

Week 9 - Day 1 (Ch 11 - Pt 1 Psychological Disorders)

Mar 9, 2016

Quizlet

Announcements

- Mental health services
- RAs
- Hotline: 1-800-273-8255
- Counseling center: 205-348-3863
- UAPD: 205-348-5454

How are psychological disorders classified?

- People have long struggled with how best to understand **psychopathology** (mental disorder)
- Earliest views of psychopathology explained apparent “madness” as resulting from possession by demons or evil spirits
- During the last 200 years, recognition has grown that psychopathology reflects dysfunction of the body, particularly of the brain

Psychopathology is different from everyday problems

- Psychological disorders are common and account for the greatest proportion of disability in developed countries (Centers for Disease Control and Prevention, 2011)
- Drawing the line between a normal emotional experience and a mental disorder can be difficult

- When a psychological problem disrupts a person's life and causes significant distress over a long period, the problem is considered a disorder rather than the normal low points of everyday life

Pathology

- In determining whether behavior represents psychopathology, it is important to consider certain criteria:
 - Does the person act in a way that deviates from cultural norms for acceptable behavior?
 - Is the behavior maladaptive?
 - Is the behavior self-destructive?
 - Does the behavior cause discomfort and concern to others, thus impairing a person's social relationships?

Categories of Psychological Disorders

- 1800s: Psychiatrist Emil Kraepelin identified mental disorders on the basis of groups of symptoms that occur together
- In 1952, the American Psychiatric Association published the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Disorders are described in terms of observable symptoms
 - Patients must meet specific criteria to receive a particular diagnosis
- **Multiaxial system:** assessment along five axes that describe important mental health factors

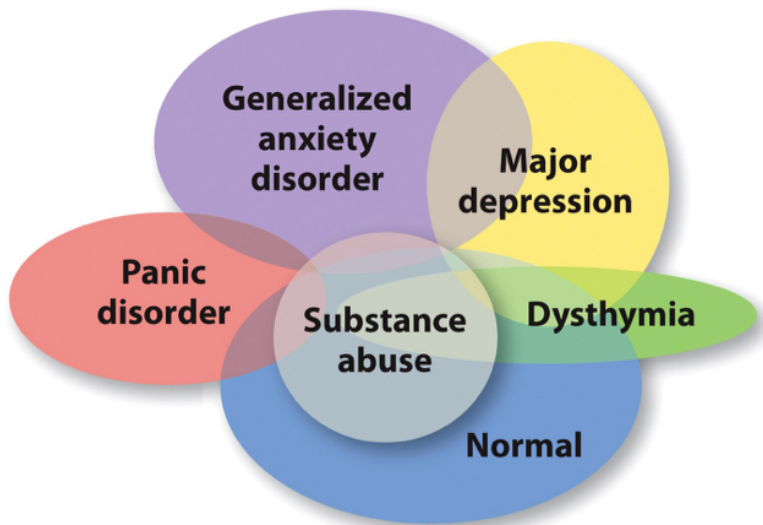
TABLE 14.1 DSM-IV-TR Multiaxial Classification System

Axis I	Clinical disorders and other conditions that may be a focus of clinical attention (e.g., schizophrenia, mood disorders, anxiety disorders, sexual and gender disorders, sleep disorders, eating disorders)
Axis II	Mental retardation and personality disorders (e.g., antisocial personality disorder, paranoid personality disorder, borderline personality disorder)
Axis III	General medical conditions that may be relevant to mental disorders (e.g., cancer, epilepsy, obesity, Parkinson's disease, Alzheimer's disease)
Axis IV	Psychosocial and environmental problems that might affect the diagnosis, treatment, and prognosis of mental disorders (e.g., unemployment, divorce, legal problems, homelessness, poverty, parental overprotection)
Axis V	Global assessment of functioning (social, psychological, and occupational), rated on a scale from 1 to 100, with 1 representing danger of hurting self or others and 100 meaning superior functioning in a wide range of areas

SOURCE: American Psychiatric Association, 2000a.

