

# Unit 8 - Clinical Psychology

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## Summary

- Psychological disorders range widely, and many are covered in this unit along with today's treatment methods.

## Psychological Disorders

- **UMAD behavior**
  - Unjustifiable
  - Maladaptive
  - Atypical
  - Disturbing
- **DSM-IV-TR: Diagnostic and Statistical Manual, 4th Edition, Text revision**
  - *Identifies* psychological disorders (not the causes or treatment)
- **Causes of Disorders**

Perspective	Causes
<b>Psychoanalytic / Psychodynamic</b>	Internal, unconscious, childhood conflicts, thoughts, and memory
<b>Humanistic</b>	Failure to self-actualize, low self esteem, lack of unconditional positive regard in their environment
<b>Behaviorist</b>	Behavior is learned through modeling and reinforcements, people are conditioned (through association) into behavior, the environment affects behavior
<b>Cognitive</b>	Self-defeating/irrational/negative thoughts, maladaptive interpretation of events
<b>Biological / Biomedical</b>	Chemical imbalances (neurotransmitters), genetic

	predisposition
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## Anxiety

- **Phobias:** irrational fears of certain objects or situations
- **Generalized Anxiety Disorder (GAD):** constant low-level anxiety
- **Obsessive-Compulsive Disorder (OCD):** unwanted thoughts (obsessions) cause the need to engage in particular actions (compulsions) to reduce the anxiety
- **Posttraumatic Stress Disorder (PTSD):** flashbacks, nightmares, etc. of prior traumas
- **Panic Attacks:** episodes of intense anxiety

## Somatoform

- **Hypochondriasis:** complaints of physical illness with no clear cause identifiable by doctors; fear of having an illness despite doctors saying otherwise
- **Conversion Disorder:** people complain of severe physical problems like blindness or paralysis, but there's no identifiable biological cause

## Dissociative

- **Dissociative fugue:** amnesia when not biologically caused; basically everything around you becomes unfamiliar suddenly because the brain dissociates from the real self
- **Dissociative identity disorder:** (multiple personalities) dissociate from true identity (switch); some claim that this is role play from the therapists' questions

## Mood or Affective

- **Seasonal Affective Disorder (SAD):** experience depression when there is less sunlight; this can be treated by light therapy
- **Major Depressive Disorder (unipolar depression):** “common cold” of psychology; the DSM defines it as more than two weeks of hopelessness, fatigue, and change of patterns.
  - Women are twice as likely as men to get this.
- **Dysthymic Disorder:** mild depression which lasts for two years or more (chronic)
- **Bipolar Disorder (manic depressive):** experiencing extreme highs and lows randomly

## Schizophrenia

- Symptoms are **delusions** of persecution (“people are going to kill me soon”), delusions of grandeur (“I am the president”), and hallucinations
- **Positive symptoms** would be unusual things **ADDED**
- **Negative symptoms** would be normal habits **GONE**
- **Causes of Schizophrenia**
  - Strong genetic influences were revealed through twin studies
  - Also, almost 1% of every cultural group has this
  - Excess of **dopamine**
    - Parkinson’s disease patients often have hallucinations when they take medications which increase dopamine levels
- **CORRELATED to schizophrenia**
  - Prenatal viruses
  - Enlarged brain ventricles

## Personality Disorders

- Most of the names of these disorders also hint at the symptoms, except antisocial
- Paranoid
- Obsessive-compulsive
- Dependent
- Narcissistic: think of themselves as the center of everything, self-absorbed
- Antisocial: not caring about others, no guilt; often lawbreakers
- Histrionic: overly dramatic behavior

## Other psychological disorders:

- **Phobias**: sexual attraction to atypical objects/people
- **Eating disorders** (ex: anorexia, etc.)
- **Substance abuse**
- **Autism**
- **ADHD**

## David-Rosenhan Study

- Faked a mental illness by saying that he heard voices
- Everything he did lined up with schizophrenia, and even his partner, who acted normal later, was hospitalized for nearly 60 days!
- This study shows how labeling occurs and whether or not treatment for the mentally ill is accurate

## Treatments of Psychological Disorders

- **History**

- **Trephining:** putting holes in a head would let the “evil spirits” out
- **Dix, Pinel:** a movement to reform mental treatment; the patients were no longer caged and chained like criminals
- **Medical Model:** looks at mental illness as curable, just like a physical illness
- **Deinstitutionalization:** in the 1950s, this was the emptying out of mental care facilities since better drugs were available
  - **Pros:** saved money and helped patients
  - **Cons:** increased homelessness
- **Preventive Psychology:** the focus is on keeping people away from getting mental illnesses
  - **Primary Prevention:** reduce joblessness, homelessness, poverty, or prejudice
  - **Secondary Prevention:** getting treatment for those at risk (ex: counseling)
  - **Tertiary Prevention:** stopping the mental illness from getting worse

## Types of Therapy

- **Biological therapy**
  - **Psycho Surgery:** destroying parts of the brain to change behavior
  - **Prefrontal Lobotomy:** cutting the main neurons which lead to the frontal lobe (very risky so this is very rare)
  - **Electroconvulsive Therapy:** often used to treat severe depression; electric current is passed through the left and right hemispheres of the brain; a side effect is memory loss
  - **Drug Therapy**
    - **Antianxiety:** Xanax, Valium, etc. (tranquilizers, barbiturates)
    - **Antidepressants:** Prozac, MAO inhibitors, etc. (increase serotonin)
    - **Antipsychotic:** Thorazine, Haldol, etc. (block dopamine receptors); overdose may lead to Tardive Dyskinesia, which is basically muscle tremors
    - **Mood stabilizer:** Lithium, etc. (treats bipolar disorder)
- **Psychoanalytic Therapy**
  - **Insight therapies:** revealing the unconscious
    - Hypnosis
    - Free Association: say whatever comes to mind
    - Dream Analysis
  - **Problems**
    - **Resistance:** patient disagrees with therapist's analysis (denial may occur) because painful thoughts are going into the ego (this is a barrier to the revealing of the unconscious mind)
    - **Transference:** bringing strong feelings onto the therapist rather than the cause (ex: parents, partners, or siblings may be the cause of anger, but the patient shows it on the therapist)

- **Behavioral Therapy**
  - **Counter conditioning:** reversing the current conditioned response
  - **Systematic desensitization:** teaching the client to gradually replace strong emotions with more relaxed ones
  - **Exposure Therapy:** exposing the client to what they normally avoid
  - **Implosive Therapy:** exposure to fear but NOT GRADUAL
  - **Aversive Conditioning:** pairing an unwanted behavior with an unpleasant stimulus
    - Ex: alcohol can be paired with sickness, bed wetting can be paired with a shock
  - **Modeling:** watch others in a calm way
  - **Token economy:** rewarded for every good behavior
- **Cognitive Therapy (Beck, Ellis)**
  - **Cognitive therapy:** (Beck) changing/challenging thought patterns about themselves; positive thinking is the focus of this therapy
  - **Rational Emotive Therapy:** (Ellis) cognitive restructuring; replacing the irrational thoughts with rational thoughts
- **Humanistic Therapy (Rogers, Maslow, Perls - Gestalt)**
  - **Client or person-centered therapy:** (Rogers) the therapist shows unconditional positive regard, empathy, and active listening (interactive); self-actualization is the goal to which the therapist helps the client
  - **Gestalt Therapy:** (Perls) get in touch with the “whole” self
  - **Existential Therapy:** help find meaning and purpose in life
  - **Group Therapy:** where multiple clients are put together and helped; allows them to see that they are not alone with their problems