrates a chronic pattern of impulsive and irresponsible behavior
- ▶ Violates the rights of others and lacks empathy
- ▶ Does not show remorse or guilt for actions



Borderline Personality Disorder

- ▶ Demonstrates instability in mood, self-image, and interpersonal relationships
- ▶ Lacks impulse control
- ▶ May engage in self-destructive behaviors



Dissociative Disorders and Somatic Symptom and Related Disorders

- ▶ This section covers:
 - Dissociative disorders
 - Somatic symptom and related disorders