- Categorical versus dimensional approach

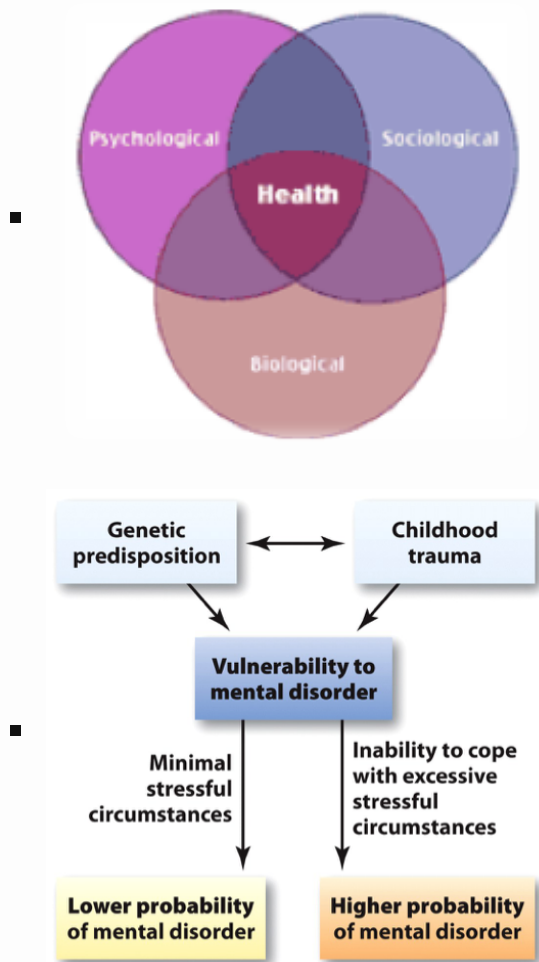
Comorbidity



Psychological disorders have many causes

- Biological and environmental factors are thought to play important developmental roles in psychopathology

- **Diathesis-stress model:** a diagnostic model that proposes that a disorder may develop when an underlying vulnerability is coupled with a precipitating event



Biological factors

- The biological perspective focuses on how physiological factors contribute to psychological disorders:
 - Genetics
 - Prenatal problems (e.g., malnutrition, exposure to toxins, maternal illness)
 - During childhood and adolescence, environmental toxins and malnutrition can put an individual at risk for mental disorders
- Biological factors may contribute to mental disorders because of their effects on the central nervous system
 - Functional neuroimaging is currently at the forefront of research into the neurological components of mental disorders

- PET and fMRI have revealed brain regions that may function differently in individuals with mental disorders

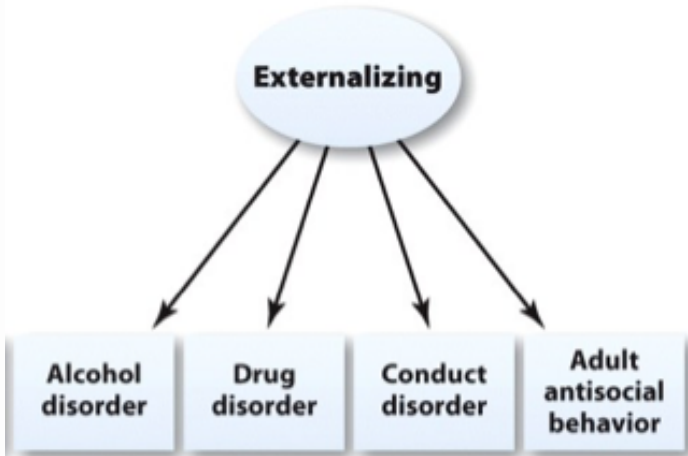
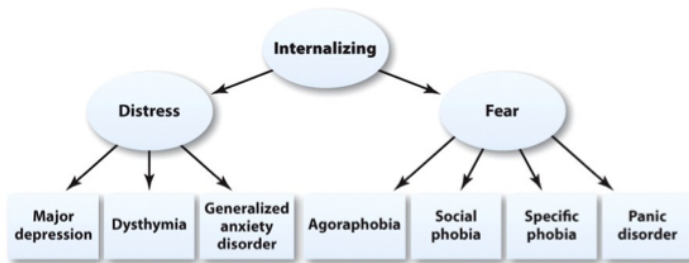
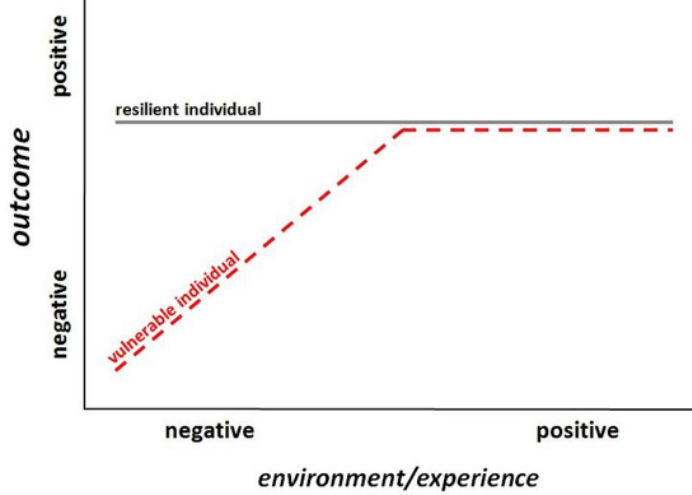
Psychological factors

- Psychological factors play an important role in the expression and treatment of mental disorders
- **Family systems model:** An individual's behavior must be considered within a social context, particularly within the family
 - Problems that arise within an individual are manifestations of problems within the family
- **Sociocultural model:** Psychopathology is the result of the interaction between individuals and their cultures
 - Differences in occurrence of disorders are due to differences in lifestyles, in expectations, and in opportunities between classes

Cognitive-behavioral factors

- The central principle of the **cognitive-behavioral approach** is that abnormal behavior is learned
 - Proponents of strict behaviorism argue that mental disorders result from classical and operant conditioning
- According to the revised cognitive-behavioral perspective, thoughts and beliefs are types of behavior and can be studied empirically
 - The premise of this approach is that thoughts can become distorted and produce maladaptive behaviors and maladaptive emotions

Diathesis-Stress/Dual-Risk Model



Anxiety disorders



Can anxiety be the root of seemingly different disorders?

- Anxiety itself is normal and even useful
 - It can prepare us for upcoming events and motivate us to learn new ways of coping with life's challenges
- Anxiety can become debilitating and can interfere with every aspect of life
- Anxiety disorders are characterized by excessive anxiety in the absence of true danger

Different types of anxiety disorders

- More than 1 in 4 Americans will have some type of anxiety disorder during their lifetimes
- Different anxiety disorders share some emotional, cognitive, somatic, and motor symptoms, even though the behavioral manifestations of these disorders are quite different
- Because chronic stress can damage the body, including the brain, it is very important to identify and effectively treat disorders that involve chronic anxiety

Phobic disorders

- A phobia is a fear of a specific object or situation
- Specific phobias affect about 1 in 8 people and involve particular objects and

situations

- Blood-injection-injury type
- Animals
- Elements of physical environment
- Disasters
- Social phobia is a fear of being negatively evaluated by others
 - Includes fears of public speaking, speaking up in class, meeting new people, and eating in front of others

TABLE 14.3 Some Unusual Specific Phobias

• Arachibutyrophobia: fear of peanut butter sticking to the roof of one's mouth
• Automatonophobia: fear of ventriloquists' dummies
• Barophobia: fear of gravity
• Dextrotophobia: fear of objects at the right side of the body
• Geliophobia: fear of laughter
• Gnomophobia: fear of garden gnomes
• Hippopotomonstrosesquippedaliophobia: fear of long words
• Ochophobia: fear of being in a moving automobile
• Panophobia: fear of everything
• Pentheraphobia: fear of mothers-in-law
• Triskaidekaphobia: fear of the number 13

psychopathology Study of mental disorders

Multiaxial system System which assesses mental health factors along five axes

Axis 1 Part of multiaxial system. Clinical disorders and other conditions that may be a focus of clinical attention (schizophrenia, mood disorders, etc)

Axis 2 Part of multiaxial system. Mental retardation and personality disorders.

Axis 3 Part of multiaxial system. General medical conditions that may be relevant to mental disorders (cancer, obesity, etc)

Axis 4	Part of multiaxial system. Psychological and environmental problems that might affect the diagnosis, treatment, and prognosis of mental disorders (unemployment, divorce, legal problems, etc)
Axis 5	Part of multiaxial system. Global assessment of functioning (social and occupational) rated from 1 to 100 (1 means danger of hurting self and others and 100 means superior functioning)
comorbidity	Having two or more chronic diseases (anxiety and depression for example)
diathesis-stress model	A diagnostic model that proposes that a disorder may be developed when underlying vulnerability is coupled with participating in an event
family systems model	Model which asserts that an individual's behavior must be described within a social context (specifically within the family)
sociocultural model	Model which asserts that psychopathology is the result of interaction between individuals and their cultures
cognitive-behavioral approach	Asserts that abnormal behavior is learned
phobia	Fear of a specific object or situation
social phobia	fear of being negatively evaluated by others

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